#### **STP 8-91E15-SM-TG**

# SOLDIER'S MANUAL AND TRAINER'S GUIDE

**MOS 91E** 

# DENTAL SPECIALIST

**SKILL LEVELS 1/2/3/4/5** 

**FEBRUARY 2003** 



#### **HEADQUARTERS, DEPARTMENT OF THE ARMY**

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# SOLDIER'S MANUAL SKILL LEVELS 1/2/3/4/5 AND TRAINER'S GUIDE MOS 91E DENTAL SPECIALIST

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<sup>\*</sup>This publication supersedes STP 8-91E15-SM-TG, 23 December 1993.

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#### **PREFACE**

This publication is for skill level 1, 2, 3, 4, and 5 soldiers holding military occupational specialty (MOS) 91E and for trainers and first-line supervisors. It contains standardized training objectives, in the form of task summaries, to train and evaluate soldiers on critical tasks that support unit missions during wartime. Trainers and first-line supervisors should ensure soldiers holding MOS/SL 91E1/2/3/4/5 have access to this publication. This STP is available for download from the Reimer Digital Library (RDL).

This manual applies to both Active and Reserve Component soldiers.

The proponent of this publication is HQ, TRADOC. Send comments and recommendations on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Academy of Health Sciences, ATTN: MCCS-HTI, 1750 Greeley Rd, STE 135, Fort Sam Houston, TX 78234-5078.

#### **CHAPTER 1**

#### Introduction

#### 1-1. General

This manual identifies the individual MOS training requirements for soldiers in MOS 91E. Commanders, trainers, and soldiers should use it to plan, conduct, and evaluate individual training in units. This manual is the primary MOS reference to support the self-development and training of every soldier.

Use this manual with Soldier's Manuals of Common Tasks (STP 21-1-SMCT and STP 21-24-SMCT), Army Training and Evaluation Programs (ARTEPs), and FM 25-101, Battle Focused Training, to establish effective training plans and programs that integrate soldier, leader, and collective tasks.

#### 1-2. Battle Focused Training

As described in FM 7-0, Training the Force, and FM 25-101, Battle Focused Training, the commander must first define the mission essential task list (METL) as the basis for unit training. Unit leaders use the METL to identify the collective, leader, and soldier tasks which support accomplishment of the METL. Unit leaders then assess the status of training and lay out the training objectives and the plan for accomplishing needed training. After preparing the long-and short-range plans, leaders then execute and evaluate training. Finally, the unit's training preparedness is reassessed, and the training management cycle begins again. This process ensures that the unit has identified what is important for the wartime mission, that the training focus is applied to the necessary training, and that training meets established objectives and standards.

Additionally, the AMEDD is developing training products that will enhance medical preparedness in the case of a Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive (CBRNE) event. To assist commanders and leaders in training their units, CBRNE-related information is being included in AMEDD Mission Training Plans (MTPs). Even though most collective tasks within an MTP may directly affect or support a CBRNE event, the ones that will most directly be impacted are clearly indicated with a statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT." These collective tasks and any supporting individual tasks in this soldier's manual should be considered for training emphasis. Also included in the MTP is a CBRNE Appendix. The purpose of the appendix is to give a general overview of the Federal Response Plan, the AMEDD support role, and the command structure for those agencies and elements involved or participating in a CBRNE event. It is understood that military resources temporarily support and augment, but do not replace local, state, and federal civilian agencies having primary authority and responsibility for domestic disaster assistance.

#### 1-3. Relationship of Soldier Training Publications (STPs) to Battle Focused Training

The two key components of enlisted STPs are the Trainer's Guide (TG) and Soldier's Manual (SM). The TG and SM give leaders important information to help in the battle focused training process. The TG relates soldier and leader tasks in the MOS and SL to duty positions and

equipment. It provides information on where the task is trained, how often training should occur to sustain proficiency, and who in the unit should be trained. As leaders go through the assessment and planning stages, they should use the TG as an important tool in identifying what needs to be trained.

The execution and evaluation of soldier and leader training should rely on the Armywide training objectives and standards in the SM task summaries. The task summaries ensure that soldiers in any unit or location have the same definition of task performance and that trainers evaluate the soldiers to the same standard.

#### 1-4. Task Summaries

Task summaries contain information necessary to conduct training and evaluate soldier proficiency on tasks critical to the MOS. A separate task summary is provided for each critical task. These task summaries are, in effect, standardized training objectives which ensure that soldiers do not have to relearn a task on reassignment to a new unit. The format for the task summaries included in this manual is as follows:

- Task Title. The task title identifies the action to be performed.
- Task Number. A 10-digit number identifies each task or skill. Include this task number, along with task title, in any correspondence relating to the task.
- Conditions. The task conditions identify all the equipment, tools, references, job aids, and supporting personnel that the soldier needs to perform the task in wartime. This section identifies any environmental conditions that can alter task performance, such as visibility, temperature, and wind. This section also identifies any specific cues or events that trigger task performance.
- Standards. The task standards describe how well and to what level you must perform a task under wartime conditions. Standards are typically described in terms of accuracy, completeness, and/or speed.
- Performance Steps. This section includes a detailed outline of information on how to perform the task.
- Evaluation Preparation (when used). This subsection indicates necessary modifications to task performance in order to train and evaluate a task that cannot be trained to the wartime standard under wartime conditions. It may also include special training and evaluation preparation instructions to accommodate these modifications and any instruction that should be given to the soldier before evaluation.
- Performance Measures. This evaluation guide identifies the specific actions that the soldier must do to successfully complete the task. These actions are listed in a GO/NO-GO format for easy evaluation. Each evaluation guide contains a feedback statement that indicates the requirements for receiving a GO on the evaluation.
- References. This section identifies references that provide more detailed and thorough explanations of task performance requirements than that given in the task summary description.

Additionally, some task summaries include safety statements and notes. Safety statements (danger, warning, and caution) alert users to the possibility of immediate death, personal injury, or damage to equipment. Notes provide a small, extra supportive explanation or hint relative to the performance measures.

#### 1-5. Soldier's Responsibilities

Each soldier is responsible for performing individual tasks which the first-line supervisor identifies based on the unit's METL. The soldier must perform the tasks to the standards listed in the SM. If a soldier has a question about how to do a task or which tasks in this manual he or she must perform, it is the soldier's responsibility to ask the first-line supervisor for clarification. The first-line supervisor knows how to perform each task or can direct the soldier to the appropriate training materials.

#### 1-6. NCO Self-Development and the Soldier's Manual

Self-development is one of the key components of the leader development program. It is a planned progressive and sequential program followed by leaders to enhance and sustain their military competencies. It consists of individual study, research, professional reading, practice, and self-assessment. Under the self-development concept, the NCO, as an Army professional, has the responsibility to remain current in all phases of the MOS. The SM is the primary source for the NCO to use in maintaining MOS proficiency.

Another important resource for NCO self-development is the Army Correspondence Course Program (ACCP). Refer to DA Pamphlet 350-59 for information on enrolling in this program and for a list of courses, or write to: AMEDDC&S, ATTN: MCCS-HSN, 2105 11TH STREET SUITE 4191, FORT SAM HOUSTON TX 78234-5064.

Unit learning centers are valuable resources for planning self-development programs. They can help access enlisted career maps, training support products, and extension training materials. A life cycle management diagram for MOS 91E soldiers is on page 1-4. You can find more information and check for updates to this diagram at <a href="http://das.cs.amedd.army.mil/ooc.htm">http://das.cs.amedd.army.mil/ooc.htm</a> (scroll down to LIFE CYCLE MANAGEMENT, select ENLISTED, and find the appropriate tab along the bottom.) This information, combined with the MOS Training Plan in Chapter 2, forms the career development model for the MOS.

#### 1-7. Trainer's Responsibilities

Training soldier and leader tasks to standard and relating this training to collective missionessential tasks is the NCO trainer's responsibility. Trainers use the steps below to plan and evaluate training.

- Identify soldier and leader training requirements. The NCO determines which tasks soldiers need to train on using the commander's training strategy. The unit's METL and ARTEP and the MOS Training Plan (MTP) in the TG are sources for helping the trainer define the individual training needed.
- Plan the training. Training for specific tasks can usually be integrated or conducted concurrently with other training or during "slack periods." The unit's ARTEP can assist in identifying soldier and leader tasks which can be trained and evaluated concurrently with collective task training and evaluation.
- Gather the training references and materials. The SM task summary lists all references which can assist the trainer in preparing for the training of that task.

#### MOS 91E DENTAL SPECIALIST CAREER/TRAINING LIFE CYCLE

Basic Combat Training Course  Dental Spec Course 91E10  SEE ASI N5 X2 PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management Development Course	9 wks  7 wks 3 days  4 wks  21 months  9 wks 1 day  1 wk 4 days	Ft. LW Ft. Sill Ft. Jackson Ft. Benning  AHS, FSH, TX  Multiple sites  Various Colleges  FSH, TX	IET/MOS Leadership M9	MD0010 MD0501 MD0502 MD0503 MD0508	Army Correspondence Course Program  Introduction to CBRNE  Basic Medical Terminology  Dental Anatomy & Physiology  Dental Materials  Dental Instrument Setup	LENGTH	Correspondence Correspondence Correspondence	Just in Time  Optional Sustainment Sustainment
Dental Spec Course 91E10  SEE ASI N5 X2 PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	7 wks 3 days 4 wks 21 months 9 wks 1 day	Ft. Sill Ft. Jackson Ft. Benning  AHS, FSH, TX  Multiple sites  Various Colleges	IET/MOS  Leadership	MD0010 MD0501 MD0502 MD0503 MD0508	Introduction to CBRNE  Basic Medical Terminology  Dental Anatomy & Physiology  Dental Materials  Dental Instrument Setup		Correspondence Correspondence Correspondence	Optional Sustainment
Dental Spec Course 91E10  SEE ASI N5 X2 PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	7 wks 3 days 4 wks 21 months 9 wks 1 day	Ft. Sill Ft. Jackson Ft. Benning  AHS, FSH, TX  Multiple sites  Various Colleges	IET/MOS  Leadership	MD0010 MD0501 MD0502 MD0503 MD0508	Basic Medical Terminology  Dental Anatomy & Physiology  Dental Materials  Dental Instrument Setup		Correspondence Correspondence Correspondence	Optional Sustainment
SEE ASI N5 X2 PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	3 days 4 wks 21 months 9 wks 1 day	Multiple sites  Various Colleges	Leadership	MD0501 MD0502 MD0503 MD0508	Dental Anatomy & Physiology  Dental Materials  Dental Instrument Setup		Correspondence Correspondence	Sustainment
SEE ASI N5 X2 PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	3 days 4 wks 21 months 9 wks 1 day	Multiple sites  Various Colleges	Leadership	MD0502 MD0503 MD0508	Dental Materials Dental Instrument Setup		Correspondence	
PLDC  Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	21 months 9 wks 1 day	Various Colleges		MD0503 MD0508	Dental Instrument Setup			Sustainment
Dental Hygienist Course(pilot)  BNCOC 91E30  Dental Management	21 months 9 wks 1 day	Various Colleges		MD0508				
40 BNCOC 91E30  Dental Management	9 wks 1 day	· ·	M9		Destal Combine Admin		Correspondence	Sustainment
40 BNCOC 91E30  Dental Management	9 wks 1 day	· ·	M9		Dental Service Admin		Correspondence	Sustainment
Dental Management		FSH, TX		<u>MD0509</u>	Infection Control and Drugs in Dental		Correspondence	Sustainment
Dental Management		FSH, TX		<u>MD0510</u>	General Duties of the Dental Specialist		Correspondence	Sustainment
	1 wk 4 days		Leadership	<u>MD0511</u>	Oral & Maxillofacial Pathology		Correspondence	Sustainment
	1 wk 4 days			MD0513	Preventive Dentistry		Correspondence	Sustainment
	,	AHS, FSH, TX	Leadership - Just in Time	MD0532	CPR		Correspondence	Sustainment
				MD0560	Role of Medical NCO		Correspondence	Sustainment
				MD1350	ASMART		Unit Training	Sustainment
				MD1353	Rapid Train Up		Unit Training	Sustainment
					Dental Basic Magement Course			
					Dental Specialist Sustainment Course			
					Combat Life Saver (CLS)		Unit Training	Just in Time
Certified Dental Assistant (CDA) Exam								
							21.71	
		RECOMMENDED	PROFIS					Just in Time
Field Management of Chemical & Biologi			X/TOE Only				·	Leadership Leadership
		.,	,				,	<u>'</u>
Emergency Medical Training (EMT)		X						Leadership
				6H-300/A0406	Sperandio POLL&S Short Course	5 days	Dallas, 1X	Just in Time
Instructor Courses					Specialty Courses			
			<del> </del>					
20-F3 Instructor Training Course	10 days	AHS, FSH, TX	Just in time SQI-H	5K-F13/520-F10	CBRNE TRAINER EVALUATOR	2 Days	Fort Sam Houston, TX	Just in Time
20-F6 Small Group Instruction Training	5 days	AHS, FSH, TX	Just in Time	<u>5K-F7/520-F7</u>	Advanced Instructor Training	1 Wk, 3 Days	Fort Sam Houston, TX	
Battle Staff	6 wks, 2 days	USASMA	Just in Time - ASA 2S	5K-F8/520-F8(PILOT)	Education and Training for the 21st Century	4 Weeks	Fort Sam Houston, TX	
Recruiter	6 wks	USAREC	Just in Time					
CSM Course	1 wk	USASMA	Just in time/leadership					
2	Casualties (FMCBC)  Emergency Medical Training (EMT)  Instructor Courses  0-F3 Instructor Training Course  0-F6 Small Group Instruction Training  Battle Staff  Recruiter  Master Fitness Trainer  Drill Sgt School  ANCOC (SL4)  First Sergeant Course  SGM Course  CSM Course	BASELINE Cardio Pulmonary Resuscitation (CPR) Field Management of Chemical & Biological Casualties (FMCBC) Emergency Medical Training (EMT)  Instructor Courses  10 days  0-F3 Instructor Training Course 10 days  Battle Staff 6 wks, 2 days  Recruiter 6 wks  Master Fitness Trainer 2 wks Drill Sgt School 9 wks First Sergeant Course 5 wks SGM Course 9 months CSM Course 1 wk	BASELINE Cardio Pulmonary Resuscitation (CPR) Field Management of Chemical & Biological Casualties (FMCBC) Emergency Medical Training (EMT)  Instructor Courses Instructor Training Course 10 days AHS, FSH, TX  Battle Staff 6 wks, 2 days USASMA Recruiter 6 wks USAREC  Master Fitness Trainer 2 wks Multiple sites Drill Sgt School 9 wks Multiple Sites 19 ANCOC (SL4) 6 wks USASMA SGM Course 9 months USASMA USASMA	BASELINE Cardio Pulmonary Resuscitation (CPR) Field Management of Chemical & Biological Casualties (FMCBC) Emergency Medical Training (EMT)  Instructor Courses Instructor Training Course 10 days AHS, FSH, TX Just in time SQI-H  Battle Staff 6 wks, 2 days USASMA Just in Time - ASA 2S Recruiter 6 wks USAREC Just in Time  Master Fitness Trainer 2 wks Multiple sites Just in Time SQI-S  Drill Sgt School 9 wks Multiple Sites Just in Time SQI-S  PROFIS  RECOMMENDED PROFIS  X/TOE Only X/	BASELINE REQUIRED RECOMMENDED PROFIS 300-A0704 Cardio Pulmonary Resuscitation (CPR) X 300-A0707 Field Management of Chemical & Biological Casualties (FMCBC) 340-A0715 Emergency Medical Training (EMT) X 340-A0743 Instructor Courses  0-F3 Instructor Training Course 10 days AHS, FSH, TX Just in time SQI-H 5K-F13/520-F10 0-F6 Small Group Instruction Training 5 days AHS, FSH, TX Just in Time 5K-F7/520-F7 Battle Staff 6 wks, 2 days USASMA Just in Time - ASA 2S 5K-F8/520-F8(PILOT) Recruiter 6 wks USAREC Just in Time  Master Fitness Trainer 2 wks Multiple sites Just in time ASI-P5 Drill Sgt School 9 wks Multiple Sites Just in Time SQI-X Pirst Sergeant Course 5 wks USASMA Just in Time SQI-X SGM Course 9 months USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time MEL-A CSM Course 1 wk USASMA Just in time/leadership	Certified Dental Assistant (CDA) Exam    PSCP	Certified Dental Assistant (CDA) Exam  BASELINE  BASELINE  Cardio Pulmonary Resuscitation (CPR)  Cardio Pulmonary Resuscitation (CPR)  X  SUPPOP  X  SUPPOP  X  SUPPOP  X  SUPPOP  X  SUPPOP  SUPPOP  X  SUPPOP  SUPPO	Certified Dental Assistant (CDA) Exam

- Determine risk assessment and identify safety concerns. Analyze the risk involved in training a specific task under the current conditions at the time of scheduled training. Ensure that your training preparation takes into account those cautions, warnings, and dangers associated with each task.
- Train each soldier. Show the soldier how the task is done to standard, and explain step-by-step how to do the task. Give each soldier one chance to do the task step-by-step.
- Emphasize training in mission-oriented protective posture (MOPP) level 4 clothing. Soldiers have difficulty performing even the very simple tasks in an NBC environment. The combat effectiveness of the soldier and the unit can degrade quickly when trying to perform in MOPP 4. Practice is the best way to improve performance. The trainer is responsible for training and evaluating soldiers in MOPP 4 so that they are able to perform critical wartime tasks to standards under NBC environment conditions.
- Check each soldier. Evaluate how well each soldier performs the tasks in this manual. Conduct these evaluations during individual training sessions or while evaluating soldier proficiency during the conduct of unit collective tasks. This manual provides an evaluation guide for each task to enhance the trainer's ability to conduct year-round, hands-on evaluations of tasks critical to the unit's mission. Use the information in the MTP as a guide to determine how often to train the soldier on each task to ensure that soldiers sustain proficiency.
- Record the results. The leader book referred to in FM 25-101, appendix B, is used to record task performance and gives the leader total flexibility on the method of recording training. The trainer may use DA Forms 5164-R (Hands-On Evaluation) and 5165-R (Field Expedient Squad Book) as part of the leader book. The forms are optional and locally reproducible. STP 21-24-SMCT contains a copy of the forms and instructions for their use.
- Retrain and evaluate. Work with each soldier until he or she can perform the task to specific SM standards.

#### 1-8. Training Tips for the Trainer

Prepare yourself.

- Get training guidance from your chain of command on when to train, which soldiers to train, availability of resources, and a training site.
- Get the training objective (task, conditions, and standards) from the task summary in this manual.
- Ensure you can do the task. Review the task summary and the references in the reference section. Practice doing the task or, if necessary, have someone train you on the task.
  - · Choose a training method.
- Prepare a training outline consisting of informal notes on what you want to cover during your training session.
  - Practice your training presentation.

#### Prepare the resources.

- Obtain the required resources identified in the conditions statement for each task.
- Gather equipment and ensure it is operational.
- Coordinate for use of training aids and devices.
- Prepare the training site according to the conditions statement and evaluation preparation section of the task summary, as appropriate.

#### Prepare the soldiers.

- Tell the soldier what task to do and how well it must be done. Refer to the standards statement and evaluation preparation section for each task as appropriate.
  - Caution soldiers about safety, environment, and security.
- Provide any necessary training on basic skills that soldiers must have before they can be trained on the task.
- Pretest each soldier to determine who needs training in what areas by having the soldier perform the task. Use DA Form 5164-R and the evaluation guide in each task summary to make this determination.

**NOTE:** Deficiencies noted in soldiers' ability to perform critical tasks taught in schools or by extension training materials should be reported to the proponent school.

Train the soldiers who failed the pretest.

- Demonstrate how to do the task or the specific performance steps to those soldiers who could not perform to SM standards. Have soldiers study the appropriate materials.
  - Have soldiers practice the task until they can perform it to SM standards.
  - Evaluate each soldier using the evaluation guide.
- Provide feedback to those soldiers who fail to perform to SM standards and have them continue to practice until they can perform to SM standards.

Record results in the leader book.

#### 1-9. Training Support

This manual includes the following information which provides additional training support information.

- Appendix A, DA Form 5165-R (Field Expedient Squad Book). This appendix provides an overprinted copy of DA Form 5165-R for the tasks in this MOS. The NCO trainer can use this form to set up the leader book described in FM 25-101, appendix B. The use of this form may help preclude writing the soldier tasks associated with the unit's mission essential task list, and can become a part of the leader book.
- Glossary. The glossary, which follows the last appendix, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.
- References. This section contains two lists of references, required and related, which support training of all tasks in this SM. Required references are listed in the conditions statement and are required for the soldier to do the task. Related references are materials which provide more detailed information and a more thorough explanation of task performance.

#### **CHAPTER 2**

#### **Trainer's Guide**

**2-1. General**. The MOS Training Plan (MTP) identifies the essential components of a unit training plan for individual training. Units have different training needs and requirements based on differences in environment, location, equipment, dispersion, and similar factors. Therefore, the MTP should be used as a guide for conducting unit training and not a rigid standard. The MTP consists of two parts. Each part is designed to assist the commander in preparing a unit training plan which satisfies integration, cross training, training up, and sustainment training requirements for soldiers in this MOS.

Part One of the MTP shows the relationship of an MOS skill level between duty position and critical tasks. These critical tasks are grouped by task commonality into subject areas.

Section I lists subject area numbers and titles used throughout the MTP. These subject areas are used to define the training requirements for each duty position within an MOS.

Section II identifies the total training requirement for each duty position within an MOS and provides a recommendation for cross training and train-up/merger training.

- **Duty Position column**. This column lists the duty positions of the MOS, by skill level, which have different training requirements.
- **Subject Area column**. This column lists, by numerical key (see Section I), the subject areas a soldier must be proficient in to perform in that duty position.
- Cross Train column. This column lists the recommended duty position for which soldiers should be cross trained.
- **Train-up/Merger column**. This column lists the corresponding duty position for the next higher skill level or MOSC the soldier will merge into on promotion.

Part Two lists, by general subject areas, the critical tasks to be trained in an MOS and the type of training required (resident, integration, or sustainment).

- **Subject Area column**. This column lists the subject area number and title in the same order as Section I. Part One of the MTP.
- Task Number column. This column lists the task numbers for all tasks included in the subject area.
- Title column. This column lists the task title for each task in the subject area.
- Training Location column. This column identifies the training location where the task is first trained to soldier training publications standards. If the task is first trained to standard in the unit, the word "Unit" will be in this column. If the task is first trained to standard in the training base, it will identify, by brevity code (ANCOC, BNCOC, etc.), the resident course where the task was taught. Figure 2-1 contains a list of training locations and their corresponding brevity codes.

AIT	Advanced Individual Training
UNIT	Trained in the Unit
BNCOC	Basic NCO Course
PDC	Preventive Dentistry Course

Figure 2-1. Training Locations

• Sustainment Training Frequency column. This column indicates the recommended frequency at which the tasks should be trained to ensure soldiers maintain task proficiency. Figure 2-2 identifies the frequency codes used in this column.

BA - Biannually
AN - Annually
SA - Semiannually
QT - Quarterly
MO - Monthly
BW - Bi-weekly
WK - Weekly

Figure 2-2. Sustainment Training Frequency Codes

• Sustainment Training Skill Level column. This column lists the skill levels of the MOS for which soldiers must receive sustainment training to ensure they maintain proficiency to soldier's manual standards.

#### 2-2. Part One, Section I. Subject Area Codes.

#### Skill Level 1

- 1 General Medical
- 2 Basic Dental Procedures
- 3 Radiology
- 4 Dental Materials
- 5 General Duties
- 6 Specific Duties
- 7 Oral Health
- 8 Sterilization
- 9 Dental Records
- 10 Dental Field Equipment
- 11 Preventive Dentistry (ASI X2)

#### Skill Level 2

12 Admin (SL2)

#### Skill Level 3

13 Admin (SL3)

#### 2-3. Part One, Section II. Duty Position Training Requirements.

	DUTY POSITION	SUBJECT AREAS	CROSS TRAIN	TRAIN-UP/ MERGER
SL 1	Dental Specialist Preventive Dentistry Specialist	1-10 1-11	NA	91E2 Dental Sergeant
SL 2	Dental Sergeant Preventive Dentistry Sergeant	1-10, 12 1-12	NA	91E3 Senior Dental Sergeant
SL 3	Senior Dental Sergeant	1-10, 12-13	NA	NA
SL 4	Dental NCO	1-10, 12-13	NA	91E5 Senior Dental NCO 91E5M First SGT

#### 2-4. Part Two. Critical Tasks List.

#### MOS TRAINING PLAN 91E15

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
		Skill Level 1			
1. General Medical	081-831-0007	PERFORM A PATIENT CARE HANDWASH	AIT	AN	1-5
	081-831-0008	PUT ON STERILE GLOVES	AIT	AN	1-5
	081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	AIT	AN	1-5
	081-831-0011	MEASURE A PATIENT'S PULSE	AIT	AN	1-5
	081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	AIT	AN	1-5
	081-831-0013	MEASURE A PATIENT'S TEMPERATURE	AIT	AN	1-5
	081-831-0018	OPEN THE AIRWAY	AIT	AN	1-5
	081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	AIT	AN	1-5
	081-831-0048	PERFORM RESCUE BREATHING	AIT	AN	1-5
	081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	AIT	AN	1-5
	081-833-3027	MANAGE CARDIAC ARREST USING AED	AIT	AN	1-5
	081-831-0035	MANAGE A CONVULSIVE AND/OR SEIZING PATIENT	AIT	AN	1-5
2. Basic Dental Procedures	081-840-0096	PROTECT THE PATIENT AND OPERATOR THROUGH THE USE OF BARRIER TECHNIQUES	AIT	AN	1-5
	081-840-0097	PERFORM FOUR-HANDED DENTISTRY TECHNIQUES	AIT	AN	1-5
	081-840-0100	RETRACT SOFT TISSUE DURING DENTAL PROCEDURES	AIT	AN	1-5
	081-840-0101	PROVIDE SUCTION DURING DENTAL PROCEDURES	AIT	AN	1-5
	081-840-0106	DRY OPERATIVE SITE WITH AIR SYRINGE	AIT	AN	1-5
	081-840-0107	PROVIDE IRRIGATION DURING DENTAL PROCEDURES	AIT	AN	1-5
3. Radiology	081-840-0001	EXPOSE A DENTAL RADIOGRAPH USING THE BISECTING ANGLE TECHNIQUE	AIT	AN	1-5

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
	081-840-0002	EXPOSE A DENTAL RADIOGRAPH USING THE PARALLELING TECHNIQUE	AIT	AN	1-5
	081-840-0008	EXPOSE A DIAGNOSTIC RADIOGRAPH USING A DENTAL PANORAMIC UNIT	AIT	AN	1-5
	081-840-0004	PREPARE THE FILM PROCESSING TANK	AIT	AN	1-5
	081-840-0003	PROCESS EXPOSED RADIOGRAPHS MANUALLY	AIT	AN	1-5
	081-840-0126	EVALUATE RADIOGRAPHS FOR DIAGNOSTIC VALUE	AIT	AN	1-5
	081-840-0005	MOUNT A FULL MOUTH SERIES OF RADIOGRAPHS	AIT	AN	1-5
4. Dental Materials	081-840-0010	PREPARE ALGINATE IMPRESSION MATERIAL	AIT	AN	1-5
	081-840-0012	PREPARE INTERMEDIATE RESTORATIVE MATERIAL (IRM)	AIT	AN	1-5
	081-840-0015	PREPARE A COMPOSITE RESIN	AIT	AN	1-5
	081-840-0099	PREPARE AMALGAM RESTORATIVE MATERIAL	AIT	AN	1-5
	081-840-0103	PREPARE VARNISHES, BASES, AND LINERS	AIT	AN	1-5
	081-840-0105	PREPARE DENTAL CEMENTS	AIT	AN	1-5
	081-840-0120	PREPARE ELATOMERIC IMPRESSION MATERIAL	AIT	AN	1-5
	081-840-0137	PREPARE ALGINATE IMPRESSION FOR POURING	AIT	AN	1-5
5. General Duties	081-840-0019	PREPARE A DENTAL LOCAL ANESTHETIC SETUP	AIT	AN	1-5
	081-840-0074	PREPARE A BASIC DENTAL EXAMINATION SETUP	AIT	AN	1-5
	081-840-0122	PREPARE THE DENTAL OPERATORY PRIOR TO TREATMENT	AIT	AN	1-5
	081-840-0115	PREPARE THE PATIENT FOR DENTAL TREATMENT	AIT	AN	1-5
	081-840-0116	PREPARE MATRIX BANDS	AIT	AN	1-5
	081-840-0117	PERFORM ROUTINE MAINTENANCE FOR HIGH AND LOW SPEED HANDPIECES	AIT	AN	1-5
	081-840-0123	APPLY A RUBBER DAM	AIT	AN	1-5

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
	081-840-0078	DISPOSE OF INFECTIOUS DENTAL WASTE	AIT	AN	1-5
6. Specific Duties	081-840-0023	PREPARE A RESTORATIVE PROCEDURE SETUP	AIT	AN	1-5
	081-840-0025	PREPARE A DENTAL SURGICAL PROCEDURE SETUP	AIT	AN	1-5
	081-840-0026	PREPARE AN ENDODONTIC PROCEDURE SETUP	AIT	AN	1-5
	081-840-0081	PREPARE A PROSTHODONTIC PROCEDURE SETUP	AIT	AN	1-5
	081-840-0108	PREPARE AN EXTRACTION SETUP	AIT	AN	1-5
	081-840-0131	SHARPEN DENTAL HAND INSTRUMENTS	AIT	AN	1-5
	081-840-0142	APPLY TOPICAL ANESTHETIC AGENTS	AIT	AN	1-5
	081-840-0104	PROVIDE DENTAL PROPHYLAXIS WITH PROPHY CUP AND MINIMAL HAND SCALING TO REMOVE SUPRAGINGIVAL DEPOSITS FOR PATIENTS	AIT	AN	1-5
	081-840-0133	MAKE PRELIMINARY IMPRESSIONS	AIT	AN	1-5
7. Oral Health	081-840-0143	APPLY TOPICAL FLUORIDE PREPARATIONS	AIT	AN	1-5
8. Sterilization	081-840-0098	PERFORM SURFACE DISINFECTION	AIT	AN	1-5
	081-840-0072	STERILIZE DENTAL ITEMS	AIT	AN	1-5
	081-840-0032	PROCESS STERILIZED DENTAL ITEMS	AIT	AN	1-5
	081-840-0102	STORE DENTAL INSTRUMENTS TO MAINTAIN STERILE CONDITIONS	AIT	AN	1-5
9. Dental Records	081-840-0034	COMPLETE SF 603 (HEALTH RECORD DENTAL) OR SF 603A (HEALTH RECORD DENTAL CONTINUATION)	AIT	AN	1-5
	081-840-0082	INITIATE A DA FORM 3444-SERIES (TERMINAL DIGIT FILE FOR TREATMENT RECORD) FOR A DENTAL PATIENT	AIT	AN	1-5
	081-840-0129	CHART CONDITIONS IN THE PATIENT'S ORAL CAVITY IN THE DENTAL RECORD	AIT	AN	1-5
10. Dental Field Equipment	081-840-0042	SET UP THE DENTAL FIELD OPERATING AND TREATMENT UNIT	AIT	AN	1-5
	081-840-0109	ASSEMBLE THE DENTAL FIELD X-RAY UNIT	AIT	AN	1-5

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
	081-840-0110	OPERATE THE DENTAL FIELD X-RAY UNIT	AIT	AN	1-5
	081-840-0112	DISASSEMBLE THE DENTAL FIELD X-RAY MACHINE	AIT	AN	1-5
	081-840-0111	PACK THE DENTAL FIELD X-RAY MACHINE	AIT	AN	1-5
	081-840-0124	SET UP DENTAL EQUIPMENT SETS	AIT	AN	1-5
	081-840-0127	MAINTAIN DENTAL EQUIPMENT SETS	AIT	AN	1-5
	081-840-0125	PACK DENTAL EQUIPMENT SETS	AIT	AN	1-5
	081-840-0134	SET UP DENTAL INSTRUMENT SUPPLY SETS (DISS)	AIT	AN	1-5
	081-840-0136	MAINTAIN DENTAL INSTRUMENT SUPPLY SETS (DISS)	AIT	AN	1-5
	081-840-0135	PACK DENTAL INSTRUMENT SUPPLY SETS (DISS)	AIT	AN	1-5
	081-840-0158	SET UP THE DENTAL FIELD SURGICAL SCRUB SINK	AIT	AN	1-5
	081-840-0119	OPERATE THE DENTAL FIELD SURGICAL SCRUB SINK	AIT	AN	1-5
	081-840-0156	DISASSEMBLE THE DENTAL FIELD SURGICAL SCRUB SINK	AIT	AN	1-5
	081-840-0157	PACK THE DENTAL FIELD SURGICAL SCRUB SINK	AIT	AN	1-5
	081-840-0113	SET UP THE DENTAL COMPRESSOR/DEHYDRATOR	AIT	AN	1-5
	081-840-0160	OPERATE THE DENTAL COMPRESSOR/DEHYDRATOR	AIT	AN	1-5
	081-840-0159	PACK THE DENTAL COMPRESSOR/DEHYDRATOR	AIT	AN	1-5
	081-840-0118	IMPLEMENT LOADING PLANS FOR DENTAL FIELD EQUIPMENT	AIT	AN	1-5
	081-840-0114	PERFORM PREVENTIVE MAINTENANCE, CHECKS, AND SERVICES ON FIELD DENTAL EQUIPMENT	AIT	AN	1-5
	081-840-0128	MAINTAIN STOCK LEVEL FOR DENTAL SUPPLIES AND EQUIPMENT	AIT	AN	1-5

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
11. Preventive Dentistry (ASI X2)	081-840-0169	PREPARE PATIENT AND EQUIPMENT FOR PREVENTIVE DENTISTRY TREATMENT	PDC	AN	1-2
	081-840-0055	PERFORM EXTRAORAL AND INTRAORAL INSPECTION	PDC	AN	1-2
	081-840-0175	APPLY DESENSITIZING AGENTS	PDC	AN	1-2
	081-840-0057	REMOVE CALCULUS AND STAIN DEPOSITS UTILIZING DENTAL HAND SCALING INSTRUMENTS	PDC	AN	1-2
	081-840-0058	REMOVE CALCULUS AND STAIN DEPOSITS UTILIZING ULTRASONIC EQUIPMENT	PDC	AN	1-2
	081-840-0063	POLISH A PATIENT'S TEETH UTILIZING A PROPHYLAXIS ANGLE HANDPIECE	PDC	AN	1-2
	081-840-0056	APPLY FLUORIDE GEL USING THE TRAY METHOD	PDC	AN	1-2
	081-840-0060	INSERT A TEMPORARY RESTORATION (IRM)	PDC	AN	1-2
	081-840-0059	POLISH AN AMALGAM RESTORATION	PDC	AN	1-2
	081-840-0168	SHARPEN DENTAL HAND INSTRUMENTS FOR PREVENTIVE DENTISTRY PROCEDURES	PDC	AN	1-2
	081-840-0176	OBTAIN AN ACCURATE ALGINATE IMPRESSION OF THE MAXILLARY AND MANDIBULAR ARCHES	PDC	AN	1-2
	081-840-0180	PROVIDE TREATMENT USING DENTAL EQUIPMENT SET, DENTAL HYGIENIST, FIELD		AN	1-2
	-	Skill Level 2			
12. Admin (SL2)	081-840-0121	DEVELOP LOADING PLANS FOR DENTAL FIELD EQUIPMENT	UNIT	AN	2-5
	081-840-0139	SUPERVISE REQUISITIONING, STORAGE, AND ISSUANCE OF DENTAL SUPPLIES	UNIT	AN	2-5
	081-840-0141	MANAGE PREVENTIVE MAINTENANCE PROGRAM FOR DENTAL EQUIPMENT	UNIT	AN	2-5
Skill Level 3					•
13. Admin (SL3)	081-840-0130	ASSIST IN THE DEVELOPMENT OF OPERATIONAL PLANS FOR THE DEPLOYMENT OF DENTAL FIELD UNITS	BNCOC	AN	3-5

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
	081-840-0138	ADVISE THE COMMANDER ON DENTAL FIELD SITE SELECTION	BNCOC	AN	3-5
	081-840-0162	DEVELOP TRAINING PROGRAMS FOR NEWLY ASSIGNED DENTAL PERSONNEL	BNCOC	AN	3-5
	081-840-0163	EVALUATE DENTAL UNIT TRAINING PROGRAMS	BNCOC	AN	3-5
	081-840-0164	ASSIST IN THE MANAGEMENT OF THE DENTAL CLINIC OPERATING BUDGET	BNCOC	AN	3-5

#### **CHAPTER 3**

#### MOS/Skill Level Tasks

#### Skill Level 1

Subject Area 1: General Medical

# PERFORM A PATIENT CARE HANDWASH 081-831-0007

**Conditions:** You are about to administer patient care or have just had hand contact with a patient or contaminated material. You will need running water or two empty basins, a canteen, a water source, soap, towels (cloth or paper), and a towel receptacle or trash can.

**Standards:** Performed a patient care handwash without recontaminating the hands.

#### **Performance Steps**

1. Remove wristwatch and jewelry, if applicable.

*NOTE:* Rings should not be worn. If rings are worn, they should be of simple design with few crevices for harboring bacteria. Fingernails should be clean, short, and free of nail polish.

- 2. Roll shirt sleeves to above the elbows, if applicable.
- 3. Prepare to perform the handwash.
  - a. If using running water, turn on the warm water.
  - b. If running water is not available, set up the basins and open the canteen.
- 4. Wet your hands, wrists, and forearms.
  - a. If using running water, hold your hands, wrists, and forearms under the running water.
  - b. If running water is not available, fill one basin with enough water to cover your hands and refill the canteen.
- 5. Cover your hands, wrists, and forearms with soap.

*NOTE:* For routine patient care, use regular hand soap. For an invasive procedure such as a catheterization or an injection, use antimicrobial soap.

- 6. Wash your hands, wrists, and forearms.
  - a. Use a circular scrubbing motion, going from the fingertips toward the elbows for at least 15 seconds..
  - b. Give particular attention to creases and folds in the skin.
  - c. Wash ring(s) if present.
- 7. Rinse your hands, wrists, and forearms.
  - a. If using running water.
    - (1) Hold your hands lower than the elbows under the running water until all soap is removed.
    - (2) Do not touch any part of the sink or faucet.
  - b. If not using running water.
    - (1) Use a clean towel to grasp the canteen with one hand.

#### **Performance Steps**

- (2) Rinse the other hand, wrist, and forearm, letting the water run into the empty basin. Hold your hands lower than the elbows.
- (3) Repeat the procedure for the other arm.
- (4) Do not touch any dirty surfaces while rinsing your hands.
- 8. Dry your hands, wrists, and forearms.
  - a. Use a towel to dry one arm from the fingertips to the elbow without retracing the path with the towel.
  - b. Dispose of the towel properly without dropping your hand below waist level.
  - c. Repeat the process for the other arm using another towel.
- 9. Use a towel to turn off the running water, if applicable.
- 10. Reinspect your fingernails and clean them and rewash your hands, if necessary.

#### **Evaluation Preparation:**

Setup: None

Brief soldier: Tell the soldier to perform a patient care handwash. You may specify which method to use. The soldier need not perform both.

Per	formance Measures	<u>GO</u>	NO GO
1.	Removed wristwatch and jewelry, if applicable.		
2.	Rolled shirt sleeves to above the elbows, if applicable.		
3.	Prepared to perform the handwash.		
4.	Wet the hands, wrists, and forearms.		
5.	Covered the hands, wrists, and forearms with soap.		
6.	Washed the hands, wrists, and forearms.		
7.	Rinsed the hands, wrists, and forearms.		
8.	Dried the hands, wrists, and forearms.		
9.	Used a towel to turn off the running water, if applicable.		
10.	Reinspected the fingernails and cleaned them and rewashed the hands, if necessary.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required None Related BTLS FOR PARAMEDICS EMERGENCY CARE

## PUT ON STERILE GLOVES 081-831-0008

Conditions: You will need handwashing facilities, sterile gloves, and a flat, clean, dry surface.

**Standards:** Put on and removed sterile gloves without contaminating self or the gloves.

#### **Performance Steps**

- 1. Select and inspect the package.
  - a. Select the proper size of glove.
  - b. Inspect the package for possible contamination.
    - (1) Water spots.
    - (2) Moisture.
    - (3) Tears.
    - (4) Any other evidence that the package is not sterile.
- 2. Perform a patient care handwash.
- 3. Open the sterile package.
  - a. Place the package on a flat, clean, dry surface in the area where the gloves are to be worn
  - b. Peel the outer wrapper open to completely expose the inner package.
- 4. Position the inner package.
  - a. Remove the inner package touching only the folded side of the wrapper.
  - b. Position the package so that the cuff end is nearest you.
- 5. Unfold the inner package.
  - a. Grasp the lower corner of the package.
  - b. Open the package to a fully flat position without touching the gloves.
- 6. Expose both gloves.
  - a. Grasp the lower corners or designated areas on the folder.
  - b. Pull gently to the side without touching the gloves.
- 7. Put on the first glove.
  - a. Grasp the cuff at the folded edge and remove it from the wrapper.
  - b. Step away from the table or tray.
  - c. Keeping your hands above the waist, insert the fingers of the other hand into the glove.
  - d. Pull the glove on touching only the exposed inner surface of the glove.

*NOTE:* If there is difficulty in getting your fingers fully fitted into the glove fingers, make the adjustment after both gloves are on.

- 8. Put on the second glove.
  - a. Insert the fingertips of the gloved hand under the edge of the folded over cuff.

*NOTE:* You may keep the gloved thumb up and away from the cuff area or may insert it under the edge of the folded over cuff with the fingertips.

- b. Keeping your hands above the waist, insert the fingers of the ungloved hand into the glove.
- c. Pull the glove on.
- d. Do not contaminate either glove.

#### **Performance Steps**

- 9. Adjust the gloves to fit properly.
  - a. Grasp and pick up the glove surfaces on the individual fingers to adjust them.
  - b. Pick up the palm surfaces and work your fingers and hands into the gloves.
  - c. Interlock the gloved fingers and work the gloved hands until the gloves are firmly on the fingers.

*NOTE:* If either glove tears while putting them on or adjusting the gloves, remove both gloves and repeat the procedure.

- 10. Remove the gloves.
  - a. Grasp one glove at the heel of the hand with the other gloved hand.
  - b. Peel off the glove, retaining it in the palm of the gloved hand.
  - c. Reach under the cuff of the remaining glove with one or two fingers of the ungloved hand.
  - d. Peel off the glove over the glove being held in the palm.
  - e. Do not contaminate yourself.

**CAUTION:** Do not "snap" the gloves while removing them.

- 11. Discard the gloves IAW local SOP.
- 12. Perform a patient care handwash.

#### **Evaluation Preparation:**

Setup: If performance of this task must be simulated for training and evaluation, the same gloves may be used repeatedly as long as they are properly rewrapped after each use. You may give the soldier a torn or moist glove package to test step 1.

*NOTE:* If the soldier does not know his or her glove size, have several different sizes available to try on to determine the correct size.

Brief soldier: Tell the soldier to put on and remove the sterile gloves.

P	Performance Measures	<u>GO</u>	NO GO
	Selected and inspected the package.		
	2. Performed a patient care handwash.		
	3. Opened the sterile package.		
	4. Positioned the inner package.		
	5. Unfolded the inner package.		
	6. Exposed both gloves.		
	7. Put on the first glove.		
	8. Put on the second glove.		
	9. Adjusted the gloves to fit properly.		
1	10. Removed the gloves.		

Performance Measures	<u>GO</u>	NO GO
11. Discarded the gloves IAW local SOP.		
12. Performed a patient care handwash.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related

None BASIC NURSING

### MEASURE A PATIENT'S RESPIRATIONS 081-831-0010

Conditions: You will need a watch and appropriate forms.

**Standards:** Counted a patient's respirations for 1 full minute. Identified any abnormalities in respiration rate, depth, rhythm, pattern, and quality.

#### **Performance Steps**

1. Count the number of times the chest rises in 1 minute. Normal respirations for each age group are as follows:

*NOTE:* The patient should not be aware that respirations are being counted. If the patient is aware, he or she often becomes tense, and an accurate count becomes extremely difficult.

- a. Adult and adolescent (11-14 years old) = 12-20.
- b. School age (6-10 years old) = 15-30.
- c. Preschooler (3-5 years old) = 20-30.
- d. Toddler (1-3 years old) = 20-30.
- e. Infant (6-12 months old) = 20-30.
- f. Infant (0-5 months old) = 25-40.
- g. Newborn = 30-50.
- 2. Evaluate the respirations.
  - a. Depth.
    - (1) Normal--deep, even movement of the chest.
    - (2) Shallow--minimal rise and fall of the chest and abdomen.
    - (3) Deep--the rib cage expands fully, and the diaphragm descends to create a maximum capacity.
  - b. Rhythm and pattern.
    - (1) Healthy--exhalations are twice as long as inhalations.
    - (2) Irregular.
    - (3) Hypoventilation--slow and shallow respirations.
    - (4) Hyperventilation--sustained increased rate and depth of respiration.
    - (5) Sigh--deep inhalation followed by a slow audible exhalation.
    - (6) Apnea--temporary absence of breathing.
    - (7) Tachypnea--increased respiration rate, usually 24 or more breaths per minute.
  - c. Quality.
    - (1) Normal--effortless, automatic, regular rate, even depth, noiseless, and free of discomfort.
    - (2) Dyspnea--difficult or labored breathing.
    - (3) Wheezing or whistling sound.
    - (4) Rattling or bubbling.
- 3. Check for the physical characteristics of abnormal respirations.
  - a. Appearance--the casualty may appear restless, anxious, pale, ashen, or cyanotic.
  - b. Position--the casualty may alter his or her position by leaning forward or may be unable to lie flat.
  - c. Cough.
    - (1) Acute--comes on suddenly.
    - (2) Chronic--has existed for a long time.
    - (3) Dry--coughs without sputum.

#### **Performance Steps**

- (4) Productive--coughs which expel sputum.
  - (a) Normal sputum--clear, semiliquid mucus which may appear watery, frothy, or thick.
  - (b) Abnormal sputum--may be green, yellow, gray, or blood-tinged, and may have a foul or sweetish smell.
- 4. Record the rate of respirations and any observations noted on the appropriate forms.
- 5. Report any abnormal respirations to the supervisor immediately.

#### **Evaluation Preparation:**

Setup: You must count the rate with the soldier. If you are using a simulated patient, you may test step 2 by having him or her purposely exhibit abnormal breathing characteristics. A tolerance of plus or minus two counts will be allowed.

Brief soldier: Tell the soldier to count, evaluate, and record a patient's respirations.

Performance Measures		NO GO
1. Counted the number of times the chest rose in 1 minute.		
2. Evaluated the respirations.		
3. Checked for the physical characteristics of abnormal respirations.		
<ol> <li>Recorded the rate of respirations and any observations noted on the appropriate forms.</li> </ol>		
5. Reported any abnormal respirations to the supervisor immediately.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required None Related

**EMERGENCY CARE** 

## MEASURE A PATIENT'S PULSE 081-831-0011

**Conditions:** You will need a watch, stethoscope, and appropriate forms.

**Standards:** Counted a patient's pulse for 1 full minute. Identified any abnormalities in the pulse rate, rhythm, and strength.

#### **Performance Steps**

- 1. Position the patient so that the pulse site is accessible.
- 2. Palpate the pulse site.
  - a. Place the tips of your index and middle fingers on the pulse site.

*NOTE:* You must use a stethoscope to monitor the apical site.

- b. Press the fingers, using moderate pressure, to feel the pulse.
- 3. Count for 1 full minute and evaluate the pulse.

*NOTE:* To detect irregularities, you must count for 1 full minute.

- a. Pulse rate.
  - (1) Normal adult rate--60 to 100 beats per minute.
  - (2) Infants and Children
    - (a) Adolescent 11-14 years--60 to 105
    - (b) School age 6-10 years-- 70 to 110
    - (c) Preschooler 3-5 years-- 80 to 120
    - (d) Toddler 1-3 years-- 80 to 130
    - (e) Infant 6-12 months--80 to 140
    - (f) Infant 0-5 months-- 90 to 140
    - (g) Newborn--120 to 160
  - (3) Bradycardia--less than 50 beats per minute.

**WARNING:** When a patient presenting with bradycardia, the medic must consider the physical condition of the patient. For example, the patient is an athlete and their normal at-rest pulse rate is between 40 to 50 beats per minute.

- (4) Tachycardia--more than 100 beats per minute.
- b. Pulse rhythm.
  - (1) Regular.
    - (a) Usually easy to find.
    - (b) Has a regular rate and rhythm.
    - (c) Varies with the individual.
  - (2) Irregular/intermittent--any change from a regular beating pattern.

*NOTE:* If a peripheral pulse is irregular or intermittent, you should take a second pulse at the carotid, femoral, or apical site. (See Figure 3-1.)

#### **Performance Steps**

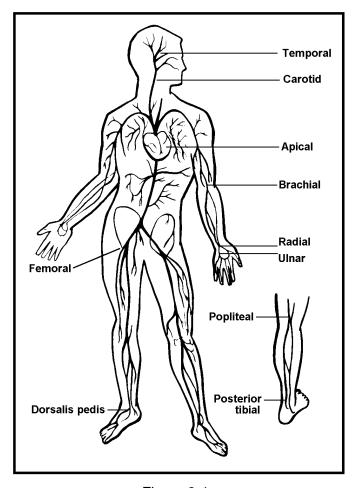


Figure 3-1

- c. Pulse strength.
  - (1) Strong or full pulse.
    - (a) Easy to find.
    - (b) Has even beats with good force.
  - (2) Bounding.
    - (a) Easy to find.
    - (b) Exceptionally strong heartbeats which make the arteries difficult to compress.
  - (3) Weak/thready
    - (a) weak and thin
    - (b) difficult to find
- 4. Record the rate, rhythm, strength, and any significant deviations from normal on the appropriate forms.
- 5. Report any significant pulse abnormalities to the supervisor immediately.

#### **Evaluation Preparation:**

Setup: While the soldier is palpating a pulse site, you must palpate the corresponding site. Specify which site the soldier is to palpate. If the apical site is chosen, either a double stethoscope or separate stethoscopes may be used. A tolerance of plus or minus two beats will be allowed.

Brief soldier: Tell the soldier to count, evaluate, and record the patient's pulse.

Performance Measures		NO GO
<ol> <li>Positioned the patient so that the pulse site is accessible.</li> </ol>		
2. Palpated the pulse site.		
3. Counted for 1 full minute and evaluated the pulse.		
<ol> <li>Recorded the rate, rhythm, strength, and any significant deviations from normal on the appropriate forms.</li> </ol>		
<ol><li>Reported any significant pulse abnormalities to the supervisor immediately.</li></ol>		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required

Related

None EMERGENCY CARE

### MEASURE A PATIENT'S BLOOD PRESSURE 081-831-0012

**Conditions:** You will need a sphygmomanometer, clean stethoscope, and appropriate forms.

**Standards:** Measured a patient's blood pressure and recorded the measurement on the appropriate forms.

#### **Performance Steps**

- 1. Explain the procedure to the patient, if necessary.
  - a. The length of time the procedure will take.
  - b. The site to be used.
  - c. The physical sensations the patient will feel.
- 2. Select the proper size of sphygmomanometer cuff.

*NOTE:* The cuff width should be two-thirds of the upper arm length if using the brachial artery and two-thirds of the upper leg if using the popliteal artery.

- 3. Check the equipment.
  - a. Ensure that the cuff is deflated completely and fully retighten the thumbscrew.
  - b. Ensure the sphygmomanometer gauge reads zero.

*NOTE:* Steps 2, 3, and 4 describe the procedure for taking the blood pressure at the brachial site. If the brachial site cannot be used, measure the blood pressure using a larger cuff applied to the thigh. The patient should be lying down (preferably on the stomach; otherwise, on the back with one knee flexed). Apply the cuff at mid-thigh, and place the stethoscope over the popliteal artery. The remainder of the procedure is the same as for the brachial artery site.

- 4. Position the patient.
  - a. Place the patient in a relaxed and comfortable sitting, standing, or lying position.
- *NOTE:* A reading obtained from a standing position will be slightly higher.
  - b. Place the patient's arm palm up at approximately heart level. Support the arm so that it is relaxed.
  - 5. Place the cuff at the brachial artery site.
    - a. Place the cuff so the lower edge is 1 to 2 inches above the elbow and the bladder portion is over the artery.
    - b. Wrap the cuff just tightly enough to prevent slippage.
    - c. If applicable, clip the gauge to the cuff in alignment with the palm.
  - 6. Position the stethoscope, if used.
    - a. Palpate for the brachial pulse.
    - b. Place the diaphragm of the stethoscope over the pulse site.
  - 7. Inflate the cuff until the gauge reads at least 140 mm Hg or 10 mm Hg higher than the usual range for that patient, if known.

*NOTE:* If a pulsation is heard when the gauge reaches 140 mm Hg, continue to inflate the cuff 10 mm Hg beyond the point at which the last pulsation was heard.

**CAUTION:** The cuff should not remain inflated for more than 2 minutes.

- 8. Determine the blood pressure.
  - a. If a stethoscope is used, complete the following steps:

- (1) Rotate the thumbscrew slowly in a counterclockwise motion, allowing the cuff to deflate slowly.
- (2) Watch the gauge and remember the reading when the first distinct sound is heard (systolic pressure).
- (3) Continue to watch the gauge and remember the reading where the sound changes again and becomes muffled or unclear (diastolic pressure).
- (4) Release the remaining air.
- b. If a stethoscope is not used, complete the following steps:
  - (1) Palpate for the radial pulse.
  - (2) Rotate the thumbscrew slowly in a counterclockwise motion, allowing the cuff to deflate slowly.
  - (3) Watch the gauge and remember the point at which the pulse returns (systolic pressure).

*NOTES:* 1. The diastolic pressure cannot be determined using this method. 2. If the procedure must be repeated, wait at least 1 minute before repeating steps 6 through 8.

- 9. Record the blood pressure on the appropriate forms.
  - a. Record the systolic reading over the diastolic reading, for example 120/80.
  - b. Record the readings in even numbers.
- 10. Evaluate the blood pressure reading by comparing it with one of the following:
  - a. The patient's previous reading.
  - b. An average of the patient's previous readings.
  - c. The normal range: 100-140/60-90 for males and 90-130/50-60 for females.
- 11. Report abnormal readings to the supervisor.

#### **Evaluation Preparation:**

Setup: A double stethoscope should be used if available. A tolerance of  $\pm$  4 mm Hg will be allowed. If other methods are used, such as independent measurements on different sites or at different times, the evaluator must apply discretion in applying the  $\pm$  4 mm Hg standard. You will allow the soldier to retake the blood pressure at least once if the soldier feels that it is necessary to obtain an accurate reading. You will use discretion in allowing additional repetitions based upon the difficulty of obtaining a reading on the patient.

Brief soldier: Tell the soldier to take a patient's blood pressure. Tell the soldier that the blood pressure may be retaken, if necessary, to obtain an accurate reading.

Performance Measures		NO GO
<ol> <li>Explained the procedure to the patient, if necessary.</li> </ol>		
2. Selected the proper size of sphygmomanometer cuff.		
3. Checked the equipment.		
4. Positioned the patient.		
5. Placed the cuff just tightly enough to prevent slippage.		
6. Positioned the stethoscope, if used.		

Performance Measures	<u>GO</u>	NO GO
<ol><li>Inflated the cuff until the gauge read at least 140 mm Hg or 10 mm Hg higher than the usual range for that patient, if known.</li></ol>		
8. Determined the blood pressure.		
9. Recorded the blood pressure on the appropriate forms.		
10. Evaluated the blood pressure.		
11. Reported any abnormal readings to the supervisor.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required None Related

EMERGENCY CARE

### MEASURE A PATIENT'S TEMPERATURE 081-831-0013

**Conditions:** You have performed a patient care handwash. You will need disinfected mercury oral and rectal thermometers or an electronic thermometer, canisters marked "used," water soluble lubricant, gauze pads, a watch, and appropriate forms.

**Standards:** Recorded the patient's temperature to the nearest 0.2° F.

#### **Performance Steps**

- 1. Determine which site to use.
  - a. Take an oral temperature if the patient is a conscious adult or a child who can follow directions, and can breathe normally through the nose.

**CAUTION:** Do not take an oral temperature when the patient--

- 1. Has had recent facial or oral surgery.
- 2. Is confused, disturbed, or heavily sedated.
- 3. Is being administered oxygen by mouth or nose.
- 4. Is likely to bite down on the thermometer.
- 5. Has smoked, chewed gum, or ingested anything hot or cold within the last 15 to 30 minutes.
  - b. Tympanic method can be used with conscious or unconscious patients and is preferred temperature if the patient has recently had something to eat or drink.

**CAUTION:** Do not take a tympanic temperature if the patient has had recent facial or aural surgery, or has cerumen (ear wax).

c. Take a rectal temperature if the oral or tympanic site is ruled out by the patient's condition.

**CAUTION:** Do not take a rectal temperature on a patient with a cardiac condition, diarrhea, a rectal disorder such as hemorrhoids, or recent rectal surgery. Do not take a rectal temperature on an infant unless directed to by medical guidance.

- d. Take an axillary temperature if the patient's condition rules out using the other methods.
- 2. Select the proper thermometer.
  - a. Tympanic thermometer.
  - b. An oral thermometer has a blue tip and may be labeled "Oral."
  - c. A rectal thermometer has a red tip and may be labeled "Rectal."
  - d. Axillary temperatures are taken with oral thermometers.
- 3. Explain the procedure and position the patient.
  - a. Take a tympanic temperature with the patient s head turned toward side so that the ear canal is easily viewed.
  - b. Take an oral temperature with the patient seated or lying face up.
  - c. Take a rectal temperature with the patient lying on either side with the top knee flexed.
  - d. Take an axillary temperature with the patient lying face up with the armpit exposed.
- 4. Measure the temperature.
  - a. Shake the thermometer down to below 94° F.
  - b. Place the thermometer at the proper site.
    - (1) If you are taking an oral temperature, place the thermometer in the heat pocket under the tongue and tell the patient to close his or her lips and not to bite down.
    - (2) If you are taking a rectal temperature on an adult, insert the thermometer 1 to 2 inches into his or her rectum.

**CAUTION:** Lubricate the tip prior to insertion. Hold the thermometer in place.

- (3) If you are taking a tympanic temperature, pull the ear pinna back, up, and out; insert the speculum into the ear canal snugly to make a seal, pointing toward the nose.
- (4) If you are taking an axillary temperature, pat the armpit dry and then place the bulb end in the center with the glass tip protruding to the front of the patient's body. Place the arm across his or her chest.
- c. Leave the thermometer in place for the required time.
  - (1) Oral--at least 3 minutes.

*NOTE:* Leave digital thermometers in place until testing is complete. The unit will normally have an audible tone.

- (2) Rectal--at least 2 minutes.
- (3) Tympanic--until an audible signal occurs and the patient's temperature appears on the digital display.
- (4) Axillary--at least 10 minutes.
- 5. Remove the thermometer and wipe it down with a gauze square or discharge the protective plastic sheath.
- 6. Read the scale.
- 7. Put the thermometer in the proper "used" canister or dispose of the plastic sheath as appropriate.
- 8. Record the temperature to the nearest 0.2° F on the appropriate forms and report any abnormal temperature change immediately to the supervisor.

*NOTES:* 1. The normal temperature range is--Oral - 97.0° to 99.0° F; Rectal - 98.0° to 100.0° F; Axillary - 96.0° to 98.0° F. 2. Record an axillary temperature with an "A" on the patient's record. Record a rectal temperature with an "R" on the patient's record.

#### **Evaluation Preparation:**

Setup: To test step 1 for evaluation purposes, create a scenario in which the patient's condition will dictate which site the soldier must choose.

Brief soldier: Tell the soldier to measure, evaluate, and record a patient's temperature.

Performance Measures		NO GO
1. Determined which site to use.		
2. Selected the proper thermometer.		
3. Explained the procedure and positioned the patient.		
4. Measured the temperature.		
5. Removed the thermometer and wiped it down with a gauze square.		
6. Read the scale.		
7. Placed the thermometer in the proper "used" canister or disposed of the plastic sheath as appropriate.	ie ——	

# Performance Measures <u>GO</u> <u>I</u>

8. Recorded the temperature to the nearest 0.2° F on the appropriate forms and reported any abnormal temperature change immediately to the supervisor.

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required

None

Related

**EMERGENCY CARE** 

## OPEN THE AIRWAY 081-831-0018

**Conditions:** You are evaluating a casualty who is not breathing. You are not in an NBC environment.

**Standards:** Completed all of the steps required to open the casualty's airway without causing unnecessary injury.

#### **Performance Steps**

- 1. Roll the casualty onto his or her back if necessary.
  - a. Kneel beside the casualty.
  - b. Raise the near arm and straighten it out above the head.
  - c. Adjust the legs so that they are together and straight or nearly straight.
  - d. Place one hand on the back of the casualty's head and neck.
  - e. Grasp the casualty under the arm with the free hand.
  - f. Pull steadily and evenly toward yourself, keeping the head and neck in line with the torso.
  - g. Roll the casualty as a single unit.
  - h. Place the casualty's arms at his or her sides.
- 2. Establish the airway using the head-tilt/chin-lift or jaw thrust method.
  - a. Head-tilt/chin-lift method.

**CAUTION:** Do not use this method if a spinal or neck injury is suspected.

NOTE: Remove any foreign material or vomitus seen in the mouth as quickly as possible.

- (1) Kneel at the level of the casualty's shoulders.
- (2) Place one hand on the casualty's forehead and apply firm, backward pressure with the palm of the hand to tilt the head back.
- (3) Place the fingertips of the other hand under the boney part of the casualty's lower jaw, bringing the chin forward.

**CAUTIONS:** 1. Do not use the thumb to lift the lower jaw. 2. Do not press deeply into the soft tissue under the chin with the fingers. 3. Do not completely close the casualty's mouth.

b. Jaw thrust.

**CAUTION:** Use this method if a spinal or neck injury is suspected.

- (1) Kneel at the top of the casualty's head.
- (2) Rest the elbows on the surface on which the casualty is lying.
- (3) Place one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears.
- (4) Stabilize the casualty's head with your forearms.
- (5) Use index fingers to push the angles of the patient's lower jaw forward.
- (6) Use thumb to keep the casualty's mouth open, if necessary.

**CAUTION:** Do not tilt or rotate the casualty's head.

- 3. Check for breathing within 3 to 5 seconds. While maintaining the open airway position, place an ear over the casualty's mouth and nose, looking toward the chest and stomach.
  - a. Look for the chest to rise and fall.
  - b. Listen for air escaping during exhalation.
  - c. Feel for the flow of air on the side of your face.
- 4. Take appropriate action.

- a. If the casualty resumes breathing, maintain the airway and place the casualty in the recovery position.
  - (1) Roll the casualty as a single unit onto his or her side.
  - (2) Place the hand of the upper arm under his or her chin.
  - (3) Flex the upper leg.

*NOTE:* Check the casualty for other injuries, if necessary.

b. If the casualty does not resume breathing, perform rescue breathing. (See task 081-831-0048.)

#### **Evaluation Preparation:**

Setup: Place a CPR mannequin or another soldier acting as the casualty face down on the ground. For training and evaluation, you may specify to the soldier whether the casualty has a spinal injury to test step 2, or you may create a scenario in which the casualty's condition will dictate to the soldier how to treat the casualty. After step 3 tell the soldier whether the casualty is breathing or not and ask what should be done.

Brief soldier: Tell the soldier to open the casualty's airway.

Performance Measures		<u>NO</u> GO
<ol> <li>Rolled the casualty onto his or her back, if necessary.</li> </ol>		
2. Established the airway using the head-tilt/chin-lift or jaw thrust method.		
3. Checked for breathing within 3 to 5 seconds.		
4. Took appropriate action.		
5. Did not cause further injury to the casualty.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related

None EMERGENCY CARE

### CLEAR AN UPPER AIRWAY OBSTRUCTION 081-831-0019

**Conditions:** You are evaluating a casualty who is not breathing or is having difficulty breathing, and you suspect the presence of an upper airway obstruction.

**Standards:** Completed, in order, all the steps necessary to clear an object from a casualty's upper airway. Continued the procedure until the casualty could talk and breathe normally or until relieved by a qualified person.

#### **Performance Steps**

- 1. Clear the airway.
  - a. Conscious casualty.
    - (1) Determine whether or not the casualty needs help. Ask the casualty whether he or she is choking.
      - (a) If the casualty has good air exchange (is able to speak, coughs forcefully, or wheezes between coughs), do not interfere except to encourage the casualty.
      - (b) If the casualty has poor air exchange (weak, ineffective cough; high-pitched noise while inhaling; increased respiratory difficulty; and possible cyanosis), continue with step 1a(2).
      - (c) If the casualty has a complete airway obstruction (is unable to speak, breathe, or cough and may clutch the neck between the thumb and fingers), continue with step 1a(2).
    - (2) If the casualty is lying down, bring him or her to a sitting or standing position.
    - (3) Apply abdominal or chest thrusts.

*NOTE:* Use abdominal thrusts unless the casualty is in the advanced stages of pregnancy, is very obese, or has a significant abdominal wound.

- (a) Abdominal thrusts.
  - 1) Stand behind the casualty and wrap your arms around his or her waist.
  - 2) Make a fist with one hand and place the thumb side of the fist against the casualty's abdomen in the midline slightly above the navel and well below the tip of the xiphoid process.
  - 3) Grasp the fist with your other hand and press the fist into the casualty's abdomen with quick backward and upward thrusts.
  - 4) Continue giving thrusts until the blockage is expelled or the casualty becomes unconscious.

*NOTE:* Make each thrust a separate, distinct movement given with the intent of relieving the obstruction.

- (b) Chest thrusts.
  - 1) Stand behind the casualty and encircle his or her chest with your arms just under the armpits.
  - 2) Make a fist with one hand and place the thumb side of the fist against the middle of the casualty's breastbone.
  - 3) Grasp the fist with your other hand and give backward thrusts.
  - 4) Continue giving thrusts until the blockage is expelled or the casualty becomes unconscious.

**CAUTION:** Do not position the hand on the xiphoid process or the lower margins on the rib cage.

*NOTES:* 1. Administer each thrust with the intent of relieving the obstruction. 2. If the casualty becomes unconscious, position the casualty on his or her back, perform a finger sweep (see step 1b(2)), open the airway (see task 081-831-0018), and then start rescue breathing procedures (see task 081-831-0048).

b. Unconscious casualty.

*NOTE:* Perform abdominal or chest thrusts on the unconscious casualty only after attempts to open the airway and ventilate the casualty indicate that the airway is obstructed.

(1) Apply abdominal or chest thrusts.

*NOTE:* Use abdominal thrusts unless the casualty is in the advanced stages of pregnancy, is very obese, or has a significant abdominal wound.

- (a) Abdominal thrusts.
  - 1) Kneel astride the casualty's thighs.
  - 2) Place the heel of one hand against the casualty's abdomen in the midline slightly above the navel and well below the tip of the xiphoid process.
  - 3) Place the other hand directly on top of the first.
  - 4) Press into the abdomen with quick upward thrusts up to five times.
- (b) Chest thrusts.
  - 1) Kneel close to either side of the casualty's body.
  - 2) With the middle and index fingers of the hand nearest the casualty's legs, locate the lower margin of the casualty's rib cage on the side nearest you.
  - 3) Move the fingers up the rib cage to the notch where the ribs meet the sternum in the center of the lower part of the chest.
  - 4) With the middle finger on this notch, place the index finger next to it on the lower end of the sternum.
  - 5) Place the heel of the other hand on the lower half of the sternum next to the index finger of the first hand.
  - 6) Remove the first hand from the notch and place it on top of the hand on the sternum so that the hands are parallel to each other.

*NOTE:* You may either extend or interlace your fingers but keep the fingers off the casualty's chest.

- 7) Lock your elbows into position, straighten your arms, and position your shoulders directly over your hands.
- 8) Press straight down depressing the sternum 1.5 to 2 inches and then release the pressure completely without lifting the hands from the chest.
- 9) Repeat the chest thrust up to five times.

*NOTE:* Make each thrust a separate, distinct movement given with the intent of relieving the obstruction.

- (2) Perform a finger sweep.
  - (a) Open the casualty's mouth by grasping both the tongue and lower jaw with your thumb and fingers and lifting.
  - (b) Insert the index finger of your other hand down along the inside of the cheek and deeply into the throat to the base of the tongue.
  - (c) Use a hooking motion to attempt to dislodge the foreign body and maneuver it into the mouth for removal.

**CAUTION:** Do not force the object deeper into the airway.

- (3) Attempt to ventilate. If the airway is still not clear, repeat the sequence of thrusts, finger sweep, and attempt to ventilate until the airway is cleared or you are relieved by qualified personnel.
- 2. When the object is dislodged, check for breathing. Perform rescue breathing, if necessary (see task 081-831-0048) or continue to evaluate the casualty for other injuries.

#### **Evaluation Preparation:**

*NOTE:* Only the procedure for clearing an airway obstruction in a conscious casualty will be evaluated. The procedure for an unconscious casualty can be evaluated as a part of task 081-831-0048.

Setup: You will need another soldier to play the part of the casualty.

Brief soldier: Describe the symptoms of a casualty with good air exchange, poor air exchange, or a complete airway obstruction. Ask the soldier what should be done and score step 1 based on the answer. Then, tell the soldier to clear an upper airway obstruction. Tell the soldier to demonstrate how to position the casualty, where to stand, and how to position his or her hands for the thrusts. The soldier must tell you how they should be done and how many thrusts should be performed. Ensure that the soldier understands that he or she must not actually perform the thrusts. After completion of step 5, ask the soldier what must be done if the casualty becomes unconscious.

Performance Measures	<u>GO</u>	NO GO
Determined whether the casualty needs help.		
2. Moved the casualty to a sitting or standing position, if necessary.		
3. Stood behind the casualty.		
4. Positioned arms and hands properly to perform the thrusts.		
5. Stated how to perform the thrusts and how many should be performed.		
<ul> <li>6. Stated that the following actions would be taken if the casualty becomes unconscious.</li> <li>a. Reposition the casualty.</li> <li>b. Perform a finger sweep.</li> <li>c. Open the airway.</li> <li>d. Perform rescue breathing procedures.</li> </ul>		
7. Completed all necessary steps in order.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None **Related** EMERGENCY CARE

# PERFORM RESCUE BREATHING 081-831-0048

**Conditions:** You are treating a casualty who is unconscious and is not breathing. You are not in an NBC environment.

**Standards:** Completed, in order, all the steps necessary to restore breathing. Continued the procedure until the casualty started to breathe or until relieved by another qualified person, stopped by a physician, required to perform CPR, or too exhausted to continue.

#### **Performance Steps**

- 1. Position yourself at the casualty's head.
- 2. Open the airway (see task 081-831-0018).
  - a. Head-tilt/chin-lift when no trauma is suspected.
  - b. Jaw thrust when trauma is suspected.
- 3. Ventilate the casualty using the mouth-to-mouth, mouth-to-nose, mouth-to-mask, bagvalve-mask, or flow-restricted oxygen-powered ventilation device (FROPVD or demandvalve), as appropriate.
  - a. Mouth-to-mouth method.
    - (1) Maintain the chin-lift while pinching the nostrils closed using the thumb and index fingers of the hand on the casualty's forehead.
    - (2) Take a deep breath and make an airtight seal around the casualty's mouth with your mouth.
    - (3) Blow one full breath (1.5 to 2 seconds) into the casualty's mouth, watching for the chest to rise and fall and listening and feeling for air to escape during exhalation.
    - (4) If the chest rises and air escapes--
      - (a) Give a second full breath.
      - (b) Go to step 6.
    - (5) If the chest does not rise or air does not escape, go to step 4.
  - b. Mouth-to-nose method.

*NOTE:* The mouth-to-nose method is recommended when you cannot open the casualty's mouth, there are jaw or mouth injuries, or you cannot maintain a tight seal around the casualty's mouth.

- (1) Maintain the head-tilt with the hand on the forehead while using the other hand to lift the casualty's jaw and close the mouth.
- (2) Take a deep breath and make an airtight seal around the casualty's nose with your mouth.
- (3) Blow one full breath (1.5 to 2 seconds) into the casualty's nose while watching for the chest to rise and fall and listening and feeling for air to escape during exhalation

*NOTE:* It may be necessary to open the casualty's mouth or separate the lips to allow air to escape.

- (4) If the chest rises--
  - (a) Give a second full breath.
  - (b) Go to step 6.
- (5) If the chest does not rise, go to step 4.
- c. Mouth-to-mask.

*NOTE:* The face mask is an important part of infection control to the rescuer. Rescuer breaths are delivered to the casualty through the one-way valve of the mask. There is no direct contact with the casualty's mouth.

- (1) Insert an airway adjunct as necessary.
- (2) Place the mask on the casualty.
  - (a) Position the apex of the mask on the bridge of the nose.
  - (b) Place the base of the mask at the chin between the lower lip and the chin prominence.
- (3) Create a seal while maintaining the airway.
  - (a) Place your thumbs over the top half of mask.
  - (b) Place your index and middle fingers over the bottom half of the mask.
  - (c) Use your fourth and fifth fingers to bring the jaw toward the mask.
- (4) Take a deep breath and exhale into the mask.

*NOTES:* 1. Remove your mouth from the valve to allow for exhalation. 2. Some masks have oxygen inlets. Providing supplemental oxygen significantly increases the concentration of oxygen delivered to the patient. Oxygen concentrations can reach 50% when the flow is set to 15 LPM.

- (a) If the breath goes in, give a second breath and go to step 6.
- (b) If the breath fails to go in, go to step 4.
- d. Bag-valve-mask (BVM).

*NOTE:* Supplemental oxygen can be given while using the BVM to increase oxygen concentration levels to 50%. When BVM systems have a reservoir supply, oxygen concentrations can reach almost 100%.

- (1) Insert an airway adjunct as needed.
- (2) Select the proper size of mask.
- (3) Position the mask on the casualty's face.
- (4) Form a "C" around the ventilation port. Use the third, fourth, and fifth fingers under the casualty's jaw to hold the mask in place.

*NOTE:* The most difficult part of performing rescue breathing using a BVM is maintaining an adequate seal. The American Heart Association recommends two rescuer BVM ventilation. In this method, one rescuer maintains a two-hand seal while the other rescuer squeezes the bag.

- (5) Squeeze the bag.
- (6) Release pressure from the bag and allow the patient to exhale passively.
  - (a) If the chest rises and air goes in, squeeze the bag again to give a second breath and then go to step 6.
  - (b) If the chest fails to rise, go to step 4.
- e. Flow-restricted oxygen-powered ventilation device.

**CAUTION:** Use caution when using the FROPVD on patients with chest injuries. Be careful not to force excess air into the stomach instead of the lungs. This may cause gastric distention and vomiting. Do not use on children.

- (1) Follow the same steps to position and seal the mask as with the BVM.
- (2) Push the trigger on the device once.
  - (a) If the chest rises, push the button again and proceed to step 6
  - (b) If the chest fails to rise, go to step 4.
- 4. Reposition the head to ensure an open airway and attempt the breath again. *NOTE:* When using a BVM or FROPVD, it is also important to check the mask seal.
  - a. If the chest rises, give another breath and go to step 6.
  - b. If the chest does not rise, continue with step 5.

- 5. Clear an airway obstruction, if necessary (see task 081-831-0019). When the obstruction has been cleared, continue with step 6.
- 6. Check the carotid pulse for 5 to 10 seconds.
  - a. While maintaining the airway, place the index and middle fingers of your hand on the casualty's throat.
  - b. Slide the fingers into the groove beside the casualty's Adam's apple and feel for a pulse for 5 to 10 seconds.
  - c. If a pulse is present, go to step 7.
  - d. If a pulse is not found, begin CPR (see task 081-831-0046).
- 7. Continue rescue breathing.
  - a. Ventilate the casualty at the appropriate rate.
    - (1) Adult 10-12 per minute.
    - (2) Adolescent 15 per minute.
    - (3) Children greater than a year of age 20 per minute (mouth-to-mouth or mouth-to-nose).
    - (4) Children less than one year of age 40 per minute (mouth-to-nose).
  - b. Watch for rising and falling of the chest.
  - c. Recheck for pulse and breathing after every 12 breaths.

*NOTE:* Although not evaluated, continue rescue breathing as stated in the task standard. When breathing is restored, watch the casualty closely, maintain an open airway, and check for other injuries. If the casualty's condition permits, place him or her in the recovery position. (See task 081-831-0018.)

#### **Evaluation Preparation:**

Setup: For training and evaluation, a CPR mannequin must be used. Position the mannequin on its back. To test step 3, you may specify to the soldier whether to use the mouth-to-mouth or mouth-to-nose method, or you may create a scenario in which the casualty's condition dictates which method is to be used. You may determine how much of the task is tested by telling the soldier whether the airway is clear or a pulse is found as the soldier proceeds through the task. However, you should ensure that the soldier is routed through the task far enough to continue rescue breathing after checking the carotid pulse.

Brief soldier: Tell the soldier to perform rescue breathing.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Opened the airway		
2. Ventilated the casualty using the mouth-to-mouth, mouth-to-nose, mouth-to-mask, BVM, or FROPVD method, as appropriate.		
3. Repositioned the head to ensure an open airway and repeated ventilation attempt, if necessary.		
4. Cleared an airway obstruction, if necessary.		
5. Checked the carotid pulse for 5 to 10 seconds.		
6. Continued rescue breathing.		

Performance Measures	GO	<u>NO</u>
	<del></del>	GO

7. Completed all necessary steps in order.

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related

None EMERGENCY CARE

# ADMINISTER EXTERNAL CHEST COMPRESSIONS 081-831-0046

**Conditions:** You are treating a casualty who is not breathing and has no pulse. The airway is open and is clear. Another soldier who is CPR qualified may be available to assist or may arrive while you are performing one-rescuer CPR. You are not in an NBC environment.

**Standards:** Continued CPR until the pulse was restored or until the rescuer(s) were relieved by other qualified persons, stopped by a physician, or too tired to continue.

#### **Performance Steps**

Perform one-rescuer CPR.

- 1. Ensure that the casualty is positioned on a hard, flat surface.
- 2. Position the hands for external chest compressions.
  - a. With the middle and index fingers of the hand nearest the casualty's feet, locate the lower margin of the casualty's rib cage on the side near the rescuer.
  - b. Move the fingers up the rib cage to the notch where the ribs meet the sternum in the center of the lower part of the chest.
  - c. With the middle finger on the notch, place the index finger next to it on the lower end of the sternum.
  - d. Place the heel of the other hand on the lower half of the sternum, next to the index finger of the first hand.
  - e. Remove the first hand from the notch and place it on top of the hand on the sternum so that both hands are parallel to each other.

*NOTE:* You may either extend or interlace your fingers but keep the fingers off the casualty's chest.

- 3. Position your body.
  - a. Lock your elbows with the arms straight.
  - b. Position your shoulders directly over your hands.
- 4. Give 15 compressions.
  - a. Press straight down to depress the sternum 1.5 to 2 inches.
  - b. Come straight up and completely release pressure on the sternum to allow the chest to return to its normal position. The time allowed for release should equal the time required for compression.

**CAUTION:** Do not remove the heel of your hand from the casualty's chest or reposition your hand between compressions.

- c. Give 15 compressions in 9 to 11 seconds (at a rate of 100 per minute).
- 5. Give two full breaths.
  - a. Move guickly to the casualty's head and lean over.
  - b. Open the casualty's airway. (See task 081-831-0018.)
  - c. Give two full breaths (1.5 to 2 seconds each).
- 6. Repeat steps 2 through 5 four times.
- 7. Assess the casualty.
  - a. Check for the return of the carotid pulse for 3 to 5 seconds.
    - (1) If the pulse is present, continue with step 7b.
    - (2) If the pulse is absent, continue with step 8.

- b. Check breathing for 3 to 5 seconds.
  - (1) If breathing is present, monitor breathing and pulse closely.
  - (2) If breathing is absent, perform rescue breathing only. (See task 081-831-0048.)
- 8. Resume CPR with compressions.
- 9. Recheck for pulse every 3 to 5 minutes.
- 10. Continue to alternate chest compressions and rescue breathing until-
  - a. The casualty is revived.
  - b. You are too tired to continue.
  - c. You are relieved by competent person(s).
  - d. The casualty is pronounced dead by an authorized person.

second rescuer becomes the compressor. Two-rescuer CPR is then initiated.

e. A second rescuer states, "I know CPR," and joins you in performing two-rescuer CPR. *NOTE:* A qualified second rescuer joins the first rescuer at the end of a cycle after a check for pulse by the first rescuer. The new cycle starts with one ventilation by the first rescuer, and the

11. Perform two-rescuer CPR, if applicable.

- a. Compressor: Give 15 chest compressions at the rate of 100 per minute. Ventilator: Maintain an open airway and monitor the carotid pulse occasionally for adequacy of chest compressions.
- b. Compressor: Pause.

Ventilator: Give two full breaths (over 2 seconds).

c. Compressor: Continue to give chest compressions until a change in positions is initiated.

Ventilator: Continue to give ventilations until the compressor indicates that a change is to be made.

d. Compressor: Give a clear signal to change positions.

Ventilator: Remain in the rescue breathing position.

e. Compressor: Give the 15th compression.

Ventilator: Give two breaths following the 15th compression.

- f. Compressor and ventilator simultaneously switch positions.
- g. New Ventilator: Check the casualty's carotid pulse for 5 seconds.
  - \* If present state, "There is a pulse," and perform rescue breathing.
  - \* If not present state, "No pulse." Tell the new compressor to give chest compressions.

New compressor: Position the hands to begin chest compressions as directed by the ventilator.

h. Ventilator: Continue to give two breaths on each 15th upstroke of chest compressions and ensure that the chest rises.

Compressor: Continue to give chest compressions at the rate of 100 per minute.

*NOTE:* If signs of gastric distension are noted, do the following: 1. Recheck and reposition the airway. 2. Watch for the rise and fall of the chest. 3. Ventilate the casualty only enough to cause the chest to rise.

**CAUTIONS:** 1. Do not push on the abdomen. 2. If the casualty vomits, turn the casualty on the side, clear the airway, and then continue CPR.

*NOTE:* If the patient is intubated, the ratio of breaths to compressions becomes asynchronous. Give 100 compressions per minute with a ventilation rate of approximately 10 to 12 per minute.

- 12. Continue to perform CPR as stated in the task standard. *NOTE:* The rescuer doing rescue breathing should recheck the carotid pulse every 3 to 5 minutes.
- 13. When the pulse and breathing are restored, continue to evaluate the casualty. If the casualty's condition permits, place him or her in the recovery position. (See task 081-831-0018.)

**CAUTION:** During evacuation, CPR or rescue breathing should be continued en route if necessary. When pulse and breathing are restored, the casualty should be watched closely.

#### **Evaluation Preparation:**

Setup: For training and evaluation a CPR mannequin must be used. Place the mannequin face up on the floor. One-rescuer CPR, two-rescuer CPR, or a combination of both (see NOTE after step 10e) can be evaluated. If two soldiers are involved, they will be designated as "rescuer #1" and "rescuer #2." Rescuer #1 will start in the chest compression position and will be the only one scored during performance of the task. The evaluator will ensure that all aspects of the task are evaluated by indicating whether pulse is present and when the rescuers should change positions.

Brief soldier: If two soldiers are involved, tell them about their roles as rescuer #1 and #2. Ask rescuer #1 on what kind of surface the casualty should be positioned. Then, tell the soldier(s) to perform one-rescuer or two-rescuer CPR, as appropriate.

Performance Measures		NO GO	
1. Positioned the casualty on a hard flat surface.			
2. Properly positioned the hands during chest compressions.			
3. Administered the correct number of chest compressions.			
4. Gave the chest compressions at the rate of 80 to 100 per minute.			
5. Administered the correct number of breaths.			
6. Gave the breaths at the correct rate.			
<ol><li>Checked the carotid pulse for about 5 seconds approximately 1 minute after starting CPR.</li></ol>			
8. Rechecked the carotid pulse every 3 to 5 minutes.			
9. Performed the transition to two-rescuer CPR correctly, if applicable.			
10. Changed positions during two-rescuer CPR correctly, if applicable.			
11. Continued CPR as stated in the task standard.			

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related EMERGENCY CARE

### MANAGE CARDIAC ARREST USING AED 081-833-3027

**Conditions:** You and an assistant arrive at a scene where an adult patient is in ventricular fibrillation or pulseless ventricular tachycardia and is receiving basic cardiac life support from a rescuer. You have already taken the necessary body substance isolation. You will need an automatic external defibrillator (AED), oropharyngeal airway, bag-valve-mask, nonrebreather mask, and oxygen tank set up.

**Standards:** Completed all the steps necessary to perform cardiac defibrillation with an automatic external defibrillator in order.

#### **Performance Steps**

- 1. Briefly question the rescuer about the arrest event.
  - a. How long has the patient been in arrest?
  - b. How long has CPR been in progress?
  - c. Do you know two man CPR?
- 2. Direct the rescuer to stop CPR.

*NOTE:* Allow the rescuer to complete the current cycle.

3. Determine whether the patient is a candidate for an AED.

*NOTE:* If the patient has sustained trauma before collapse, do not attach the AED. Continue CPR and transport immediately.

- a. Unresponsive.
- b. Apneic.
- c. Pulseless.
- 4. Direct the rescuer to resume CPR.
- 5. Turn the automatic external defibrillator on.
- 6. Attach the monitoring-defibrillation pads to the cables if the pads aren't attached.
- 7. Attach the AED to the patient.
  - a. Place the top right pad below the right mid-clavicular.
  - b. Place the lower pad over the lower left ribs.
- 8. Direct the rescuer to stop CPR.
- 9. Ensure all individuals are standing clear of the patient.
  - a. Give the order, "ALL CLEAR."
  - b. Visually check to ensure that no one is in contact with the patient.
  - c. Visually check to ensure no one is in direct contact with any electrically conductive material touching the patient, such as IV lines, monitor wires, or the bed frame.
- 10. Initiate analysis of rhythm.
  - a. Press the analysis button.
  - b. Wait for the machine to analyze the rhythm.
- 11. Press the button to deliver shock if advised by the defibrillator.

**CAUTION:** Do not defibrillate if anyone is touching the patient or the patient is wet (dry the patient), touching metal (move away from metal), or wearing a nitroglycerin patch (remove the patch with a gloved hand).

- a. If shock is indicated, proceed to step 12.
- b. If no shock is indicated--

*NOTE:* The patient may be in asystole or pulseless electrical activity (PEA) which are not shockable rhythms.

- (1) Check the pulse.
- (2) If none, perform CPR for 1 minute.
- (3) Press the analyze button.
- (4) If no shock is indicated, repeat steps 11b(1)-(3).
- (5) If no shock is still indicated, check the pulse. If none, start CPR and transport.
- 12. Repeat steps 9 through 11 until three shocks have been delivered.
- 13. Check for pulse.
- 14. If no pulse, direct the assistant and rescuer to resume CPR.
- 15. Check the pulse during CPR to confirm effectiveness of CPR.
- 16. Insert an airway adjunct (see task 081-833-0016).
- 17. Ventilate the patient.
- 18. After 1 minute of CPR, repeat steps 9 through 12.
- 19. Check for pulse.
  - a. If the patient has a pulse--
    - (1) Check the patient's breathing.
      - (a) If breathing is adequate, provide oxygen via nonrebreather mask.
      - (b) If breathing is inadequate or absent, ventilate the patient using a bag-valvemask.
    - (2) Transport.

*NOTE:* If a resuscitated patient arrests during transport, repeat steps 9 through 18 until six shocks have been given or the patient regains a pulse.

- b. If the patient is pulseless--
  - (1) Resume CPR.
  - (2) Transport.
- 20. Perform ongoing assessment.

Performance Measures		NO GO
1. Questioned the rescuer about the arrest event.		
2. Directed the rescuer to stop CPR.		
3. Determined whether the patient was a candidate for an AED.		
4. Directed the rescuer to resume CPR.		
5. Turned the AED on.		

Per	formance Measures	<u>GO</u>	<u>NO</u> GO
6.	Attached the monitoring-defibrillation pads to the cables, if necessary.		
7.	Attached the AED to the patient.		
8.	Directed the rescuer to stop CPR.		
9.	Ensured all individuals were standing clear of the patient.		
10.	Initiated analysis of rhythm.		
11.	Pressed the button to deliver shock if advised by the AED.		
12.	Repeated steps 9 through 11 until three shocks were delivered.		
13.	Checked for pulse.		
14.	Directed the assistant and rescuer to resume CPR if no pulse was found.		
15.	Checked the pulse during CPR to confirm effectiveness.		
16.	Inserted an airway adjunct.		
17.	Ventilated the patient.		
18.	Repeated steps 9 through 12 after 1 minute of CPR.		
19.	Checked for pulse a. If the patient had a pulse, checked for breathing. (1) If the patient was breathing, provided oxygen via nonrebreather mask. (2) If breathing was inadequate or absent, ventilated the patient using a bag-valve-mask. b. If the patient was pulseless, resumed CPR.		
20.	Performed ongoing assessment.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required

Related

None

**EMERGENCY CARE** 

### MANAGE A CONVULSIVE AND/OR SEIZING PATIENT 081-831-0035

**Conditions:** You have already taken the appropriate body substance isolation precautions.

**Standards:** Completed all steps to manage a convulsive and/or seizing patient without allowing or causing unnecessary injury to the patient.

#### **Performance Steps**

- 1. Identify the type of convulsions and/or seizures based upon the following characteristic signs and symptoms:
  - a. Petit mal.
    - (1) Brief loss of concentration or awareness without loss of motor tone.
    - (2) Found chiefly in children and rarely an emergency.
  - b. Focal.
    - (1) No loss of consciousness.
    - (2) Tingling, stiffening, or jerking in just one part of the body (arm, leg or face).
    - (3) May rapidly progress to generalized convulsions.
  - c. Grand mal (generalized).
    - (1) May be preceded by an aura.
    - (2) Has three distinct phases.
      - (a) Tonic phase--characterized by rigidity and stiffening of the body.
      - (b) Colonic phase--characterized by jerking about violently, foaming at the mouth, drooling, and cyanosis around the face and lips.
      - (c) Postictal phase--begins when convulsions stop. The patient may regain consciousness and enter a state of drowsiness and confusion or remain unconscious for several hours.
    - (3) May involve incontinence, biting of the tongue (rare), cyanosis, or mental confusion.

**CAUTION:** Never place anything in the mouth of a seizing patient.

- d. Status epilepticus.
  - (1) Two or more seizures without an intervening period of consciousness.
  - (2) A dire medical emergency, if untreated it may lead to--
    - (a) Aspiration of secretions.
    - (b) Cerebral or tissue hypoxia.
    - (c) Brain damage or death.
    - (d) Fractures of long bones.
    - (e) Head trauma.
    - (f) Injured tongue from biting.

*NOTE:* Mentally note the aspects of seizure activity for recording after the seizure.

- 2. Place the patient on his or her side, if possible.
  - a. Observe the patient to prevent aspiration and suffocation.
  - b. The patient's mouth and throat should be suctioned by trained personnel, if possible.

**CAUTIONS:** 1. Do not elevate the patient's head. 2. Do not restrain the patient's limbs during seizures.

- 3. Prevent injury to tissue and bones by padding or removing objects on which the patient may injure himself or herself.
- 4. Manage the patient after the convulsive state has ended.

- a. Place the patient on his or her side, if necessary.
- b. Continue to maintain the patient's airway.

*NOTE:* A patient who has just had a grand mal seizure will sometimes drool and will usually be drowsy so you must be prepared to suction, if equipment is available.

- c. Administer supplemental oxygen, if available, via nonrebreather mask or bag-valve-mask as appropriate.
- d. If possible, place the patient in a quiet, reassuring atmosphere.

**CAUTION:** Sudden, loud noises may cause another seizure.

- 5. Record the seizure activity.
  - a. Duration of the seizure.
  - b. Presence of cyanosis, breathing difficulty, or apnea.
  - c. Level of consciousness before, during, and after the seizure.
  - d. Whether preceded by aura (ask the patient).
  - e. Muscles involved.
  - f. Type of motor activity.
  - g. Incontinence.
  - h. Eve movement.
  - i. Previous history of seizures, head trauma, and/or drug or alcohol abuse.
- 6. Evacuate the patient.
  - a. Position the patient on his or her side.
  - b. Arrange for the administration of oxygen or suction, if available and necessary.

#### **Evaluation Preparation:**

Setup: For training and evaluation, have another soldier act as a patient.

Brief soldier: Tell the soldier to manage the patient.

Performance Measures	<u>GO</u>	NO GO
1. Identified the type of convulsions and/or seizures.		
2. Maintained the airway of a patient exhibiting tonic-clonic movement.		
3. Placed the patient on his or her side, if possible.		
<ol> <li>Prevented injury to tissue and bones by padding or removing objects on which the patient may injure himself or herself.</li> </ol>		
5. Managed the patient after the convulsive state ended.		
6. Recorded the seizure activity.		
7. Evacuated the patient.		
8. Did not cause further injury to the patient.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related EMERGENCY CARE

#### Subject Area 2: Basic Dental Procedures

# PROTECT THE PATIENT AND OPERATOR THROUGH THE USE OF BARRIER TECHNIQUES 081-840-0096

**Conditions:** You are wearing a mask, gloves, gown, and safety glasses. You will need plastic wrap, plastic bags, headrest covers, handpiece covers, and safety glasses.

**Standards:** Proper barrier techniques were completed to protect the patient and the operator.

#### **Performance Steps**

- 1. Remove all hand and wrist jewelry.
- 2. Put safety glasses on the patient.
- 3. Lather hands for 10 seconds, wash hands for 10 seconds, dry hands, and put on examination gloves.

NOTE: Handwashing is the most critical step in preventing cross-contamination.

- 4. Dry all surfaces before placing barriers.
- 5. Wrap all appropriate items with barriers.
  - a. Dental chair headrest.
  - b. Bracket tray.
  - c. Handpieces.
  - d. Three-way syringe.
  - e. Suction hoses.
  - f. Light handles.
  - g. Light switch.
  - h. Seat adjustor on operator and assistant chairs.
  - i. Chair switches on the dental chair.

Performance Measures		<u>GO</u>	NO GO	
	1. Removed all hand and wrist jewelry.			
	2. Put safety glasses on the patient.			
	3. Lathered hands for 10 seconds, washed hands for 10 seconds, and put on examination gloves.			
	4. Dried all surfaces before placing barriers.			
	5. Wrapped all appropriate items with barriers.			

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

# PERFORM FOUR-HANDED DENTISTRY TECHNIQUES 081-840-0097

**Conditions:** You are wearing a mask, gloves, eye protection, and a smock. You will need a complete dental procedure setup.

**Standards:** All instruments are efficiently passed from the dental specialist to the dental officer without causing injury to the patient.

#### **Performance Steps**

1. Ensure the dental officer and you are seated in the proper positions.

*NOTE:* The patient's head represents 12 o'clock and his feet 6 o'clock while in the dental chair.

- a. Position the chair height so that the zone of operation is about elbow height.
- b. The dental officer position varies from 7 to 12 o'clock.
- c. The dental specialist position varies from 2 to 4 o'clock.
- d. The dental specialist's chair should be approximately 3 to 4 inches above the level of the dental officer or the dental specialist's eyes should be even with the top of the dental officer's head.
- 2. Place the suction tip.
  - a. Hold the suction tip with the thumb-to-nose grasp with palms down.
  - b. Position the suction tip first and then position the handpiece.
  - c. Position the suction tip as close to the tooth as possible without touching the gingival tissue.
  - d. Use the appropriate suction tip placement, depending on the tooth that is being treated.
    - (1) Place the suction tip parallel to the buccal and lingual surface.
    - (2) Place the edge of the suction tip even with the occlusal surface.
- 3. Perform the instrument transfer.

*NOTE:* There are five definite steps in passing instruments.

- a. The approach.
  - (1) Bring the new instrument into the zone of operation with your right hand.
  - (2) Take the next instrument to be used in the left hand in a modified pen grasp and hold the nonworking end of the instrument between the thumb and first two fingers.
  - (3) Hold the instrument parallel to the one the dental officer is using.
- b. The signal.
  - (1) When the dental officer has finished using the instrument he is holding, he lifts the instrument from the tooth in a fingers only movement.
  - (2) This is a signal to you that the dental officer has finished using the instrument and is ready for the next instrument.
  - (3) The signal may also be verbal.

*NOTE:* A verbal signal is usually used when an instrument desired is not in sequence on the prearranged tray.

- c. The retrieval.
  - (1) Extend your third and fourth fingers to grasp the instrument the dental officer has just finished using.
  - (2) After you have securely grasped the used instrument, the dental officer can release the instrument from his grip.

**CAUTION:** Ensure that you grasp the instrument before letting go of the instrument so that they do not fall and cause injury to the patient.

- d. The delivery.
  - (1) Take the used instrument from the dental officer's hand.
  - (2) Turning your hand downward, lower the retrieved instrument that allows you to place the new instrument in the dental officer's fingers in the correct position.

**CAUTION:** Some instruments are double-edged and sharp. Use care so that you do not cut yourself, the dental officer, or the patient.

- e. The withdrawal.
  - (1) Hold the instrument in the third and fourth fingers opposed by the thumb.
  - (2) Place the first two fingers and the thumb on the instrument and release it from the third and fourth fingers.
  - (3) Hold the instrument between the thumb and first two fingers.

*NOTE:* You are now ready to replace the used instrument on the preset tray. The tray must be positioned properly alongside the patient's face and over your lap.

(4) Return the instrument to the operating tray by laying it down gently and returning it to its former place in the arrangement.

*NOTE:* If you should drop an instrument, leave it and take a fresh one from the instrument cabinet.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Ensured the dental officer and self were seated in the proper positions.		
2. Placed the suction tip.		
3. Performed the instrument transfer.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None TC 8-20-1

# RETRACT SOFT TISSUE DURING DENTAL PROCEDURES 081-840-0100

**Conditions:** You are wearing a sterile gown, mask, and gloves. You will need a mouth mirror.

**Standards:** The soft tissue was retracted during a dental procedure with causing injury to the patient.

#### **Performance Steps**

1. Place the mouth mirror on the soft tissue.

*NOTE:* Examples of soft tissue would be the tongue or cheek.

- 2. Retract the tissue with the mouth mirror.
- 3. Ensure that the dental officer's vision is not blocked by the retraction.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Placed the mouth mirror on the soft tissue.		
2. Retracted the tissue with the mouth mirror.		
3. Ensured that the dental officer's vision was not blocked by the retraction.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None TC 8-20-1

# PROVIDE SUCTION DURING DENTAL PROCEDURES 081-840-0101

**Conditions:** You are wearing a sterile gown, gloves, and mask. You will need a dental operating unit and a suction tip.

**Standards:** Suction was provided during a dental procedure without causing injury to the patient.

#### **Performance Steps**

- 1. Place the suction tip in the evacuation hose.
- 2. Hold the suction tip with the thumb to nose grasp.

*NOTE:* This is the preferred grasp, whether using the right or left hand.

- 3. Position the suction tip.
  - a. Place the suction tip in the patient's mouth and the dental officer positions the handpiece and the mouth mirror.
  - b. Position the tip close to the tooth surface and slightly distal.
  - c. Position the bevel of the suction tip parallel to the buccal or lingual surface of the tooth.
  - d. Place the upper edge of the tip to extend slightly beyond the occlusal surface.

*NOTE:* The tip should not block the dental officer's access to the tooth.

Performance Measures	<u>G0</u>	NO GO
1. Placed the suction tip in the evacuation hose.		
2. Held the suction tip with the thumb to nose grasp.		
3. Positioned the suction tip.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required	Related
None	TC 8-20-1

# DRY OPERATIVE SITE WITH AIR SYRINGE 081-840-0106

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need dental unit and a disposable three-way light.

**Standards:** Applied air to the operative area until it is dry.

#### **Performance Steps**

- 1. Attach a disposable tip to the three-way syringe. *NOTE:* The operative site would be rinsed after the dentist finishes the preparation.
  - 2. Apply a blast of air to dry the operative site.
  - 3. Repeat step 2 as needed to keep the operative site dry.

Performance Measures	<u>GO</u>	<u>NO</u> GO
<ol> <li>Attached a disposable tip to the three-way syringe.</li> </ol>		
2. Applied a blast of air to dry the operative site.		
3. Repeated step 2 as needed to keep the operative site dry.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None Related MODERN DENTAL ASSISTING TC 8-20-1

# PROVIDE IRRIGATION DURING DENTAL PROCEDURES 081-840-0107

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need a dental unit and a disposable three-way syringe tip.

**Standards:** Applied water to rinse a dental procedure until it is clean.

#### **Performance Steps**

- 1. Attach a disposable tip to a three-way syringe.
- 2. Rinse the operative site with a three-way syringe during a dental procedure.
- 3. Repeat step 2 as needed during a dental procedure.

Performance Measures	<u>GO</u>	NO GO
1. Attached a disposable tip to a three-way syringe.		
<ol><li>Rinsed the operative site with a three-way syringe during a dental procedure.</li></ol>		
3. Repeated step 2 as needed during a dental procedure.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None Related MODERN DENTAL ASSISTING TC 8-20-1

#### Subject Area 3: Radiology

# EXPOSE A DENTAL RADIOGRAPH USING THE BISECTING ANGLE TECHNIQUE 081-840-0001

**Conditions:** You are wearing a mask and gloves. The x-ray control box has been correctly adjusted (mA and kVp). The x-ray apparatus to include the control panel has been disinfected and wrapped. You will need an x-ray machine with short PID (cone) attached, periapical dental x-ray film, EEZEE Grip or bisecting angle film holder instrument, a dental chair, lead apron, and thyroid collar, if necessary (some lead aprons have the thyroid collar built into the apron).

**Standards:** The processed dental x-ray film was of diagnostic quality without unnecessary exposure to the patient or the operator.

#### **Performance Steps**

- 1. Seat the patient for bisecting angle exposure.
  - a. Use dental periapical film.
  - b. Adjust dental x-ray chair.
  - c. Check technique setting on control panel to ensure the appropriate mA and kVp settings are correct.

*NOTE:* Clinics use different x-ray setting techniques.

- d. Place the lead apron over the patient.
  - (1) Lead apron with thyroid collar.
  - (2) Lead apron without thyroid collar. For these aprons, a special collar must be placed around the neck to protect the thyroid from radiation.
- 2. Position the patient.
  - a. Adjust the height of the chair for comfort of patient and operator.
  - b. Adjust the headrest.
    - (1) Maxillary exposures. Adjust the head so that an imaginary line formed from the ala of the nose to the tragus of the ear is horizontal (maxillary arch horizontal).
    - (2) Mandibular exposures. Adjust the head so that an imaginary line from the corner of the mouth to the tragus of the ear is parallel (mandibular arch horizontal).
- 3. Position the film in the mouth.
  - a. Locate the tooth/teeth to be x-rayed.

*NOTE:* No film will be taken without permission from the dental officer.

- b. Position the film behind the tooth/teeth to be taken. Position the film quickly, but carefully, to prevent gagging and injury to the patient.
- c. Retain film position by use of the Rinn EEZEE grip of the bisecting angle film holding instrument.

NOTE: The patient's finger may be used as a last resort to hold the film in place.

d. Use the bisecting angle technique to position the PID.

*NOTE:* The bisecting angle technique, also the "rule of isometry," is defined in layman's terms as positioning the PID perpendicular to a line formed between the long axis of the tooth and the plane of the film. The disadvantage of this technique is dimensional distortion.

- 4. Take the exposure.
  - a. Check the control panel for appropriate mA and kVp settings.

- b. Stand behind protective shielding. If protective shielding is not available, stand at least 6 feet away.
- c. Press the emissions button. Ensure the red exposure light comes on and off; otherwise, you will not have a diagnostic exposure.
- 5. Remove the film carefully and quickly to prevent gagging or injury to the patient.
- 6. Place the exposed film(s) in a paper cup or on a towel.

Performance Measures	<u>GO</u>	NO GO
1. Seated the patient.		
2. Positioned the patient.		
3. Positioned the film in mouth.		
4. Took the exposure.		
<ol><li>Removed the film from the patient's mouth carefully so as not to cause injury to the buccal tissues.</li></ol>		
6. Placed the exposed film(s) in a paper cup or on a towel.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None Related
DENTAL RADIOGRAPHY
TB MED 521
TC 8-20-1

### EXPOSE A DENTAL RADIOGRAPH USING THE PARALLELING TECHNIQUE 081-840-0002

**Conditions:** You are wearing a mask and gloves. The x-ray control box has been correctly adjusted (mA and kVp). The x-ray apparatus, to include the control panel, has been disinfected and wrapped. You will need an x-ray machine with long PID (cone), XCP instruments (anterior and posterior), periapical dental x-ray film, cotton rolls, a dental x-ray chair, and patient protective equipment.

**Standards:** The processed dental x-ray film was of diagnostic quality without unnecessary exposure to the patient or the operator.

#### **Performance Steps**

- 1. Seat the patient for paralleling exposure.
  - a. Use dental periapical film.
  - b. Adjust dental x-ray chair.
  - c. Check technique setting on control panel to ensure the appropriate mA and kVp settings are correct.

NOTE: Clinics use different x-ray setting techniques.

- d. Place the lead apron over the patient.
  - (1) Lead apron with thyroid collar.
  - (2) Lead apron without thyroid collar. For these aprons, a special collar must be placed around the neck to protect the thyroid from radiation.
- 2. Assemble the components of the XCP.
  - a. Assemble the anterior XCP instruments.
    - (1) Hold the rod with the offset pointing up and the pins to the left with the elbow of the rod pointing down.
    - (2) Insert the plastic bite-block with the backing support pointing up and away from you.
    - (3) Slide the ring on the rod so that it can be approximated to the vertical part of the rod and centered on the support backing.
  - b. Assemble the posterior XCP instruments.
    - (1) Maxillary right and mandibular left exposures.
      - (a) Hold the XCP rod so that the offset (elbow) points to the right and away from you and the pins point to the left.
      - (b) Insert the plastic bite-block (posterior) with the backing support up and away from you.
      - (c) Slide the XCP ring onto the rod with the offset (rounded part) up and centered on the support backing.
    - (2) Maxillary left and mandibular right exposures.
      - (a) Follow directions as stated in steps 2b(1)(b) and 2b(1)(c) above.
      - (b) Hold the XCP rod so that the offset (elbow) points to the left and away from you and the pins point to the right.
- 3. Mount film on the bite-block.
  - a. Place the broken side of the film packet against the supportive upright.
  - b. Ensure that the long axis of the film packet is parallel with the long axis of the support backing.

### **Performance Steps**

*NOTE:* For anterior periapical exposures, place the film vertically. For posterior exposures, place the film horizontally against the support backing.

- c. Place embossed dot on the film packet at the base of the support backing with the raised portion of the dot facing away from the support backing.
- d. Insert the film into the open slot by using a downward motion while placing slight pressure against the backing support to open the slot.
- 4. Position the XCP instrument in the patient's mouth.
  - a. Locate the tooth or teeth that need to be x-rayed.
  - b. Carefully and quickly place the film end of the XCP into the patient's mouth, ensuring that the teeth being radiographed are touching the bite-block.
  - c. Place a cotton roll between the bite-block and the opposing teeth and have the patient bite down to secure it in place (optional).
  - d. Ensure that the teeth being radiographed are centered on the bite-block for the proper exposure.
  - e. Instruct the patient to bite on the bite-block.

NOTE: Bicuspid exposures may not be centered because of the curvature of the teeth.

- Position the XCP ring and the PID.
  - a. Slide the locator ring along the indicator rod to bring it close to, but not touching, the skin surface.
  - b. Align the PID (long cone) parallel with the indicator rod and center it on the XCP ring opening.
- 6. Take the exposure.
  - a. Check the control panel for the appropriate mA and kVp settings.
  - b. Stand behind the protective shielding. If protective shielding is not available, stand at least 6 feet away.
  - c. Press the emissions button. Make sure the red exposure light comes on and off; otherwise, you will not have a diagnostic exposure.
- 7. Remove the film carefully and quickly to prevent gagging or injury to the patient and place the film(s) in a paper cup or on a towel.

Pe	rformance Measures	<u>GO</u>	<u>NO</u> GO
1	. Seated the patient for paralleling exposure.		
2	. Assembled the components of the XCP.		
3	. Mounted the film on the bite-block.		
4	. Positioned the XCP equipment in the patient's mouth.		
5	. Positioned the XCP ring and PID.		
6	. Took the exposure.		
7	7. Removed the film carefully and quickly to prevent gagging or injury to the patient and placed the film(s) in a paper cup or on a towel.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related
DENTAL RADIOGRAPHY
TB MED 521
TC 8-20-1

# EXPOSE A DIAGNOSTIC RADIOGRAPH USING A DENTAL PANORAMIC UNIT 081-840-0008

**Conditions:** You are wearing gown and gloves. You will need a panographic (Versaview) unit, film cassette, film, darkroom with equipment, cotton rolls, and patient protective equipment.

**Standards:** The processed panoramic film was of diagnostic quality without unnecessary exposure to the patient or the operator.

### **Performance Steps**

- 1. Prepare the cassette for loading.
  - a. Remove the drum from the support assembly.
  - b. Unhook the transparent cover.
  - c. Remove the cassette from the drum.
  - d. Open the two cassette snaps.
  - e. Remove the intensifying screen.
- 2. Prepare the darkroom.
  - a. Turn on the safe light.
  - b. Turn off the white light.
- 3. Secure the panographic film.
  - a. Open the film box.
  - b. Grasp the film by its edges.
  - c. Replace the film box top.
  - d. Replace the film box top.
- Load the cassette.
  - a. Place the film into the intensifying screen.
  - b. Insert the intensifying screen into the cassette.
  - c. Place the cassette on a flat surface.
- 5. Load the cassette onto the cassette drum and hook the transparent cover.
- 6. Replace the drum assembly on the support structure.
  - a. Place it in the extreme left position.
  - b. Make sure the color coded lines are properly positioned (matched).
- 7. Prepare the Versaview.
  - a. Plug in the unit..
  - b. Turn on the power switch.
  - c. Check and adjust mA and kVp to the size of the patient.
  - d. Ensure the lead cap is over the collimator.
- 8. Prepare the patient.
  - a. Place a plastic cover over the biteblock.
  - b. Instruct the patient to remove dentures, ID tags, eye glasses, etc.
  - c. Place a lead apron on the patient.
  - d. Raise the lift mechanism, place feet over imprints, and position shoulders back straight and relaxed..
  - e. Place the head in a vertical position.
  - f. Adjust the forehead stabilizer, teeth biting biteblock, and Frankfurt plane.

## **Performance Steps**

- 9. Make the exposure.
  - a. Remove the lead cap from the collimator.
  - b. Stand behind the lead shield.
  - c. Instruct the patient to swallow, place tongue in the roof of the mouth, and not to move.
  - d. Press the emissions button for the exposure.

*NOTE:* The red light and an audible sound will signal that the exposure is complete.

- e. Place the lead cap over the collimator.
- 10. Disengage the patient.
  - a. Instruct the patient to release the biteblock.
  - b. Remove the lead apron.
  - c. Return the patient's possessions.

Per	formance Measures	<u>GO</u>	NO GO
1.	Prepared the cassette for loading.		
2.	Prepared the darkroom.		
3.	Secured the panographic film.		
4.	Loaded the cassette.		
5.	Loaded the cassette onto the cassette drum and hooked the transparent cover.		
6.	Replaced the drum assembly on the support structure.		
7.	Prepared the Versaview.		
8.	Prepared the patient.		
9.	Made the exposure.		
10.	Disengaged the patient.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

## PREPARE THE FILM PROCESSING TANK 081-840-0004

**Conditions:** You are wearing a plastic apron, rubber gloves, and eye protection. You will need a manual radiograph processing tank, a general purpose cleaner, a clean 5-gallon container, funnel, fresh developer and fixer solutions, and a sponge.

**Standards:** All stains and deposits were removed from the processing tank, and the processing chemicals were added IAW manufacturer's instructions.

### **Performance Steps**

- 1. Drain the processing tank.
  - a. Turn off the water supply.
  - b. Drain the water from the main water tank.
  - c. Drain the exhausted fixer solution into a clean 5-gallon container with a tight fitting lid. (The solution is then dispensed with IAW local SOP.)
  - d. Drain the developer solution into the sink drain or dispose of it IAW local SOP.
- Clean the processing tank and reservoirs.
  - a. Wash the main water tank with a sponge and cleaning agent.
  - b. Wash the reservoirs with a sponge and cleaning agent, ensuring that all stains and deposits are removed.
  - c. Rinse the main water tank and reservoirs thoroughly with cold clean water.
- 3. Replenish the main water tank and reservoirs.
  - a. Refill the developer and fixer reservoirs with fixer and developing solutions.

*NOTE:* Refer to the manufacturer's instructions for mixing and filling directions.

- b. Turn on the water supply and fill the main water tank to the necessary level.
- 4. Adjust the water to optimum temperature (68° F) in the main water tank.

Performance Measures	<u>GO</u>	NO GO
Drained the processing tank.		
2. Cleaned the processing tank and reservoirs.		
3. Replenished the main water tank and reservoirs.		
4. Adjusted the water to optimum temperature (68° F) in the main water tank.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required	Related
None	AR 40-61
	TC 8-20-1

# PROCESS EXPOSED RADIOGRAPHS MANUALLY 081-840-0003

**Conditions:** You are wearing a plastic apron, rubber gloves, and eye protection. You will need exposed dental radiographs, biohazard bags, film holders, a darkroom with manual processing tank filled with solutions, a thermometer, a clock or timer, and a dryer.

**Standards:** The processed radiographs were of diagnostic quality without unnecessary exposure to the processor.

### **Performance Steps**

- 1. Prepare the darkroom for film processing.
  - a. Check the temperature of the solutions.

*NOTE:* The temperature affects the development time. The warmer the solution, the shorter the development time. The optimum temperature is 68° F (20° C). Temperatures above 70° F (21° C) and below 60° F (15° C) should be avoided, if possible.

- b. Ensure that the processing solutions are deep enough to allow complete immersion of the film.
- c. Stir the developing and fixing solutions.
- 2. Prepare the film for processing.
- a. Remove the protective covering from the film and place it in designated containers. *NOTE:* Any part of the film, gauze pads, cotton rolls, or any other material in contact with patient saliva must be discarded IAW local SOP.
  - b. Place the film on the film holder.

*NOTE:* Hold the film by the edge while attaching the film holder to prevent fingerprint smears.

- (1) Insert the film into the open clip jaws of the film holder.
- (2) Release the clip and ensure the film is secure by gently tugging on it.
- 3. Develop the film.
  - a. Set the time at 4 1/2 minutes with the temperature at 68° F.

*NOTE:* Check the manufacturer's instructions for developing time. Some manufacturers recommend 5 minutes in the developer.

- b. Immerse the film in the developing solution moving it up and down several times to break up air bubbles that may have formed on the surface of the film.
- 4. Rinse the film.
  - a. Tilt the film holder to remove excess developing solution, immerse it in the rinse tank, and jiggle it to dislodge air bubbles.
  - b. Rinse the film for a minimum of 20 seconds.
- 5. Fix the film.
  - Tilt and jiggle the film holder to remove excess water to keep the fixer from becoming overdiluted.
  - b. Immerse the film into the fixer for a minimum of 10 minutes.

*NOTE:* For a "wet" reading, fix for 2 minutes and return the film to the fixer after the reading for a total of 10 minutes.

- 6. Wash the film.
  - a. Tilt and jiggle the film holder to remove excess fixer solution.
  - b. Wash the film in the wash tank for a minimum of 20 minutes.

## **Performance Steps**

- 7. Dry the film.
  - a. Tilt and jiggle the film holder to remove excess water.
  - b. Place the film holder with attached film on the drying rack.
  - c. Allow the film to completely dry before touching it.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Prepared the darkroom for film processing.</li> </ol>		
2. Prepared the film for processing.		
3. Developed the film.		
4. Rinsed the film.		
5. Fixed the film.		
6. Washed the film.		
7. Dried the film.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

## References

Required Related
None TB MED 266
TC 8-20-1

# EVALUATE RADIOGRAPHS FOR DIAGNOSTIC VALUE 081-840-0126

**Conditions:** You are wearing a gown and gloves. You will need a series of periapical (PAX) and (BWX) radiographs.

**Standards:** Evaluated radiographs and determined if they were of diagnostic value.

## **Performance Steps**

- 1. Evaluate periapical (PAX) radiographs.
  - a. Determine if the entire clinical crown of the teeth is visible.
  - b. Determine if the root (side and apex) and at least 2mm of bone are visible.
  - c. Check for the absence of overlapping of any part of the root or adjacent teeth.
  - d. Correct the angulation of the PID.
  - e. Correct exposure settings used.
- 2. Evaluate bitewing (BWX) radiographs.
  - a. Determine if the clinical crowns of the first and second bicuspids (maxillary and mandibular) and the first and second molars (maxillary and mandibular) are visible.
  - b. Determine if at least 2 mm of the root (maxillary and mandibular) are visible.
  - c. Determine if the mesial of the mandibular first bicuspid and the distal of the second molar are clearly visible.
  - d. Check for the absence of overlapped enamel touching the dentin of an adjacent tooth.
  - e. Check for proper placement.
  - f. Correct the angulation of the PID.
  - g. Correct the exposure setting used.

Performance Measures	<u>GO</u>	NO GO
Evaluated periapical (PAX) radiographs.		
2. Evaluated bitewing (BWX) radiographs.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

# References

Required Related
None DENTAL

DENTAL RADIOGRAPHY TC 8-20-1

# MOUNT A FULL MOUTH SERIES OF RADIOGRAPHS 081-840-0005

**Conditions:** You are wearing a gown and rubber gloves. You will need a full mouth series of radiographs, a full mouth mounting card, a view box or light source, DA Form 5570, and DA Form 3444-series.

**Standards:** The radiographs were mounted in correct anatomical order with the mounting card correctly labeled.

## **Performance Steps**

1. Ensure the radiographs are of diagnostic quality.

*NOTE:* Faulty radiographs are set aside to be retaken.

- 2. Label the mounting card with name, date, SSN, unit or organization, and dental facility.
- 3. Identify the radiographs for mounting.
  - a. Determine whether the teeth pictured are maxillary or mandibular teeth.
  - b. Identify the teeth pictured on the radiographs as being molars, bicuspids, cuspids, or incisors by using anatomical landmarks.

*NOTE:* Ensure that the film is viewed with the raised part of the embossed dot toward the viewer.

4. Mount the radiographs by sliding the film into the slots.

**CAUTION:** Any obstacles should be removed from the slots. The film should not be creased or scratched.

- 5. Store the radiographs in the dental health records (DA Form 3444-series).
  - a. Fold the mounting card along the folding grooves.
  - b. Place it inside the Health Questionnaire for Dental Treatment (DA Form 5570).

Performance Measures	<u>GO</u>	NO GO
1. Ensured that the radiographs were of diagnostic quality.		
2. Identified the radiographs for mounting.		
3. Labeled the mounting card with name, date, SSN, unit or organization, and dental facility.		
4. Mounted the radiographs by sliding them into the slots.		
5. Stored the radiographs in the dental record (DA Form 3444-series).		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related TB MED 250 TC 8-20-1

### Subject Area 4: Dental Materials

# PREPARE ALGINATE IMPRESSION MATERIAL 081-840-0010

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need alginate impression material (regular set), measuring scoop and vial, mixing spatula, rubber mixing bowl, and water.

**Standards:** The alginate impression material was mixed to a creamy lump-free consistency within 1 minute.

### **Performance Steps**

- 1. Prepare the material for mixing.
  - a. Measure the proper amount of water.

*NOTE:* The water-measuring vial is marked with lines for a ratio of 1:1 - 1 unit of water for 1 scoop of powder (2 scoops for medium tray and 3 scoops for large tray).

*NOTE:* The ideal water temperature is 73° F. Colder water retards the setting and warmer water accelerates the setting.

b. Pour the measured amount of water into a clean rubber mixing bowl.

*NOTE:* If the rubber bowl is old, dried, and cracked, make sure to first wet and then dry excess water.

- c. Tumble the alginate container to fluff the powder.
- d. Dip the measuring scoop lightly into the powder.
- e. Tap the scoop against the rim of the container to ensure a full measure without voids.
- f. Scrape off the excess powder with a spatula to achieve a level scoop.
- 2. Mix the material.
  - a. Add the proper measured amount of powder to the water.
  - b. Spatulate the material slowly ensuring all the powder is incorporated into the water.
  - c. Spatulate the material against the walls of the rubber mixing bowl to a creamy consistency without lumps.
  - d. Ensure the mix is completed within 1 minute.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the material for mixing.		
2. Mixed the material, ensuring the mix was completed within 1 minute.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

# PREPARE INTERMEDIATE RESTORATIVE MATERIAL (IRM) 081-840-0012

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need a mixing pad, IRM powder and liquid, a measuring scoop, and a stainless steel spatula.

**Standards:** The IRM material was mixed vigorously to an adaptable consistency of play dough within 1 minute without contamination.

### **Performance Steps**

1. Prepare the material for mixing.

*NOTE:* IRM is used as a base or temporary cement. It is NOT used under composite restorations.

- a. Fluff the powder.
- b. Overfill the measuring scoop with powder.
- c. Level off the scoop with the spatula without packing the powder.
- d. Place the powder on a clean mixing pad.
- e. Divide the powder in half.
- f. Divide one of the halves in half again (a total of three sections).
- g. Dispense the correct amount of liquid onto the mixing pad (one drop of liquid to one scoop of powder).

*NOTE:* The lids must be replaced on the containers as quickly as possible to prevent contamination.

- 2. Mix the material.
  - a. Combine the half of powder with the liquid and quickly mix with the mixing spatula vigorously.
  - b. Add the remaining powder in two to three increments and spatulate thoroughly.
  - c. Incorporate all of the powder into the liquid and complete the mix within 1 minute.

NOTE: The mixture should have the consistency of play dough.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the material for mixing.		
2. Mixed the material, ensuring the mix was completed within 1 minute.		
Evaluation Guidance: Score each soldier according to the performance meas	ures in th	Δ

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

## References

Required None

## PREPARE A COMPOSITE RESIN 081-840-0015

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need acid etching, disposable applicator tip, bonding agent, applicator brush and disposable tips, light-cured composite resin syringes, plastic or glass dish, plastic instrument, celluloid matrix strip, ultraviolet light, finishing and polishing materials with mandrel, cuttlefish (sandpaper) strips, three-way syringe, and high volume evacuation.

**Standards:** Acid etching was rinsed and dried from the patient's tooth. Bonding agent was dispensed and cured IAW manufacturer's instructions. A composite resin that matches the patient's tooth shade was dispensed and placed on plastic instrument and cured with light unit.

## **Performance Steps**

- 1. Prepare the material.
  - a. Attach a new disposable applicator tip to the acid etching syringe.
  - b. Attach a new disposable brush tip to the brush handle for application of the bonding agent.
  - c. Select the correct shade of composite resin syringe and retrieve the plastic or glass dish and plastic instrument.
  - d. Retrieve the celluloid matrix strip, ultraviolet light, finishing and polishing materials with mandrel, and cuttlefish strips.
- 2. Dry the tooth preparation for application of acid etching material.
- 3. Pass the acid etching syringe to the dental officer.
- 4. Rinse and dry the tooth preparation after application of the acid etching material. *NOTE:* If the tooth preparation becomes contaminated with saliva, repeat the procedure.

**CAUTION:** Avoid contact of soft tissue with acid etching material.

- 5. Dispense a small amount of bonding agent on the applicator brush and pass it to the dental officer.
- 6. Cure the bonding agent on the tooth preparation with the light unit IAW manufacturer's instructions (20 to 30 seconds average time).

**CAUTION:** Ensure the protective shield is used with the ultraviolet light to prevent eye injury.

- 7. Dispense a small amount of composite resin on the plastic or glass dish and pick up the material with the plastic instrument and pass it to the dental officer.
- 8. Prepare the celluloid matrix strip, if required.
- 9. Cure the composite resin with the light unit IAW manufacturer's instructions (20 to 40 seconds depending on the amount and shade).
- 10. Pass proper finishing and polishing materials to the dental officer.
- 11. Pass cuttlefish strip to the dental officer, as needed.
- 12. Rinse and dry the tooth.

Performance Measures	<u>GO</u>	NO GO
Prepared the material.		
2. Dried the tooth preparation for application of acid etching material.		
3. Passed the acid etching syringe to the dental officer.		
<ol> <li>Rinsed and dried the tooth preparation after application of the acid etching material.</li> </ol>	g —	
<ol><li>Dispensed a small amount of bonding agent on the applicator brush and passed it to the dental officer.</li></ol>		
<ol><li>Cured the bonding agent on the tooth preparation with the light unit IAW manufacturer's instructions (20 to 30 seconds average time).</li></ol>		
<ol><li>Dispensed a small amount of composite resin on the plastic or glass dish and picked up the material with the plastic instrument and passed it to the dental officer.</li></ol>		
8. Prepared the celluloid strip, if required.		
<ol><li>Cured the composite resin with the light unit IAW manufacturer's instructions (20 to 40 seconds depending on the amount and shade).</li></ol>		
10. Passed the proper finishing and polishing materials to the dental officer.		
11. Passed cuttlefish strip to the dental officer, as needed.		
12. Rinsed and dried the tooth.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

**Required** None

# PREPARE AMALGAM RESTORATIVE MATERIAL 081-840-0099

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need a single use amalgam capsule, an amalgam activator, and an amalgamator.

**Standards:** Amalgam restorative material was prepared that was free of dry alloy particles and held together as one unit.

### **Performance Steps**

- 1. Prepare the material for mixing.
  - a. Place the amalgam capsule in the amalgam activator.
  - b. Press down on the handle of the activator until you break the separating membrane in the capsule.
- 2. Mix the material (trituration).
  - a. Place the capsule in the amalgamator.
  - b. Set the amalgamator to operate for the length of time specified in the manufacturer's instructions.
  - c. Press the start button.
  - d. Remove the capsule from the amalgamator and open it.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the material for mixing.		
2. Mixed the material.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required Related

None MODERN DENTAL ASSISTING
 TC 8-20-1

# PREPARE VARNISHES, BASES, AND LINERS 081-840-0103

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need calcium hydroxide (Dycal) base and catalyst material, mixing pad, mixing instrument, 2x2 gauze, glass ionomer, applicator instrument, and ultraviolet light.

**Standards:** Mixed a homogeneous mixture of calcium hydroxide (Dycal) within 10 seconds and cured glass ionomer with light unit for 30 to 60 seconds IAW manufacturer's instructions.

### **Performance Steps**

- 1. Mix calcium hydroxide (Dycal) material.
  - a. Dispense equal amounts of base and catalyst material on a mixing pad.

NOTE: Ensure the base and catalyst materials are not touching each other.

- b. Mix the material with Dycal instrument to a homogeneous mixture within 10 seconds. *NOTE:* The mixture should not have any streaks.
  - c. Wipe Dycal instrument clean with a 2x2 gauze.
  - 2. Mix glass ionomer.
    - a. Dispense a small amount of glass ionomer on applicator instrument.
    - b. After the dental officer applies glass ionomer on the tooth preparation, cure with a light unit for 30 to 60 seconds IAW manufacturer's instructions.

Performance Measures		<u>NO</u> GO
<ol> <li>Mixed a homogeneous mixture of calcium hydroxide (Dycal) within 10 seconds.</li> </ol>		
2. Mixed glass ionomer.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related

None MODERN DENTAL ASSISTING

TC 8-20-1

## PREPARE DENTAL CEMENTS 081-840-0105

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need zinc phosphate powder, zinc phosphate liquid, glass slab, and stainless steel spatula.

**Standards:** Zinc phosphate cement was mixed within 2 minutes to a creamy consistency and will flow reluctantly from the spatula or clings to the spatula when raised about 1 inch from the mix

## **Performance Steps**

- 1. Prepare the material for mixing.
  - a. Clean the glass slab ensuring no old cement or other material is present to contaminate the mixture.
  - b. Cool the glass slab, if necessary, by placing it under cold running water.

*NOTE:* Cooling the glass slab prolongs the setting time of the mixture. The temperature of the glass slab should be 65°-75° F.

- c. Dry the glass slab ensuring no water remains to contaminate the mixture.
- d. Measure the powder into the container cap dome by filling it to the shoulder.
- e. Place the measured amount of powder onto the glass slab and divide the powder into four equal parts. Further divide one of the quarters (one closet to the bottom center) into half (1/8th) and one of the 1/8ths in half (1/16th).
- f. Place seven drops of liquid in the middle of the glass slab.

**CAUTION:** Avoid contact with skin or eyes.

- 2. Mix the material.
  - a. Bring one of the 1/16th increments of powder into the liquid and mix it over a large area in a circular motion using the flat side of the mixing spatula.

*NOTE:* Zinc phosphate must be mixed using 1/2 or more of the glass slab surface to facilitate the dissipation of exothermic heat.

- b. Continue to incorporate the remaining powder from the smaller to larger increments about every 14 seconds until a creamy consistency is reached within 2 minutes.
- c. Gather the entire mixture into the middle of the glass slab.
- d. Place the flat side of the mixing spatula on the mixture.
- e. Lift the spatula 1 inch to check the consistency.

*NOTE:* The mixture should flow reluctantly from the spatula or cling to the spatula.

Performance Measures		NO GO	
1. Prepared the material for mixing.			
2. Mixed the material within 2 minutes to a creamy consistency.			

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

# PREPARE ELATOMERIC IMPRESSION MATERIAL 081-840-0120

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need elastomeric impression material, polyethylene-coated mixing pad, and mixing spatula or tongue depressors.

**Standards:** The elastomeric impression material was mixed to a homogeneous (uniform color), streak-free consistency within 1 minute.

## **Performance Steps**

1. Prepare the material for mixing.

*NOTE:* The dental officer will determine the manufacturer and type (light, regular, or heavy body) of elastomeric impression material to be used.

- a. Set out the mixing spatula or a tongue depressor for mixing the impression material.
- b. Set out the polyethylene-coated mixing pad.
- c. Dispense equal amounts (about 4 inches) of base and catalyst impression material in the middle of the mixing pad.

NOTE: Make sure the base and the catalyst material are not touching each other.

- 2. Mix the material.
  - a. Mix the materials into each other using a quick circular motion with a spatula or a tongue depressor.
  - b. Incorporate thoroughly until a homogeneous, streak-free consistency is obtained within 1 minute.

*NOTE:* The completed mix should be immediately loaded into an impression syringe or custom (final) impression tray for the dental officer.

Performance Measures		NO GO
1. Prepared the material for mixing.		
<ol><li>Mixed the material to a homogeneous, streak-free consistency within 1 minute.</li></ol>		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

# References Required

None MODERN DENTAL ASSISTING

TC 8-20-1

Related

# PREPARE ALGINATE IMPRESSION FOR POURING 081-840-0137

**Conditions:** You are wearing a mask, gloves, and eye protection. You will need disinfectant, plastic head rest cover, impression tray with alginate impression in place, slurry water, and tray tree for holding the alginate impression.

**Standards:** The alginate impression was fully disinfected in the proper time before pouring up the impression.

## **Performance Steps**

1. Rinse the alginate impression with a thin slurry of artificial dental stone to remove saliva and mucus.

*NOTE:* Slurry can be made by mixing 50 grams of dental stone into a quart of water or by removing the water draining from the model trimmer while trimming casts into a large lab bowl.

- 2. Disinfect the alginate impression in disinfecting solution according to manufacturer's instructions.
- 3. Rinse the disinfected alginate impression with tepid water from the tap.

NOTE: Extreme cold or hot water will distort the alginate.

4. Shake off excess water from the alginate impression.

*NOTE:* Leaving too much water in the alginate impression will change the water powder ratio of the stone.

5. Cover the disinfected alginate impression.

*NOTE:* Covering the impression with a headrest cover will provide 100% humidity which keeps the alginate impression from distorting.

6. Suspend the alginate impression by the handle in the tray tree to prevent alginate from separating from the tray.

Performance Measures		<u>GO</u>	<u>NO</u> GO	
	1. Rinsed the alginate impression with a thin slurry of artificial dental stone.			
	2. Disinfected the alginate impression in disinfecting solution according to the manufacturer's instructions.			
	3. Rinsed the disinfected alginate impression with tepid water.			
	4. Shook off excess water from the alginate impression.			
	5. Covered the disinfected alginate impression with a headrest cover.			
	6. Suspended the alginate impression by the handle in a tray tree.			

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related FM 8-38 MODERN DENTAL ASSISTING TB MED 266 TC 8-20-1

### Subject Area 5: General Duties

# PREPARE A DENTAL LOCAL ANESTHETIC SETUP 081-840-0019

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need a basic examination setup, an assortment of disposable needles, an assortment of anesthetic carpules, an aspirating syringe, a topical anesthetic, and cotton tipped applicators.

**Standards:** The dental local anesthetic syringe was correctly assembled for use and the setup was prepared correctly.

## **Performance Steps**

- 1. Select the appropriate disposable needle.
  - a. Length of needle.
    - (1) Maxillary arch 13/16 inch in length.
    - (2) Mandibular arch 1 3/8 inch in length.

*NOTE:* The 1 3/8-inch disposable needle (long needle) can also be used on the maxillary arch. It is the preference of the dentist.

- b. Gauge (size) of the needle.
  - (1) 25 gauge red.
  - (2) 17 gauge yellow.
- Attach the disposable needle to the hub of the aspirating syringe.
- 3. Select the proper anesthetic cartridge IAW the dental officer's instructions.
  - a. Lidocaine hydrochloride (Xylocaine).
    - (1) Cartridges with red rings contain one part epinephrine for every 100,000 parts of lidocaine, which is a vasoconstrictor.
    - (2) Cartridges with green rings contain one part of epinephrine for every 50,000 parts of

lidocaine, which is a vasoconstrictor.

- b. Mepivacaine hydrochloride.
  - (1) Carbocaine with Neo-Coberfin.
    - (a) A vasoconstrictor.
    - (b) Coded with a brown ring around the cartridge and contains 2 percent mepivacaine with a 1:20,000 concentration of Neo-Cobefrin.
  - (2) Polocaine.
    - (a) Does not contain a vasoconstrictor.
    - (b) Color-coded by a tan ring around the cartridge and contains 3 percent mepivacaine.

*NOTE:* Some physical conditions where vasoconstrictors should not be used are patients with high blood pressure, heart problems, stroke, hyperthyroidism, or taking other drugs that do not interact well with vasoconstrictors.

- (3) Bupivacaine (Marcaine).
  - (a) A vasoconstrictor.
  - (b) Color-coded with a blue ring around the cartridge and contains 0.50 percent Bupviacaine with a 1:20,000 concentration of epinephrine.

## **Performance Steps**

- 4. Retract the plunger of the syringe and insert the anesthetic cartridge into the hollow barrel of the syringe.
- 5. Ensure that the metal cap of the cartridge is pointed toward the needle.
- 6. Strike the plunger ring with the palm of your hand ensuring the plunger harpoon is seated in the rubber stopper of the anesthetic cartridge.
- 7. Set out the topical anesthetic.
- 8. Set out a cotton tipped applicator and 2x2 gauze.

Performance Measures	<u>GO</u>	NO GO
1. Selected the appropriate disposable needle.		
2. Attached the disposable needle to the hub of the aspirating syringe.		
3. Selected the proper anesthetic cartridge IAW the dental officer's instructions.		
4. Retracted the plunger of the syringe and inserted the anesthetic cartridge into the hollow barrel of the syringe.		
5. Ensured that the metal cap of the cartridge is pointed towards the needle.		
<ol><li>Struck the plunger ring sharply with the palm of the hand ensuring the plunger harpoon is seated in the rubber stopper of the anesthetic cartridge.</li></ol>		
7. Set out the topical anesthetic.		
8. Set out a cotton tipped applicator and 2 x2 gauze.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

# PREPARE A BASIC DENTAL EXAMINATION SETUP 081-840-0074

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need an explorer, a mouth mirror, a periodontal probe, cotton pliers or dressing forceps, cotton rolls, a patient drape, a drape holder, 2x2 gauze, and the patient's dental health records with radiographs.

**Standards:** A basic examination setup was prepared correctly.

## **Performance Steps**

- 1. Provide a sterile environment.
- 2. Place a tray cover on the dental tray and the bracket tray.
- 3. Set out instruments and materials.

NOTE: Place instruments in order of use from left to right on the tray.

- a. Mouth mirror.
- b. Explorer.
- c. Periodontal probe.
- d. Cotton pliers.
- e. Cotton rolls.
- f. 2x2 gauze.
- 4. Place a drape with a drape holder over the setup.
- 5. Display dental records with the most current SF 603 or 603A.
- 6. Place the most current radiographs on the view box.

Performance Measures		NO GO
Provided a sterile environment.		
2. Placed a tray cover on the dental tray and the bracket tray.		
3. Set out instruments and materials.		
4. Placed a drape with a drape holder over the setup.		
5. Displayed dental records with the most current SF 603 or 603A.		
6. Placed the most current radiographs on the view box.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

Refe	rences	
	Required	

None

# PREPARE THE DENTAL OPERATORY PRIOR TO TREATMENT 081-840-0122

**Conditions:** You are wearing a smock, mask, safety glasses, and gloves. You will need the patient's dental record; patient drape; towel clamp; surgical scrub brush; towels; exam setup; cotton rolls; 2x2 sterile gauze; 4x4 sterile gauze; saliva ejector tip; high speed evacuation tip; exam, anesthetic, and restorative setups, and disposable paper cups.

**Standards:** The dental operatory was set up prior to treatment without error.

## **Performance Steps**

- 1. Collect all the necessary materials and equipment.
- 2. Prepare the operatory for patient treatment.
  - a. Disinfect all chairs that may come in contact with the patient.
  - b. Place the local anesthesia on the examination setup.
  - c. Cover the local anesthesia and examination setup with a patient drape.

Performance Measures		<u>NO</u> GO
1. Collected all the necessary materials and equipment.		
2. Prepared the operatory for patient treatment.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

# PREPARE THE PATIENT FOR DENTAL TREATMENT 081-840-0115

**Conditions:** You are wearing a sterile gown, gloves, and a mask. You will need the patient's dental record, a patient drape, and blood pressure cup.

**Standards:** Prepared the patient for dental treatment without causing the patient any discomfort.

### **Performance Steps**

- 1. Perform initial procedures for patient treatment.
  - a. Greet the patient in the reception area by rank and name.

*NOTE:* Greet all patients with courtesy. If the patient is retired or a civilian, greet them by using Sir, Ms, Ma'am and the patient's name.

- b. Escort the patient to the operatory.
- c. Secure the patient's valuables.
- 2. Seat the patient.
  - a. Lower the chair.
  - b. Raise the chair arm or slide it back, depending on the chair.
  - c. Drape the patient.
- 3. Review the patient's medical history.
  - a. Take and record the patient's vital signs.
  - b. Review all responses marked "yes."

Performance Measures		NO GO
1. Performed initial procedures for patient treatment.		
2. Seated the patient.		
3. Reviewed the patient's medical record.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

RequiredRelatedNoneTC 8-20-1

# PREPARE MATRIX BANDS 081-840-0116

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need matrix band strips, tofflemire matrix retainer, and mouth mirror.

**Standards:** Assembled a matrix band on a tofflemire matrix retainer with the small opening of the matrix band towards the cervical portion of the tooth and the retainer on the facial side of the tooth without causing injury to the patient.

## **Performance Steps**

- 1. Prepare the material.
  - a. Set out the tofflemire matrix retainer.
  - b. Select the appropriate size and shape
- 2. Assemble the tofflemire.
  - a. Orientate the open end of the slotted portion of the retainer facing toward you and to the left (this side will be towards the cervical/gingival portion of the tooth).
  - b. Hold the retainer and turn the outer knob until the end of the spindle is visible and away from the diagonal slot in the vise.
  - c. Turn the inner knob until the vise moves next to the guide slots.
  - d. Fold the matrix band in half (lengthwise) to form a loop.

*NOTE:* The small opening of the loop is the cervical/gingival side, and the large opening of the loop is the occlusal side.

- e. Slide the joined ends of the matrix band, large (occlusal) opening edge first into the diagonal slot on the vise.
- f. Guide the band between the correct side of the guide slots.

*NOTE:* The position of the matrix band in the guide slots depends on whether the tooth being restored is on the maxillary or mandibular arch and whether it is on the patient's right or left side. Right (away from you) guide slot, for maxillary right or mandibular left quadrants; left (toward you) guide slot, for maxillary left or mandibular right quadrants.

g. Turn the outer knob clockwise to tighten the matrix band in the vise.

*NOTE:* The handle of the mouth mirror can be used to open and round the loop of the matrix band, if necessary.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the material.		
2. Assembled the tofflemire.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

Refe	rences	
	Require	d

None

# PERFORM ROUTINE MAINTENANCE FOR HIGH AND LOW SPEED HANDPIECES 081-840-0117

**Conditions:** You are wearing sterile gloves, a mask, eye protection, and an apron or a gown. You will need Midwest shorty slow speed motor, Midwest contra angle latch attachment, Titan H non-fiber optic handpiece, prophy head, and Star Dental 430 series high speed lube free.

**Standards:** Routine maintenance was performed on high and low speed handpieces without damaging the equipment.

## **Performance Steps**

- 1. Perform routine maintenance on the Midwest shorty slow speed handpiece.
  - a. Wash and rinse all external surfaces under hot tap water.
  - b. Dry thoroughly with a paper towel or 2x2 gauze daily or after each patient.

*NOTE:* The Midwest shorty slow speed motor requires no lubrication or internal cleaning prior to sterilization.

*NOTE:* After sterilization and before patient use, place two drops each of Tru-Torc conditioner inside the nose of the motor and into the drive air tube. Run the motor at least 30 seconds to expel the lubricant. Weekly, place one drop of Tru-Torc conditioner on each side of the forward/reverse valve on the outer surface of the nose and on the motor latch.

- 2. Perform routine maintenance on the Midwest contra angle latch attachment.
  - a. Wash and rinse all external surfaces under hot tap water.
  - b. Dry thoroughly with a paper towel or 2x2 gauze daily or after each patient.
  - c. Disassemble and spray with Spray-A-Day into both ends of the angle head, the back end of the sheath, and both ends of the gear and shaft assembly daily or after each patient prior to sterilization. Use the can labeled "before."
  - d. Reassemble the contra angle attachment and run it for 30 seconds prior to sterilization.
  - e. After sterilization and before patient use, repeat steps 2c and 2d using the can labeled "after."

*NOTE:* Weekly, disassemble the contra angle and ultrasonically clean it for 1 minute in the Midwest handpiece cleaner. Dry it for 10 minutes.

- 3. Perform routine maintenance on the Titan H nonfiber optic handpiece and prophy head.
  - a. Disassemble the handpiece and prophy head.
  - b. Clean all external surfaces and attachments with an alcohol wipe.
  - c. Rinse with tap water.
  - d. Dry thoroughly.
  - e. Remove the end cap and cartridge from the contra angle head.
  - f. Clean the cartridge with an alcohol wipe.
  - g. Lubricate the prophy head by placing one drop of Titan oil in each end of the prophy head.
  - h. Reassemble the prophy head.
  - i. Lubricate the Titan H drive gear that is not "lube free" by placing one drop of Titan oil in the gear assembly.
  - j. Clean the swivel by wiping the quick disconnect ring thoroughly with a brush, cotton-tipped applicator, or 2x2 gauze soaked with isopropyl alcohol.

**CAUTION:** Never immerse any handpiece in ultrasonic cleaner or chemical disinfectant solution.

## **Performance Steps**

- 4. Perform routine maintenance on the Star Dental 430 series high speed lube free handpiece.
  - a. Holding the handpiece, flush the handpiece using the flush toggle on the dental operating unit for 5 seconds.
  - b. Clean all external surfaces of the handpiece using an alcohol wipe.
  - c. Rinse with tap water.
  - d. Dry thoroughly.
  - e. Clean the internal fiber optic lens and external optic ports with a cotton tipped applicator saturated with alcohol.
  - f. Dry thoroughly.

**CAUTION:** Never operate the handpiece without a bur engaged. Never exceed 275° F when sterilizing handpieces. Never seal a handpiece in impermeable plastic tubing or bags to sterilize them.

Performance Measures		<u>GO</u>	<u>NO</u> GO
	<ol> <li>Performed routine maintenance on the Midwest shorty slow speed handpiece.</li> </ol>		
	<ol><li>Performed routine maintenance on the Midwest contra angle latch attachment.</li></ol>		
	<ol><li>Performed routine maintenance on the Titan H nonfiber optic handpiece prophy head.</li></ol>		
	4. Performed routine maintenance on the Star Dental 430 series high speed lube free handpiece.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required Related
None TC 8-20-1

## APPLY A RUBBER DAM 081-840-0123

**Conditions:** You are wearing a mask, gloves, protective clothing, and safety glasses. You will need clamps, floss, rubber dam forceps, rubber dam hole punch, rubber dam frame, blunt instrument, rubber dam, and rubber stamp.

**Standards:** The rubber dam was applied to the patient's mouth without causing injury to the patient.

### **Performance Steps**

- 1. Pass the clamps for the dental officer to make his or her selection.
- 2. Pass the floss to the dental officer and attach the ligature to the clamp.
- 3. Place the clamp into the rubber dam forceps, slide the bar so the clamp is held securely, and pass them to the dental officer for try in.
- 4. Punch holes in the dam as directed by the dental officer.

*NOTE:* The dental assistant has the dental dam already stamped with the marking of the teeth.

- 5. Mount the dam on the rubber dam frame and pass it to the dental officer for placement.
- 6. Floss interproximal septa of the dam down when requested. *NOTE:* Floss is not pulled up through the teeth but is pulled through the teeth.
  - 7. Pass a blunt instrument such as a plastic instrument to the dental officer to invert the dam and provide a short blast of air from the air/water syringe while the dam is being inverted.

Pe	rformance Measures	<u>GO</u>	NO GO
1	. Passed the clamps for the dental officer to make his or her selection.		
2	. Passed floss to the dental officer and attached the ligature to the clamp.		
3	s. Placed clamp into rubber dam forceps, slid the bar so the clamp was held securely, and passed them to the dental officer.		
4	. Punched holes in the dam as directed by the dental officer.		
5	. Mounted the dam on the rubber dam frame and passed it to the dental officer for placement.		
6	s. Flossed interproximal septa of the dam when requested.		
7	7. Passed a blunt instrument such as a plastic instrument to the dental officer to invert the dam and provided a short blast of air from the air/water syringe while the dam was being inverted.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

# DISPOSE OF INFECTIOUS DENTAL WASTE 081-840-0078

**Conditions:** You are wearing a sterile mask, gloves, and eye protection. You will need a plastic contaminated waste container with cover, a plastic autoclavable biohazard bag, water, transfer forceps, rubber bands, a storage container for sharp disposable waste, a shallow metal pan, a regular waste container, tape, a logbook, and an autoclave.

**Standards:** Infectious waste was disposed of without contamination of personnel or the work area IAW with the local SOP.

## **Performance Steps**

1. Select and prepare a container, if applicable, IAW local SOP.

*NOTE:* Select a container for sharp, infectious waste (needle and blades) that is red with a wide mouth opening and is made of rigid, non-penetrable, plastic without valves and sleeves. This type of container will prevent contamination of the hands from sharp disposable items which could break through.

- Label the container with the words "Contaminated Waste."
  - a. Other infectious wastes are the autoclavable plastic biohazard bag and the covered container lined with a biohazard bag.
  - b. Ensure that the autoclavable plastic bag's orange and black markings are labeled "Biological Hazard."

NOTE: Autoclavable bags may differ in color.

- 3. Gather disposable waste after the release of each patient.
- 4. Place disposable waste in the appropriate marked container or bag.
  - a. Place sharps in the RED container marked "Contaminated Waste."
    - (1) Used needles.

**CAUTION:** Needles must be recapped before disposal. The needle must be removed from the aspirating syringe before disposal.

(2) Scalpel blades.

**CAUTION:** Sharp items and instruments should be considered a potential for infection risk and must be handled with extreme caution and care to prevent accidental punctures. Any injury must receive prompt medical evaluation, particularly if the patient's medical history indicates a high-risk patient.

- (3) Used local anesthetic cartridges.
- b. Place other infectious waste in the biohazard bag(s) marked "Biological Hazard."
  - (1) Saliva ejectors.
  - (2) Aspirator tips.
  - (3) Mouth props.
  - (4) Rubber dams.
  - (5) Gloves.
  - (6) Mask.
  - (7) 2x2 gauze.
  - (8) Floss.
  - (9) Other items that may have come in contact with body fluids.
- 5. Prepare the autoclavable container or bag for sterilization.
  - a. Close the lid of the plastic container when it is 3/4 full.

# **Performance Steps**

- b. Remove the biohazard bag from the container.
  - (1) Add 1 pint of water to the bag when it is 3/4 full.
  - (2) Grasp the top of the bag and tie it loosely with a rubber band.
  - (3) Place the bag in a shallow metal pan.
- 6. Log the infectious waste prior to sterilization.
  - a. Write the load control number (LCN) on the bag or container.
  - b. Write the number of bags or containers in the "CONTENTS" column in the logbook.
  - c. Write the date of sterilization in the logbook.
  - d. Sign the operator's name.
- 7. Sterilize the biohazard bag or container with contaminated waste. *NOTE:* Contaminated waste is autoclaved separately from other instruments.
  - 8. Dispose of the sterilized waste by packing it in a regular waste container.

Performance Measures		<u>GO</u>	NO GO
	1. Selected and prepared a container, if applicable, IAW local SOP.		
	2. Labeled the container with the words "Contaminated Waste."		
	3. Gathered disposable waste after the release of each patient.		
	4. Placed disposable waste in the appropriate marked container or bag.		
	5. Prepared the autoclavable container or bag for sterilization.		
	6. Logged the infectious waste prior to sterilization.		
	7. Sterilized the biohazard bag or container with contaminated waste.		
	8. Disposed of the sterilized waste by packing it in a regular waste container.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required Related
None TC 8-20-1

### Subject Area 6: Specific Duties

# PREPARE A RESTORATIVE PROCEDURE SETUP 081-840-0023

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need a complete assortment of dental burs, slow-speed and high-speed handpieces, hand finishing instruments, matrices, placing instruments, finishing instruments, and finishing materials.

**Standards:** All the instruments necessary to perform the restorative procedure were selected without error.

## **Performance Steps**

- 1. Set out the appropriate dental burs for a restorative procedure and a cast restoration.
- 2. Set out the dental headpieces for slow-speed and high-speed handpieces.
- 3. Set out the proper dental instrument setup for an amalgam restoration.
  - a. Decay removing instruments.
  - b. Cavity preparing instruments.
- 4. Set out the proper dental instrument setup for a composite restoration.
  - a. Decay removing instruments.
  - b. Cavity preparing instruments.
- 5. Set out the appropriate bases, mixing, and placing materials.
- 6. Set out the appropriate matrix.
- 7. Set out the appropriate filling materials.
- 8. Set out the appropriate bonding material and shade guide.
- 9. Set out the appropriate finishing instruments and materials.

Performance Measures		NO GO
<ol> <li>Set out the appropriate dental burs for a restorative procedure and a cast restoration.</li> </ol>		
2. Set out dental headpieces for slow-speed and high-speed handpieces.		
3. Set out the proper dental instrument setup for an amalgam restoration.		
4. Set out the proper dental instrument setup for a composite restoration.		
5. Set out the appropriate bases, mixing, and placing materials.		
6. Set out the appropriate matrix		
7. Set out the appropriate filling materials.		
8. Set out the appropriate bonding material and shade guide.		

Performance Measures GO NO GO

9. Set out the appropriate finishing instruments and materials.

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related

None MODERN DENTAL ASSISTING

TC 8-20-1

## PREPARE A DENTAL SURGICAL PROCEDURE SETUP 081-840-0025

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need 2x2 gauze pads, assorted surgical instruments, suture materials, a needle holder, suture scissors, and a sterile towel.

**Standards:** The specified instruments and other items required for the surgical procedure indicated were selected without error.

### **Performance Steps**

- 1. Prepare the tray for a dental surgical procedure.
- 2. Perform initial setup procedures.
  - a. Review the patient's record for contraindications to surgery and inform the dentist.
  - b. Place radiographs in the view box.
  - c. Drop the following onto the sterile instrument tray, maintaining asepsis by touching only the outside of the package.
    - (1) Anesthetic carpules.
    - (2) Disposable irrigation syringe.
    - (3) Assorted scalpel blades.
    - (4) Sutures.
  - d. Open the bottle of sterile saline and check the expiration date.
  - e. Pour saline into a metal cup without touching the cup with the lid of the bottle.
  - f. Assemble instruments according to order of use.
  - g. Cover the surgical setup with a sterile towel.
- 3. Prepare the patient.
  - a. Receive the patient and establish a positive rapport.
  - b. Seat the patient upright in a comfortable position.
  - c. Review the health history with the patient.
  - d. Take the patient's blood pressure and annotate on appropriate form.
  - e. Place the patient in a supine position.

Performance Measures	<u>G0</u>	<u>NO</u> GO
1. Prepared the tray for a dental surgical procedure.		
2. Performed initial setup procedures.		
3. Prepared the patient.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

## PREPARE AN ENDODONTIC PROCEDURE SETUP 081-840-0026

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need 2x2 gauze pads, a stainless steel spatula, a glass mixing slab, gutta percha, cement, an aspirating syringe, irrigating solution, a plastic syringe, an alcohol torch, matches, burs, dappen dish, medicament bottle, barb broaches, root canal files, metric ruler, root canal reamers, paper absorbent points, temporary filling material, root canal pluggers, polymer paper mixing pad, and assorted endodontic instruments.

**Standards:** The specified instruments required for the preparation and filling of a root canal were selected without error.

### **Performance Steps**

- 1. Set out the instruments and materials required for preparing the root canal.
  - a. Various sizes of burs.
  - b. Irrigating syringe.
  - c. Dappen dish.
  - d. Medicament bottle.
  - e. Barb broaches.
  - f. Root canal files.
  - g. Metric ruler.
  - h. Root canal reamers.
  - i. Paper absorbent points.
  - j. Temporary filling material.

NOTE: Cavit or IRM may be used as temporary filling material.

- 2. Select the instruments and materials needed for filling a root canal.
  - a. Root canal sealer.
  - b. Irrigating syringe.
  - c. Filling material (gutta percha or silver points).
  - d. Root canal pluggers.
  - e. Stainless steel spatula and glass mixing slab.
- 3. Select the instruments and materials needed for sealing a root canal.
  - a. Temporary restorative material (Cavit or IRM).
  - b. Ladmore #2 plastic instrument.
  - c. Stainless steel spatula.
  - d. Polymer paper mixing pad.
- 4. Cover the tray.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Set out the instruments and materials required for preparing the root canal.</li> </ol>		
2. Selected the instruments and materials needed for filling a root canal.		
3. Selected the instruments and materials needed for sealing a root canal.		

Performance Measures	<u>GO</u>	NO
		<u>GO</u>
4. Covered the tray.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related

None MODERN DENTAL ASSISTING

TC 8-20-1

## PREPARE A PROSTHODONTIC PROCEDURE SETUP 081-840-0081

**Conditions:** You are wearing sterile rubber gloves, a mask, and eye protection. You will need a basic exam setup, assorted impression trays, assorted impression materials, a water bath, a mixing bowl, a shade guide, a mold guide, baseplates with occlusion rims, baseplate wax, an alcohol torch, spatulas, a utility knife, a face bow with bite fork, a gothic arch tracer, articulating paper, articulators, mounted stones, points and disks, burs, a millimeter (Boley) gauge, gingival retracting cord, scissors, and assorted cements.

**Standards:** The correct fixed or removable instruments were set up without error.

### **Performance Steps**

- 1. Set out impression trays according to the dentist's orders.
  - a. Two types of edentulous impression trays are available.
    - (1) Use the first type with modeling plastic or compound.
      - (a) Made of pliable metal.
      - (b) Shape by bending and cutting to fit the individual patient.
    - (2) Use the second type with hydrocolloid impression material. This type is made with rimmed borders to retain the impression material.
  - b. Fabricate dentulous impression trays with rimmed borders to retain the impression material in the tray when the impression is removed from the mouth. These trays can be bent, within limits, but should not be cut.
  - c. Orthodontic impression trays have deeper flanges than the standard edentulous trays.
  - d. Partial impression trays are provided in three designs for making impressions of anterior portions of the dental arch.
  - e. Crown and bridge trays are single-size trays and are adaptable for making impressions of a small segment in any location of either arch.
  - f. Custom acrylic trays are constructed especially for the patient being treated. They are made from self-curing acrylic resin.

NOTE: Utility wax may be used to heighten or lengthen any tray.

- 2. Set out the impression material according to the dentist's orders.
  - a. Preliminary impressions.
    - (1) Irreversible hydrocolloid is the most commonly used material for making preliminary impressions. It is usually an alginate-type hydrocolloid.
    - (2) Modeling plastic may also be used. It is used primarily to make impressions of edentulous arches. It is supplied in cakes, wafers, or sticks and in various colors.
  - b. Final impressions. The tray used for this is made of an acrylic resin material custommade on the cast produced from the preliminary impressions.
    - (1) One type of final impression material is a rubber-base material. There are two types of rubber base impression materials. Type one has a synthetic rubber base of silicone and type two has a synthetic rubber base of polysulfide. The polysiloxane impression material also falls under this category.

*NOTE:* Several brand names of polysiloxane impression material are President, Reprosil, Reflect, and Extrude. One of the most commonly used in the Army dental clinic today is Reprosil.

(2) The second type is a zinc oxide and eugenol paste material. Primarily used as a corrective material inside an individual impression tray, for rebase impressions for both complete and partial dentures, and, occasionally, in immediate denture fabrication as a lining for a sectional compound impression.

*NOTE:* This impression should include the denture supporting area and the denture border area.

- 3. Set out the appropriate instruments and equipment.
  - a. For complete dentures.
    - (1) On the first appointment, the patient is examined and preliminary impressions are made.
    - (2) On the second appointment, final impressions are completed from which the master cast is poured.
    - (3) On the third appointment, jaw relationship registrations are made for the purpose of transferring from the patient to the articulator all the positions and information necessary to fabricate the dentures.
    - (4) On the fourth appointment, the trial denture is evaluated in the patient's mouth and on the articulator for esthetics, occlusion, and denture base contour.
    - (5) On the fifth appointment, the finished dentures are inserted into the patient's mouth and are adjusted for fit and occlusion.
  - b. For fixed partial dentures.
    - (1) On the first appointment, such procedures as taking hydrocolloid and rubber base impressions, gingival retraction, and chair-side fabrication of acrylic temporary restorations may be accomplished.
    - (2) On the second appointment, the casting is placed on the tooth to check fit, margin location and integrity, occlusion, and proximal contacts. The tooth is isolated with cotton rolls and the cement is prepared.
  - c. For removable partial dentures.
    - (1) An irreversible hydrocolloid or polysulfide rubber-base impression material is used in making impressions.
    - (2) Denture tooth shades and molds may be selected. Jaw relationship records are taken and determined.
    - (3) At the time of denture insertion, minor adjustments are made.
  - d. For crowns.

*NOTE:* The same procedures and steps are followed as in fixed partial dentures.

e. For denture repair.

*NOTE:* Some repairs may be done without seating the denture in the mouth. Other repairs will require an impression be made of the dental arch with the denture in place so that a cast can be made with the denture properly related to the teeth and supporting tissues.

f. For denture reline.

*NOTE:* Relining of dentures is a procedure of replacing the tissue surface of the dentures to compensate for changes in the supporting structures.

g. For rebase.

*NOTE:* Rebasing is a procedure in which the denture base material is replaced with new material.

- h. Additional prosthodontic instruments and equipment.
- 4. Set out the appropriate insertion and adjustment materials.

*NOTE:* At the time of insertion, minor adjustments in occlusion may be necessary. It may require grinding and polishing. Whether it is a removable or fixed prosthesis will determine

what needs to be set out.

Performance Measures	<u>GO</u>	<u>NO</u> GO
Set out impression trays.		
2. Set out the impression materials.		
3. Set out the appropriate instruments and equipment.		
4. Set out the appropriate insertion and adjustment materials.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

**Required** None Related MODERN DENTAL ASSISTING TC 8-20-1

## PREPARE AN EXTRACTION SETUP 081-840-0108

**Conditions:** You are wearing a gown, sterile gloves, a mask, and eye protection. You will need a basic examination and anesthetic setup, 2x2 gauze pads, assorted surgical instruments, suture materials, a needle holder, suture scissors, and a sterile towel.

**Standards:** The specific instruments and other items required for the surgical procedure were selected without error.

### **Performance Steps**

- 1. Prepare a simple extraction setup.
  - a. Examination set.
  - b. Anesthesia set.
  - c. Periosteal elevator Molt 9. Freer, or Woodson 1.
  - d. Root elevators 301 and 34S.
  - e. Extraction forceps appropriate for tooth, arch, and area.
  - f. Curette Molt 2 or Molt 4.
  - g. Tissue forceps.
  - h. 4x4 gauze.
- 2. Prepare a complex extraction setup, if needed.

NOTE: The instruments required may vary slightly depending on the procedure.

- a. Simple extraction setup.
- b. Oral surgical burs.
- c. Rongeur and bone files.
- d. Surgical knife and blade.
- e. Tissue scissors.
- f. Suture materials and needle with needle holder.
- g. Suture scissors.
- h. Root elevators (root picks).

Performance Measures	<u>GO</u>	NO GO
Prepared a simple extraction setup.		
2. Prepared a complex extraction setup, if needed.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None TC 8-20-1

## SHARPEN DENTAL HAND INSTRUMENTS 081-840-0131

**Conditions:** You are wearing protective eyewear. You will need an assortment of sharpening stones; a sickle scaler; a universal curette; a Gracey curette; a firm, stationary work surface; a permanently fixed light, and a plastic testing stick.

**Standards:** Restored instruments to have a sharp cutting edge while conserving the instrument's blade and the original shape of the instrument's working end.

### **Performance Steps**

- 1. Sharpen sickle scalers and universal currettes.
  - a. Concentrate the light over the work area.
  - b. Examine the cutting edges to be sharpened.
  - c. Test the cutting edge for sharpness (plastic test stick).
  - d. Position the instrument vertically with the blade to be sharpened at 6:00.
  - e. Stabilize the entire length of the instrument with a firm grasp in your nondominant hand.
  - f. Balance the upper shank with your index finger or thumb.
  - g. Point the tip or toe of the blade toward you to sharpen the right cutting edge and away from you to sharpen the opposite cutting edge.
  - h. Hold the terminal shank at 12:00.
  - i. Place the side of the stone against the right lateral surface.
  - j. Tilt the top of the stone toward, but not beyond 1:00 (11:00 for left handed operators).
  - k. Move the stone up and down in three distinct sections of the blade heel third, middle third, and anterior third.
  - I. Aim the stone at 2:00

NOTE: For curettes, rotate the instrument blade toward 3:00.

m. Use continuous overlapping up and down motions to round the toe.

**CAUTION:** Some sickles have a flat lateral surface, and the entire side may be sharpened at one time. Heavy pressure can reduce control of the instruments which may produce an unfavorable bevel at the cutting edge.

- 2. Sharpen Gracey curettes.
  - a. Position the instrument vertically with the blade to be sharpened at 6:00.
  - b. Check the blade. Sharpen on the lower blade.
  - c. Stabilize the entire length of the instrument with a firm grasp in your nondominant hand.
  - d. Counterbalance the top shank with your index finger or thumb.
  - e. Tilt the terminal shank toward 11:00 (1:00 for left handed operators).
  - f. Hold the stone against the right lateral surface and tilt it toward 1:00 (11:00 for left handed operators.
  - g. Move the stone up and down in three distinct sections heel third, middle third, and anterior third.
  - h. Repeat steps 1h through 1m.
- 3. Test instruments for sharpness.
  - a. Perform the visual or blare test.
    - (1) Examine the instrument under a good light source (preferably with a magnifying glass).

- (2) Ensure that the cutting edge is sharp by determining that it does not reflect light.
- b. Perform plastic testing stick procedure.
  - (1) Use a plastic or acrylic rod approximately 1/4 inch in diameter and 3 inches long.
  - (2) Press the instrument lightly but firmly on the stick at a correct angle for scaling.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Sharpened sickle scalers and universal currettes.</li> </ol>		
2. Sharpened Gracey currettes.		
3. Tested instruments for sharpness.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None TC 8-20-1

## APPLY TOPICAL ANESTHETIC AGENTS 081-840-0142

**Conditions:** You are wearing a sterile gown, gloves, mask, and eye protection. You will need topical anesthetic gel, cotton tipped applicator, and 2x2 gauze.

**Standards:** A small amount of topical anesthetic gel is applied to a cotton tipped applicator and passed to the dentist without cross contamination.

#### **Performance Steps**

- 1. Prepare the material.
  - a. Retrieve the topical anesthetic gel container from the cart drawer.
  - b. Apply a small amount of topical anesthetic gel to a cotton tipped applicator.
  - c. Cover the saturated tip with 2x2 gauze and fold the gauze over the tip and place on the top of the cart.
  - d. Return the topical anesthetic gel container to the cart drawer.
- 2. Hold the saturated cotton tipped applicator with the 2x2 gauze and pass it to the dentist upon request.

NOTE: The topical anesthetic must remain on the injection site for about 3 to 5 minutes.

3. Receive the cotton tipped applicator from the dentist as he passes it back after the application of the topical anesthetic and place it back on the cart.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
Prepared the material.		
<ol><li>Held the saturated cotton tipped applicator with a 2x2 gauze and passed it to the dentist upon request.</li></ol>		
<ol> <li>Received the cotton tipped applicator from the dentist as he passed it back after the application of the topical anesthetic and placed it back on the cart.</li> </ol>		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

# PROVIDE DENTAL PROPHYLAXIS WITH PROPHY CUP AND MINIMAL HAND SCALING TO REMOVE SUPRAGINGIVAL DEPOSITS FOR PATIENTS

#### 081-840-0104

**Conditions:** You are wearing sterile gloves, a mask, eye protection, and a gown or apron. You will need a mouth mirror, an air/water syringe, assorted dental scaling instruments, slow speed handpiece, a prophylaxis angle hand piece attachment, rubber cups, and prophy paste.

**Standards:** All calculus and stained deposits were removed and the teeth were polished without causing injury to the patient.

## **Performance Steps**

- 1. Inspect for supragingival calculus deposits by proceeding systematically around the patient's teeth using a mouth mirror, explorer, and air syringe.
- 2. Select the appropriate instrument for scaling.
- 3. Grasp the instrument using the modified pen grasp.

*NOTE:* The modified pen grasp differs from the normal pen grasp because the scaler is grasped as close as possible to the working end.

4. Control the instrument using the proper finger rest.

**CAUTION:** The working edge of the scaling instrument must not penetrate below the gingival level.

- 5. Prepare the prophylaxis handpiece for use.
  - a. Attach it to the slow-speed handpiece.
  - b. Attach the rubber cup to the prophylaxis handpiece.

**CAUTION:** If using a screw on the rubber cup, the selector switch must be set on the clockwise position. This will prevent the rubber cup from coming unscrewed and falling into the patient's mouth.

- 6. Polish the patient's teeth.
  - a. Polish all the teeth in an orderly and systematic manner using prophy paste and the rubber cup.
- b. Use light pressure and do not allow the cup to remain in one area when it is running. **CAUTION:** Do not injure the gingiva with the rubber cup.
  - c. Rinse the work area with water, when needed, to improve visibility.
  - 7. Ensure all accretions are removed from the clinical crown.

Performance Measures		<u>GO</u>	<u>NO</u> GO
<ol> <li>Inspected for supragingival calculus department around the patient's teeth using a mouth</li> </ol>			
2. Selected the appropriate instrument for	scaling.		
3. Grasped the instrument using the modif	ied pen grasp.		
4. Controlled the instrument using the prop	per finger rest.		
5. Prepared the prophylaxis handpiece for	use.		

Performance Measures	<u>GO</u>	NO GO
6. Polished the patient's teeth.		
7. Ensured all accretions were removed from the clinical crown.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required Related
None TC 8-20-1

## MAKE PRELIMINARY IMPRESSIONS 081-840-0133

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need alginate impression material (regular set), measuring scoop and vial, mixing spatula, mixing rubber bowl, impression trays, water, 4x4 gauze, anti-bacterial mouth wash, disposable cup, disinfectant, paper towel, head rest cover, and case pan.

**Standards:** The alginate impression material was mixed to a creamy, lump-free consistency within 1 minute.

### **Performance Steps**

1. Prepare the patient and material.

*NOTE:* The patient should be seated in the dental chair with appropriate personal protection equipment.

- a. Instruct the patient about the procedures to be performed.
- b. Pour anti-bacterial mouth wash into a disposable cup and have the patient rinse mouth.
- c. Select the proper size maxillary and mandibular trays.

*NOTE:* Prepare enough impression material for one preliminary impression at a time.

d. Measure the proper amount of water.

*NOTE:* The water-measuring vial is marked with lines for a ratio of 1:1; 1 unit of water for 1 scoop of powder (2 scoops for medium trays and 3 scoops for large tray).

*NOTE:* The ideal water temperature is 73° F. Colder water retards the setting and warmer water accelerates the setting.

- e. Pour the measured amount of water into a clean rubber mixing bowl.
- f. Tumble the alginate container to fluff the powder.

*NOTE:* The powder must be fluffed in order to properly mix all ingredients within the alginate powder that has been packed down during storage.

- g. Dip the measuring scoop lightly into the powder.
- h. Tap the scoop against the rim of the container to ensure a full measure without voids.
- i. Scrape off the excess powder with a spatula to achieve a level scoop.
- 2. Mix the material.
  - a. Add the proper measured amount of powder to the water.
  - b. Spatulate the material slowly ensuring all the powder is incorporated into the water.
  - c. Spatulate the material against the walls of the rubber mixing bowl to a creamy consistency.
  - d. Ensure the mix is completed within 1 minute.
  - e. Load the impression tray with alginate impression material.
- 3. Make the impressions.

*NOTE:* Take one impression at a time, and then, repeat the steps.

- a. Have the patient lean forward and instruct him or her to breathe through his or her nose.
- b. Carefully insert the loaded tray into the patient's mouth from an anterior to posterior direction until completely seated.
- c. Ensure the patient's lip is over the impression tray flange.

- d. Allow the impression material to set in the patient's mouth and wipe the patient's mouth (approximately 4 1/2 minutes for a regular set).
- e. Gently work the impression tray with preliminary impression out of the patient's mouth and wipe the patient's mouth clean with 4x4 gauze.
- f. Repeat the entire procedure for other preliminary impressions.
- g. Rinse the preliminary impressions with room temperature tap water and disinfect them IAW local SOP and/or manufacturer's instructions for the particular disinfectant.
- h. Wrap the preliminary impressions with a damp paper towel, place and loosely seal them inside a headrest cover, and place them inside a case pan.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Prepared the patient and the material.		
2. Mixed the material to a creamy, lump-free consistency within 1 minute.		
3. Made the impression.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required None Related MODERN DENTAL ASSISTING TC 8-20-1

#### Subject Area 7: Oral Health

## APPLY TOPICAL FLUORIDE PREPARATIONS 081-840-0143

**Conditions:** You are wearing a mask, gloves, safety glasses, and gown. You will need a dental chair and unit, Oregon cart, saliva ejector, 2x2 gauze, cotton rolls, air/water syringe tip, fluoride tray, and neutral sodium fluoride.

**Standards:** Fluoride was applied to the patient without causing any discomfort from the application.

### **Performance Steps**

- 1. Seat the patient and prepare for fluoride application.
  - a. Drape the patient.
  - b. Instruct the patient to put on safety glasses.
  - c. Instruct the patient to use mouthrinse; then, remove the rinse with a saliva ejector.
  - d. Select the correct tray size for the patient.
  - e. Fill the fluoride tray with a pencil width strip of fluoride gel.
  - f. Bend the saliva ejector into a candy cane shape.
- Position the patient in a completely upright position.
- 3. Explain the procedure to the patient.
- 4. Apply the topical fluoride gel to the teeth.
  - a. If the patient is a heavy salivator, place cotton rolls by the saliva ducts.
  - b. Dry the teeth with the air syringe.
  - c. Ask the patient to keep his or her mouth open.
  - d. Insert the fluoride trays.
  - e. Seat the mandibular tray; then, seat the maxillary tray.
  - f. Place the saliva ejector between the trays and underneath the tongue.
  - g. Instruct the patient to bite his or her teeth together.
  - h. Ask the patient to bend his or her head forward and bring the chin down.
  - i. Time the procedure for 4 minutes.
- Remove the fluoride trays.
  - a. After 4 minutes remove the fluoride trays and saliva ejector.
  - b. Hand the patient the saliva ejector.
  - c. Have the patient remove the remaining fluoride from his or her mouth using the saliva ejector.
  - d. Instruct the patient not to eat, drink, rinse, or smoke for 30 minutes.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
<ol> <li>Seated the patient and prepared for fluoride application.</li> </ol>		
2. Positioned the patient in a completely upright position.		
3. Explained the procedure to the patient.		

Performance Measures	<u>GO</u>	NO GO
4. Applied the topical fluoride gel to the teeth.		
5. Removed the fluoride trays after 4 minutes.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related

None MODERN DENTAL ASSISTING

TC 8-20-1

#### Subject Area 8: Sterilization

## PERFORM SURFACE DISINFECTION 081-840-0098

**Conditions:** You are wearing a gown, gloves, eyewear, and face mask. You will need surface disinfectants.

**Standards:** Disinfected surfaces maintaining an aseptic environment.

## **Performance Steps**

- 1. Remove all hand and wrist jewelry.
- 2. Wash your hands for 10 seconds.
- 3. Mix disinfectant IAW the manufacturer's instructions.
- 4. Disinfect all items using the spray-wipe-spray technique.
  - a. Spray the surface with disinfectant.
  - b. Wipe off the surface to remove any visible debris.
  - c. Liberally spray the surface with disinfectant and maintain a 10 minute contact time.
  - d. Dry all surfaces after a 10 minute contact time.
- 5. Place barrier bags.

Performance Measures	<u>GO</u>	NO GO
Removed all hand and wrist jewelry.		
2. Washed hands for 10 seconds.		
3. Mixed disinfectant IAW the manufacturer's instructions.		
4. Disinfected all items using the spray-wipe-spray technique.		
5. Placed barrier bags.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

Required Related
None TC 8-20-1

## STERILIZE DENTAL ITEMS 081-840-0072

**Conditions:** You are wearing proper protective clothing. You will need an autoclave, wrapping and bagging material, tape, and a pencil.

**Standards:** Dental instruments were sterilized without damage to the instruments or autoclave and without injury to the operator.

#### **Performance Steps**

- 1. Prepare the sterilizer for use.
  - a. Plug the sterilizer power cord into a power source.
  - b. Fill the water reservoir with distilled water.
    - (1) Remove the reservoir cover.
    - (2) Fill the reservoir until the water level reaches the "Full" indicator.
    - (3) Replace the reservoir cover.
  - c. Fill the chamber to the indicated level with distilled water from the reservoir.
    - (1) Fill by rotating the power switch to FILL.
    - (2) Verify visually that the water in the chamber is at the correct level.
    - (3) Fill the chamber until the water is level with the indicator mark.

*NOTE:* The autoclave must be level. The heating element is located in the chamber of the autoclave. This element must be covered with water if the autoclave is to reach its optimum operating ranges.

- (4) Turn the power switch to OFF when the chamber is properly filled.
- 2. Load the sterilizer trays.

**CAUTION:** Instruments used on high risk patients are bagged and autoclaved before washing. When the sterilization cycle is complete, remove the instruments from the bag. Wash, scrub, wrap, and reautoclave them.

- a. Place the packages on the tray.
  - (1) Place packages on their side.

*NOTE:* Placing packages on their sides will prevent moisture from collecting on the surfaces; therefore, preventing cross-contamination of the instruments. They must not be stacked one on the other.

(2) Arrange packages loosely to allow steam to circulate between packages.

*NOTE:* Sterilization depends on physical contact of the packages to be sterilized and the steam. A space between objects is needed to ensure access of the steam.

- (3) Place nonporous items on their sides in the topmost tray.
- (4) Place the thickest, most dense packages in the bottom tray and the thinner packages in the upper tray.
- (5) Open the autoclave chamber door.
- (6) Place the tray(s) in the autoclave chamber.
- b. Ensure that sterilization indicators, when used, are inserted in the center of the thickest packages to be sterilized.
- c. Place empty containers on the sterilizer carriage either on their sides or with their openings down.
- 3. Operate the sterilizer.
  - a. Secure the sterilizer door.
  - b. Preheat the sterilizer.

- (1) Turn the power control knob to STERILIZE.
- (2) Set the timer for 15 minutes and wait until the required temperature (250° F) and pressure (16 psi) are reached.

*NOTE:* The sterilization cycle can begin as soon as the temperature is at 250° F and pressure is 15 psi.

c. Reset the timer for 30 minutes and allow the sterilizer to complete the cycle.

**CAUTION:** The metal part of the sterilizer must not be touched. Stand to the side when opening the door due to steam release.

d. Vent the autoclave, open the chamber, and allow the contents to dry after the sterilizer has cycled.

NOTE: Some autoclaves have a "DRY" cycle and do not require venting.

e. Remove the packages.

*NOTE:* If warm packages are laid on a solid cold metal surface, they will become damp from steam condensation and may thus become contaminated. Any item that falls on the floor is considered contaminated.

4. Log the load into the quality control book.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Prepared the sterilizer for use.		
2. Loaded the sterilizer trays.		
3. Operated the sterilizer.		
4. Logged the load into the quality control book.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required**None

Related FM 8-38 MODERN DENTAL ASSISTING TB MED 266 TC 8-20-1

## PROCESS STERILIZED DENTAL ITEMS 081-840-0032

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need plastic, paper, muslin packages of newly sterilized dry items, a sterilizer log book, and a current Julian calendar.

**Standards:** Sterilized items were assigned a correct load control number and an expiration date. The sterilizer log book was filled out correctly. Sterilized items were stored and maintained properly.

### **Performance Steps**

- 1. Assign a load control number (LCN) consisting of seven digits.
  - a. The first two digits indicate the numerical designation of each sterilizer.

NOTE: A clinic may have five or six sterilizers, and the LCN tells which sterilizer was used.

- b. The third, fourth, and fifth digits designate the Julian calendar day.
- c. The sixth and seventh digits designate the number of times a sterilizer is used in a 24-hour period.
- 2. Mark each package with the expiration date and load control number.

*NOTE:* The expiration date is always written in day/month/year format.

- 3. Enter the load information in the sterilizer log book.
  - a. Sterilizer number.
  - b. Date.
  - c. Load control number.
  - d. Expiration date.
  - e. Contents of load.
  - f. Operator.

NOTE: The operator's signature can be written at the time of the load.

g. Result of biological tests.

*NOTE:* Spore tests indicating the performance of the sterilizer will be run weekly and logged in the sterilization book. If a positive test shows up, report it immediately to the NCOIC.

4. Store the items.

*NOTE:* These must have a sufficient cooling period following the sterilization cycle before they are sealed.

- a. If cabinet trays are used, sterilized muslin should be placed over and under the instruments.
- b. Sterile packets should be visually inspected prior to use.
- c. Packs stored beyond their expiration date or suspected of being contaminated should be rewrapped and sterilized.

*NOTE:* The manufacturer's instructions should be strictly followed when storing commercially presterilized items.

5. Check the shelf life of the items.

*NOTE:* The shelf life is dependent upon the quality of the wrapper material, the storage conditions, the conditions during transport, and the amount of handling. Shelf life is not simply a matter of sterility maintenance but is also a function of the life of the materials and inventory control.

*NOTE:* Commercially prepared sterile items will be considered sterile unless the integrity of the packaging has been compromised or the manufacturer's expiration date has been reached.

6. Repackage and sterilize items repeating steps 1-3 if packages are found with expired dates.

Performance Measures	<u>GO</u>	NO GO
1. Assigned a load control number (LCN) consisting of seven digits.		
2. Marked each package with the expiration date and load control number.		
<ol><li>Entered the load information in the sterilizer log book.</li></ol>		
4. Stored the items.		
5. Checked the shelf life of the items.		
<ol> <li>If packages were found with expired dates, repackaged and sterilized them repeating steps 1-3.</li> </ol>		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None Related FM 8-38 MODERN DENTAL ASSISTING TB MED 266 TC 8-20-1

## STORE DENTAL INSTRUMENTS TO MAINTAIN STERILE CONDITIONS 081-840-0102

**Conditions:** You are wearing examination gloves and gown. You will need label tape, a pen, and clean storage area.

**Standards:** Sterilized items were stored in a clean, dust free area to maintain their sterilized status.

#### **Performance Steps**

- 1. After the sterilizer has completed its cycle, wash your hands, and put on clean examination gloves.
- 2. Remove sterilized sealed packs from the sterilizer and place them in a clean area.
- Label all packages that have been sterilized with the expiration date and the load number in ink.
- 4. Store all items in a dust free area.
- 5. Rotate already sterilized items by placing newer packs in the back of the cabinet. *NOTE:* The shelf life is dependent on the quality of the wrapper material, the storage conditions, the condition of transport, and the amount of handling. Shelf life is not simply a matter of sterility maintenance but also a function of the material and inventory control.
  - 6. Check the shelf life of the items already in the cabinet.

Per	formance Measures	<u>GO</u>	<u>NO</u> GO
1.	After sterilizer had completed its cycle, washed hands and put on clean examination gloves.		
2.	Removed sterilized sealed packs from the sterilizer and placed them in a clean area.		
3.	Labeled all packages that had been sterilized with the expiration date and load number in ink.		
4.	Stored all items in a dust free area.		
5.	Rotated already sterilized items by placing newer packs in the back of the cabinet.		
6.	. Checked the shelf life of the items already in the cabinet.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

#### Subject Area 9: Dental Records

## COMPLETE SF 603 (HEALTH RECORD--DENTAL) OR SF 603A (HEALTH RECORD--DENTAL CONTINUATION)

#### 081-840-0034

**Conditions:** You are wearing a smock. You will need an SF 603, SF 603A, a #1 or #2 pencil with an eraser, a pen with black or blue-black ink, and TB MED 250.

Standards: The SF 603 or SF 603A was completed IAW TB MED 250 without error.

### **Performance Steps**

- 1. Complete section 1 of SF 603.
  - a. Record missing teeth, existing restorations, diseases, and abnormalities when initiating a dental record.
- b. Note any abnormalities that cannot be charted using the graphic chart symbols. *NOTE:* Complete part 4 of section 1 only if a panoramic radiograph is not taken. Part 5 of section 1 may be used to chart initial treatment.
  - 2. Complete section 2 of SF 603.
    - a. Make permanent entries in black ink.
      - (1) Sex M for male and F for female.
      - (2) Race optional (cau Caucasian, bl Black, h Hispanic, oth other).
      - (3) Component or branch RA Regular Army, USAR Army Reserve, ARNG National Guard.
      - (4) Patient's name and date of birth.
      - (5) Identification number SSN of military personnel, active or retired. For family members enter the FMP followed by the sponsor's SSN.
    - b. Make temporary entries in pencil.
      - (1) Grade, rating, or position.
        - (a) Active duty personnel. Enter rank.
        - (b) Retired personnel. Enter "RET"/Rank.
        - (c) Family member. Enter relationship to sponsor followed by the sponsor's rank, first name, and middle initial.
      - (2) Organizational unit the unit of active duty personnel and/or sponsor.
      - (3) Separation from the service expiration term of service (ETS) or the date eligible to return from overseas (DEROS). Make the entry in the right corner of the space containing the patient's name (item 12).
  - 3. Complete section 3 of the SF 603 or 603A.
    - a. Block 15. Make entries in black ink. Record restorations and treatment of defects performed after the initial dental processing.
    - b. Block 16. Record restorations and treatments of defects performed after the initial dental exam.
      - (1) Make entries in pencil. Erase individual entries as each related treatment is completed.
      - (2) Indicate, in pencil, in the remarks block the date of the examination. If the patient is dental class 3, indicate the reason the patient is placed in this classification.

*NOTE:* This space may also be used by the dental officer to sequence simple treatment plans.

- 4. Record all entries in block 17.
  - a. Make all entries legibly in black ink.
  - b. Include every treatment as well as steps needed for follow up and return treatments.
  - c. In the dated columns, enter the current year on the first line. For subsequent dates, Include only the day and month of each visit on the other lines.
  - d. For diagnosis and treatment columns, enter the chronological order as performed during the appointment.
    - (1) Chief complaint, if appropriate.
    - (2) Patient preparation procedures.
    - (3) Tooth number(s).
    - (4) Diagnosis, if appropriate.
    - (5) Treatment(s).
  - e. DOD dental classifications class 1, 2, 3, and 4.

NOTE: Dental readiness classifications apply to active duty soldiers only.

- f. Care provider (dental officer, dental specialist) and dental facility.
  - (1) Record the facility name in block 17 for the first entry made at that facility.
  - (2) Record the operator's name, rank, and corps for each treatment. Expanded duty assistants, and preventive dentistry specialists must also record the name of the supervising dental officer on the last line of the entry.
- 5. Correct erroneous entries, if present.

F	Performance Measures	<u>GO</u>	NO GO
	1. Completed section 1 of SF 603.		
	2. Completed section 2 of SF 603.		
	3. Completed section 3 of SF 603 or 603A.		
	4. Recorded all entries in block 17.		
	5. Corrected erroneous entries, if present.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required**TB MED 250

Related
None

## INITIATE A DA FORM 3444-SERIES (TERMINAL DIGIT FILE FOR TREATMENT RECORD) FOR A DENTAL PATIENT

#### 081-840-0082

**Conditions:** You will need DA Form 3444-series, a blue/black or black pen, a variety of color tape, and a #1 or #2 pencil.

Standards: DA Form 3444 was initiated without error.

#### **Performance Steps**

1. Select the correct colored folder.

*NOTE:* The color of the folder represents the last two digits (the primary group) of the patient's social security number (SSN).

- a. Primary group 00-09, orange.
- b. Primary group 10-19, light green.
- c. Primary group 20-29, yellow.
- d. Primary group 30-39, gray.
- e. Primary group 40-49, tan.
- f. Primary group 50-59, light blue.
- g. Primary group 60-69, white.
- h. Primary group 70-79, brown.
- i. Primary group 80-89, pink.
- j. Primary group 90-99, red.
- 2. Enter the name, prefix, and SSN on the back cover.
  - a. The name is written last name, first name, middle initial.
  - b. The prefix is the family member prefix (FMP). It is the first two digits of the file number and identifies the patient's status.
    - (1) Sponsor's oldest child, FMP-01.
    - (2) Sponsor's next oldest child, FMP-02.
    - (3) Sponsor's third, fourth, etc. child, FMP-03, 04, etc.
    - (4) The sponsor, FMP-20.
    - (5) Sponsor's spouse/ex-spouse, FMP 30-39.

NOTE: TB MED 250 and AR 40-66 contain a complete listing of all codes.

- c. Break down the sponsor's SSN into three groups.
  - (1) First group first five digits of the SSN.
  - (2) Second group the next to the last two digits. This group is known as the secondary group.
  - (3) Third group the last two digits. This group is known as the primary group.
- 3. Place a label made from the patient's medical card in the "PATIENT IDENTIFICATION" block. Write the information listed below if an imprinter is unavailable.
  - a. FMP and sponsor's SSN.
  - b. Patient's last name, first name, and middle initial.
  - c. Sponsor's grade and name.
- Complete the "R" and "S" blocks.
  - a. Complete the "R" block and cover the block with the appropriate tape.
    - (1) For active duty personnel red tape indicates a duplicate film made and submitted to the CPSF, and green tape indicates a duplicate film has confirmation of enrollment in the CPSF.

- (2) Nonactive duty personnel will have the year the record will be retired which will be 2 years after the end of the year in which the last dental treatment was given.
- b. Complete the "S" block and cover the block with the appropriate tape.
  - (1) Active duty military, red tape.
  - (2) Nonactive duty military and retirees, green tape.
  - (3) Foreign nationals, silver or white tape.
  - (4) All others, black tape.
- 5. Cover the last digit of the SSN in both the right and top margins with black tape.
- 6. Complete the "NOTE TO PHYSICIAN" block.

NOTE: Affix DA Label 162, Emergency Medical Identification Symbol, if needed.

*NOTE:* Do not affix a medical warning tag to HIV positive infected personnel; however, affix a DA Label 162 to the medical record.

- 7. Complete the "TYPE OF RECORD" block.
- 8. Annotate the patient's blood type.

*NOTE:* Do no use the symbols (+) and (-). Use the abbreviations "pos" for positive and "neg" for negative.

- 9. Enter the name of the servicing dental clinic in the lower right hand corner of the record jacket in pencil and place a white adhesive label on it for legibility and ease of changing.
- 10. Instruct the patient to complete the Privacy Act Statement.
- 11. Fill out the nominal card index for nonactive duty personnel.

Per	formance Measures	<u>GO</u>	<u>NO</u> GO
1.	Selected the correct colored folder.		
2.	Entered the name, prefix, and SSN on the back cover.		
3.	Placed a label made from the patient's medical card in the "PATIENT IDENTIFICATION" block. Wrote the information if an imprinter was unavailable.		
4.	Completed the "R" and "S" blocks.		
5.	Covered the last digit of the SSN in both the right and top margins with black tape.		
6.	Completed the "NOTE TO PHYSICIAN" block.		
7.	Completed the "TYPE OF RECORD" block.		
8.	Annotated the patient's blood type.		
9.	Entered the name of the servicing dental clinic in the lower right hand corner of the record jacket in pencil and placed a white adhesive label on it for legibility and ease of changing.		
10.	Instructed the patient to complete the Privacy Act statement.		

Perfo	rman	ce Mea	sures				<u>GO</u>	<u>NO</u>
								GO
44 -				 ,	 			

11. Filled out the nominal card index for nonactive duty personnel.

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related

None AR 40-35

AR 40-66

TB MED 250

## CHART CONDITIONS IN THE PATIENT'S ORAL CAVITY IN THE DENTAL RECORD 081-840-0129

**Conditions:** You are wearing a gown, mask, and gloves. You will need an SF 603 or 603A, pencil with eraser, and a black pen.

**Standards:** Correctly charted and recorded abnormalities, defective restorations, caries, and treatments detected by the dental officer.

#### **Performance Steps**

- 1. Chart caries.
  - a. Outline the carious portion.
  - b. Show the approximate size of the caries.
  - c. Show the shape of the caries.
  - d. Show the location of the caries.
- 2. Chart a defective restoration.
  - Chart it in block 9.
  - b. Place a "D" under the defective tooth.
- Chart an extraction.
  - a. Indicate the extraction by drawing two parallel vertical lines.
  - b. Draw the lines through all areas of the crown and roots.
- 4. Chart unerupted or impacted teeth. Circle all aspects of the tooth with a single oval.
- 5. Chart a temporary filling.
  - a. Chart it in block 9.
  - b. Indicate the approximate shape of the filling.
  - c. Place the symbol "TT" near the apex of the tooth.
- 6. Chart an amalgam restoration.
  - a. Indicate the approximate size, shape, and location.
  - b. Darken in the area indicated.
- 7. Chart a nonmetallic restoration.
  - a. Indicate the approximate size, shape, and location.
  - b. DO NOT darken the area indicated.
- 8. Chart a crown.
  - a. Outline the clinical crown.
  - b. Draw a diagonal line within the crown.
- 9. Chart a full gold crown.
  - a. Outline all aspects of the crown in pencil in item 9.
  - b. Draw a horizontal parallel line within the outline.
- 10. Chart a post and core crown.
  - a. Indicate the type of crown.
  - b. Draw the post in pencil in item 9.

Performance Measures	<u>GO</u>	NO GO
Charted the caries.		
2. Charted a defective restoration.		
3. Charted an extraction.		
4. Charted unerupted or impacted teeth.		
5. Charted a temporary filling.		
6. Charted an amalgam restoration.		
7. Charted a nonmetallic restoration.		
8. Charted a crown.		
9. Charted a full gold crown.		
10. Charted a post and core crown.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None TC 8-20-1

#### Subject Area 10: Dental Field Equipment

## SET UP THE DENTAL FIELD OPERATING AND TREATMENT UNIT 081-840-0042

Conditions: You will need a dental field operating and treatment unit.

**Standards:** The dental field operating and treatment unit was set up correctly and in the proper sequence.

#### **Performance Steps**

- 1. Inspect the equipment.
  - a. Check for obvious signs of external damage such as a cracked carrying case or dental unit
  - b. Check the contents against the Accessories Provided and Government Furnished Items List located in the user's manual.
  - c. Inspect the handpiece holders for cracks or breakage.
  - d. Check the porta-cart frame by adjusting it to several different heights.
  - e. Check the entire unit carefully for loose or missing hardware.
  - f. Connect the porta-cart to an air supply and fill and pressurize the water tank and make a thorough inspection for air or water leaks.
- 2. Unpack the assembly.
  - a. Loosen the air relief valve screw on the carrying case.
  - b. Unlatch the case and remove the lid and protective foam pad.
  - c. Lift the unit from the carrying case; then, remove the waste container, accessory kit, and post assembly.
  - d. Use the 3/4 inch open-end wrench from the accessory kit to remove the capscrew that secures the frame base to the underside of the unit.
  - e. Use the same capscrew to attach the post assembly to the frame base.

*NOTE:* The casters are an optional item that may be attached to the frame base at this time.

- f. Stand the frame upright and install the unit on the post.
- g. Tighten the thumbscrews.
- h. Lift the top of the porta-cart and loosen the thumbscrews that secure the instrument hanger bar assemblies upside down in the unit.
- i. Move the hanger bar assemblies to the outside of the porta-cart and install them.
- j. Uncoil the saliva ejector unit and AVS handpiece tubings and feed them through the bottom of the unit and hang the saliva ejector tip and AVS handpiece in the hangers.
- k. Feed the handpiece tubings and syringe out through the bottom of the unit and place them in the hangers.
- I. Install the handpieces on their tubings.
- m. Screw the AVS waste container onto the bottom of the AVS assembly.
- n. Connect the 10-foot air supply tubing to the quick-disconnect on the short supply tubing under the porta-cart.

Performance Measures	<u>GO</u>	NO GO
1. Inspected the equipment.		

Performance Measures	<u>GO</u>	NO GO
2. Unpacked the assembly.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related
None TC 8-20-1

## ASSEMBLE THE DENTAL FIELD X-RAY UNIT 081-840-0109

Conditions: You will need a dental field x-ray unit.

**Standards:** The dental field x-ray unit was assembled correctly without damaging the equipment.

### **Performance Steps**

- 1. Remove all components from the carrying case.
- 2. Insert the upright pole into the base structure.
- 3. Secure the support bars with knurled bolts.
- 4. Engage the support bars on the upright bar and secure them with the knob.
- 5. Fasten the aligned upright bar with the lever at the base of the bar.
- 6. Engage dowel pins of the x-ray control adapter flush in the upright position and secure it with the knob.
- 7. Loosen the safety strap to permit a 6 inch opening of the scissor arm before engaging the arm in the coupling and lock lever.
- 8. Connect the multipin-plug and secure the knurled ring.
- 9. Attach the stool by unfolding the leg and engaging the bars at the clamping device located at the base of the upright pole.
- 10. Raise the backrest and secure the cross-member with the knob on the chair bars.
- 11. Insert the headrest assembly in the locking device and secure it.
- 12. Level the carrying case with the leveling brackets.

*NOTE:* Ensure the x-ray arm does not drift from side to side.

Performance Measures	<u>GO</u>	NO GO
1. Removed all components from the carrying case.		
2. Inserted leveling brackets at the base of the carrying case.		
3. Secured the support bars with knurled bolts.		
<ol> <li>Engaged the support bars on the upright bar and secured them with the knob.</li> </ol>		
5. Fastened the aligned upright bar with the lever at the base of the bar.		
<ol><li>Engaged dowel pins of the x-ray control adapter flush in the upright position and secured it with the knob.</li></ol>		
<ol><li>Loosened the safety strap to permit a 6 inch opening of the scissor arm before engaging the arm in the coupling and lock lever.</li></ol>		

Performance Measures	<u>GO</u>	NO GO
8. Connected the multipin-plug and secured the knurled ring.		
<ol><li>Attached the stool by unfolding the leg and engaging the bars at the clamping device located at the base of the upright pole.</li></ol>		
<ol><li>Raised the backrest and secured the cross-member with the knob on the chair bars.</li></ol>		
11. Inserted the headrest assembly in the locking device and secured it.		
12. Leveled the carrying case with the leveling brackets.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required Related
None TC 8-20-1

## OPERATE THE DENTAL FIELD X-RAY UNIT 081-840-0110

**Conditions:** You are wearing a gown, mask, and gloves. You will need a dental field x-ray unit and x-ray film.

Standards: X-rays were taken of diagnostic quality.

#### **Performance Steps**

- 1. Perform a power supply adequacy test.
  - a. Cover the collimator port with a lead cap.
  - b. Place the tube head away from the support stand with the arm fully extended.
  - c. Plug in the power cord.

**WARNING:** The power supply must be grounded.

d. Switch the x-ray control power button to the ON position.

NOTE: It will light up green.

NOTE: The digital power supply test instrument must read between 109V and 133V.

e. Verify that the light diode is lit.

*NOTE:* Yellow means it is too low. Green means it is okay. Red means it is too high. Adjust yellow by turning the switch clockwise and red by turning the switch counterclockwise.

- f. Select an exposure time of 3.2 seconds by turning the knob to align the adult symbol (orange line) with 3.2 on the scale.
- g. Press the exposure button and note the value displayed on the instrument panel.

NOTE: The value must not be greater than a difference of 6V from 109V and 133V.

- 2. Take an exposure.
  - a. Seat the patient.
  - b. Insert the film and adjust the cone to the patient.
  - c. Turn on the unit.
  - d. Select the proper exposure time for either an adult or child.
  - e. Depress the button on the hand switch until the exposure time terminates automatically.

Performance Measures	<u>GO</u>	NO GO
1. Performed a power supply adequacy test.		
2. Took an exposure.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

RequiredRelatedNoneTC 8-20-1

### DISASSEMBLE THE DENTAL FIELD X-RAY MACHINE 081-840-0112

**Conditions:** You will need a dental field x-ray machine.

**Standards:** The dental field x-ray machine was properly disassembled without causing damage to it.

### **Performance Steps**

- 1. Remove the x-ray arm assembly.
  - a. Place the safety strap over the scissor arm.

**CAUTION:** If you do not follow this procedure you may cause injury to yourself and/or damage the scissor arm which is spring loaded.

- b. Loosen the locking ring.
- c. Disconnect the multi-pin connector.
- d. Disengage the scissor arm assembly from the coupling.
- e. Place the protective sleeve over the multi-pin connector.
- f. Route the Greenfield tubing tighten strap.
- g. Remove all other components.
- h. Fold the support bars and secure the bracket in the direction of the arrow.
- i. Store the leveling brackets.
- 2. Place the x-ray control into the cradle.
- 3. Store the power cord in the pouch.
- Secure the control.
- 5. Remove the headrest assembly.
  - a. Remove the pin and store it in the backrest brace.
  - b. Fold the backrest.
  - c. Insert the headrest assembly in the direction of the arrow and secure it with the knob.
- 6. Remove the safety pin, fold the stool leg and retainer bracket, and secure the pin.
- 7. Place the stool assembly into the case.
  - a. Watch for the dowel pins to engage.
  - b. Secure the case with fasteners.
- 8. Place the scissor arm with the x-ray head into the cradle.
  - a. Raise the brackets and open them.
  - b. Secure the brackets with fasteners.
- 9. Guide the upright through the grommet and secure both ends to the case with two knurled knobs.

Performance Measures	<u>GO</u>	NO GO
1. Removed the x-ray arm assembly.		
2. Placed the x-ray control into the cradle.		
3. Stored the power cord in the pouch.		

Performance Measures	<u>GO</u>	NO GO
4. Secured the control.		
5. Removed the headrest assembly.		
<ol><li>Removed the safety pin, folded the stool leg and retainer bracket, and secured the pin.</li></ol>		
7. Placed the stool assembly into the case.		
8. Placed the scissor arm with the x-ray head into the cradle.		
Guided the upright through the grommet and secured both ends to the case with two knurled knobs		

### References

# PACK THE DENTAL FIELD X-RAY MACHINE 081-840-0111

Conditions: You will need a dental field x-ray unit.

**Standards:** The dental field x-ray unit was packed correctly without damaging the unit.

### **Performance Steps**

- 1. Disassemble the entire x-ray unit.
- 2. Place the individual pieces in a clean area.
- 3. Insert the support rod from the backrest and seat.
- 4. Place the headrest in position and secure it.

NOTE: Ensure the headrest cradle sits close to the wood.

- 5. Insert the leveling brackets and secure them by lightly turning the screws.
- 6. Place the x-ray control box in position and secure it with the belt.

*NOTE:* Make sure that the cables are placed in the recess provided.

- 7. Insert the x-ray tube with the scissor arm and fasten it with the belt.
- 8. Fold the seat together, place it in position, and secure it with the belt.
- 9. Insert the two support bars and fasten them with the belts.
- 10. Insert the mounting rod, secure it with the belt, and tighten the wing nut.

Perf	formance Measures	<u>GO</u>	NO GO
1.	Disassembled the entire x-ray unit.		
2.	Placed the individual pieces in a clean area.		
3.	Inserted the support rod from the backrest and seat.		
4.	Placed the headrest in position and secured it.		
5.	Inserted the leveling brackets and secured them by lightly turning the screws.		
6.	Placed the x-ray control box in position and secured it with the belt.		
7.	Inserted the x-ray tube with the scissor arm and fastened it with the belt.		
8.	Folded the seat together, placed it in position, and secured it with the belt.		
9.	Inserted the two support bars and fastened them with the belts.		
10.	Inserted the mounting rod, secured it with the belt, and tightened the wing		

References

# SET UP DENTAL EQUIPMENT SETS 081-840-0124

Conditions: You will need a dental equipment set.

**Standards:** Equipment setup was accomplished without damaging any of the equipment.

#### **Performance Steps**

- 1. Remove the carrying case top.
  - a. Set the bottom of the case on a flat, secure surface.
  - b. Pull the bottom portion of the tin metal latches around the container outward and then upward to lock them into position.
  - c. Pull straight upward on the carrying case with both hands and turn it upside down before laying it down beside the container bottom.
- 2. Remove the container cover.
  - a. Press down on the ends of one of the three metal bars and turn it clockwise to release it.
  - b. Repeat the procedure in step 2a for the two remaining bars.
  - c. Pick the metal cover straight up and put it aside.
- 3. Remove the legs for the dental field chest.
- 4. Assemble the dental field chest legs.
  - Turn the container bottom over.
  - b. Insert the legs in the openings of the container bottom.
  - c. Attach the J-shaped clamps around the legs.
  - d. Turn the clamp nuts clockwise until they are tight.
  - e. Turn the container bottom over onto its legs.
- 5. Position the metal spacers in the grooves of the container top.
- 6. Place the dental field chest on top of the container half with the legs and secure it.
  - a. Position the dental field chest upright with the largest drawers positioned downward and to the front.
  - b. Position the tie-down bars.
    - (1) Insert a J-shaped tie-down bar through the latch hole on each lower side of the field chest.
    - (2) Position the J-shaped portion of the tie-down bar in the latch hole of the container top on each side.
    - (3) Turn a wing nut onto the threaded end of each of the J-shaped tie-down bars clockwise until they are tight.
- 7. Place the bracket table on top of the field chest.
  - a. Press downward on the ends of one of the three metal bars and then turn it counterclockwise into its retaining slot on each end of the cover.
  - b. Repeat the procedure in step 7a for the two remaining metal bars.
  - c. Secure the bracket table to the top of the upright field chest with two C-clamps.
    - (1) Position the two C-clamps about 1/3 of the way inward from each end of the upright field chest.
    - (2) Position the clamps over the top edge of the field chest and front edge of the bracket table.

### **Performance Steps**

(3) Turn the tightening knob of both clamps clockwise until they are tight.

F	Performance Measures	<u>GO</u>	NO GO
	1. Removed the carrying case top.		
	2. Removed the container cover.		
	3. Removed the legs for the dental field chest.		
	4. Assembled the dental field chest legs.		
	5. Positioned the metal spacers in the grooves of the container top.		
	6. Placed the dental field chest on top of the container half with the legs and secured it.		
	7. Placed the bracket table top on top of the field chest.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References

### MAINTAIN DENTAL EQUIPMENT SETS 081-840-0127

**Conditions:** You will need a dental equipment set, unit authorization list for the assigned dental equipment set, copy of hand receipt, DA Form 4998-R, and DA Form 2062.

**Standards:** Maintained dental equipment sets without error or damaging equipment.

### **Performance Steps**

1. Obtain a copy of the correct unit authorization list (UAL) and the hand receipt on which you will be performing the inventory.

*NOTE:* The quantity and types of dental sets authorized and/or assigned are stated on the unit's Table of Organization and Equipment (TOE) and the unit's hand receipt.

NOTE: The hand receipt should reflect the items and authorized quantities IAW the UAL.

- 2. Organize the chest and/or drawers so that you can efficiently perform the inventory.
- 3. Physically check each item in the chest and verify the National Stock Number (NSN) and the quantity with the information on the hand receipt.

*NOTE:* If you are short an item, check with your supervisor to see if there is excess of the item within your unit area and place that item in your dental equipment set.

*NOTE:* There is an authorized NSN substitution listing for certain items. This listing may be obtained from the Dental Research and Development Branch.

- 4. Remove all items that have surpassed their expiration date and turn them in to the supply NCO.
- 5. Remove items that are excess in quantity, unless directed otherwise by the Unit Commander.
- 6. Annotate the quantity on the hand receipt.
- 7. Write the serial numbers of any equipment next to the nomenclature for that item on the hand receipt.

*NOTE:* Not all items have serial numbers.

8. Prepare a DA Form 4998-R for each item that has a lot/batch number and/or expiration date.

NOTE: The same DA Form 4998-R can be used for like items located in the same unit.

- 9. Prepare a DA Form 2062 for all shortages.
- 10. Give a copy of all documentation to your supervisor for review.
- 11. Maintain one copy of all documentation in the dental equipment set.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Obtained a copy of the correct unit authorization list (UAL) and the hand receipt on which the inventory will be performed.</li> </ol>		

Per	formance Measures	<u>GO</u>	NO GO
2.	Organized the chest and/or drawers so that the inventory could efficiently be performed.		
3.	Physically checked each item in the chest and verified the National Stock Number (NSN) and the quantity with the information on the hand receipt.		
4.	Removed all items that had surpassed their expiration date and turned them in to the supply NCO.		
5.	Removed items that were in excess quantity, unless directed otherwise by the Unit Commander.		
6.	Annotated the quantity on the hand receipt.		
7.	Wrote the serial numbers on any equipment next to the nomenclature for that item on the hand receipt.		
8.	Prepared a DA Form 4998-R for each item that had a lot/batch number and/or expiration date.		
9.	Prepared a DA Form 2062 for all shortages.		
10.	Gave a copy of all documentation to the supervisor for review.		
11.	Maintained one copy of all documentation in the dental equipment set.		

References

Required None Related

DA PAM 710-2-1

### PACK DENTAL EQUIPMENT SETS 081-840-0125

Conditions: You will need a chest, dental instruments, and materials.

**Standards:** The dental equipment sets were packed without damaging the equipment.

#### **Performance Steps**

- 1. Remove the bracket table.
  - a. Loosen the two C-clamps.
  - b. Hold the bracket table to the field chest.
  - c. Place it aside.
- 2. Remove the J-shape support arms of the upright field chest...
  - a. Turn the wing nuts over the side of the field chest counterclockwise.
  - b. Remove the wing nuts.
- 3. Remove the upright field chest.

*NOTE:* Ensure the drawers do not come open and spill items of equipment. If a second person is available to remove the chest, have the person assist you with the procedure.

- 4. Remove the legs.
  - a. Turn the container top with the legs over it and loosen each leg.
  - b. Lift the metal legs straight upward for removal and place them in the container top.
- 5. Replace the bracket table over the opening of the container top.
  - a. Position the three metal bars upward.
  - b. Press downward on the ends of each of the metal bars and turn them counterclockwise into the remaining slots on each side of the cover.
- 6. Attach the container top to the field chest.
  - a. Align the top of the container over the drawers of the field chest.
  - b. Secure the latches.

Performance Measures		NO GO
Removed the bracket table.		
2. Removed the J-shape support arms of the upright field chest.		
3. Removed the upright field chest.		
4. Removed the legs.		
5. Replaced the bracket table over the openings of the container top.		
6. Attached the container top to the field chest.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related TC 8-20-1

# SET UP DENTAL INSTRUMENT SUPPLY SETS (DISS) 081-840-0134

**Conditions:** You will need the appropriate dental instrument supply set and a copy of the unit's dental clinic SOP.

**Standards:** Set up dental instrument supply sets (DISS) according to the unit's dental clinic SOP.

### **Performance Steps**

- 1. Set up the large items in the dental instrument supply set.
- 2. Set up smaller items in the dental instrument supply set.
- 3. Follow risk management procedures.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Set up the large items in the dental instrument set.		
2. Set up smaller items in the dental instrument set.		
3. Followed risk management procedures.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

# MAINTAIN DENTAL INSTRUMENT SUPPLY SETS (DISS) 081-840-0136

**Conditions:** You will need dental instrument supply sets (DISS), unit authorization list (UAL) for the assigned dental instrument supply sets, hand receipt for the assigned sets, DA Form 4998-R, and DA Form 2062.

**Standards:** Maintained dental instrument supply sets without error.

#### **Performance Steps**

- 1. Obtain a copy of the correct UAL and hand receipt to be used to perform the inventory. *NOTE:* The quantity and type of dental sets authorized and/or assigned are stated on the unit's Table of Organization and Equipment (TOE) and the unit's hand receipt.
  - 2. Organize the chest and/or drawers so that you can efficiently perform the inventory.
  - 3. Physically check each item in the chest to verify the National Stock Number (NSN) and the quantity with the information on the hand receipt.

*NOTE:* If you are short an item, check with your supervisor to see if there is excess of the item within your unit area and place that item in your dental instrument supply set.

- 4. Remove the items that have surpassed their expiration date.
- 5. Remove items that are in excess in quantity.
- 6. Annotate the quantity on the hand receipt.
- 7. Write the serial numbers of any equipment next to the nomenclature for that item on the hand receipt.

NOTE: Not all items have serial numbers.

- 8. Complete DA Form 4998-R.
- 9. Complete DA Form 2062.
- 10. Place a copy of all documentation with the dental equipment set and give a copy to the supervisor.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Obtained a copy of the correct UAL and hand receipt to be used to perform the inventory.</li> </ol>		
<ol><li>Organized the chest and/or drawers so that the inventory could be efficiently performed.</li></ol>		
3. Physically checked each item in the chest to verify the National Stock Number (NSN) and the quantity with the information on the hand receipt.		
4. Removed the items that had surpassed their expiration date.		
5. Removed items that were in excess in quantity.		
6. Annotated the quantity on the hand receipt.		

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
<ol><li>Wrote the serial numbers of any equipment next to the nomenclature for that item on the hand receipt.</li></ol>		
8. Completed DA Form 4998-R.		
9. Completed DA Form 2062.		
<ol> <li>Placed a copy of all documentation with the dental equipment set and gave a copy to the supervisor.</li> </ol>		

### References

Required None **Related** AR 40-61 DA PAM 710-2-1

# PACK DENTAL INSTRUMENT SUPPLY SETS (DISS) 081-840-0135

**Conditions:** You will need a dental instrument supply set and a copy of the unit's clinical standard SOP.

Standards: Dental instrument supply set was packed IAW the unit's SOP.

### **Performance Steps**

- 1. Receive the order to pack the dental supply sets.
- 2. Pack the dental instrument supply sets IAW the packing list in the SOP.
  - a. Ensure the items are placed in the proper location in the set.
  - b. Update the inventory sheets with any missing items or items that were used during patient treatment.

Performance Measures	<u>GO</u>	NO GO
1. Received the order to pack the dental supply sets.		
2. Packed the dental instrument supply sets IAW the packing list in the SOP.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

### SET UP THE DENTAL FIELD SURGICAL SCRUB SINK 081-840-0158

Conditions: You will need a dental field surgical scrub sink.

**Standards:** The dental field surgical scrub sink was correctly assembled without damaging the equipment.

### **Performance Steps**

- 1. Remove the hoses, brush pockets, convenience tray, control box, frame assembly, support rods, and faucet from the shipping container.
- 2. Unfold the frame.
  - a. Ensure the longer legs are in the up position.
  - b. Ensure the shorter legs are on the ground.
- 3. Attach the control box onto the frame.
  - a. Hook over the leg of the frame.
  - b. Use your foot to keep the frame stationary.
  - c. Hook the other side.
  - d. Adjust the position of the legs so that the control box fits snugly on the frame.
- 4. Attach the basin to the frame assembly.
  - a. Press the fuse clips underneath the basin rim on the upper legs of the frame assembly.
  - b. Adjust the legs.
- 5. Prepare the two support rods.
  - a. Attach the hook of the lower support rod through the cutout in the rear of the control box with the hook opening down.
  - b. Let them lie there until ready to attach to the upper support rod.
- 6. Place the convenience tray in position (same side as the cut on the control box) on the frame assembly.
  - a. Sit the slot of the tray bracket onto the frame assembly.
  - b. Continue to hold the tray in position.
  - c. Screw the threaded stud of the upper support rod into the tray bracket.
  - d. When it is hand tight, loosen it a half turn.
- 7. Lift the lower support rod and connect it to the upper rod.
  - a. Pull down the collar of the female disconnect.
  - b. Insert the male disconnect from the upper support rod.
  - c. Retighten the upper support rod and the convenience tray connection.
- 8. Loosen the thumbscrew located on the underside of the convenience tray and lower the faucet through the hole in the top of the tray.
  - a. Adjust the height of the faucet to the level desired.
  - b. Slightly tighten the thumbscrew clockwise to hold the faucet in the tray.
- 9. Position the brush pocket on the side of the basin and snap it into place.
- 10. Open the brass hose connector end of the inlet hose in the potable water can.

### **Performance Steps**

- 11. Open the flow control knob by turning it counterclockwise three full turns.
- 12. Place the water waste can on the left side of the frame and insert the free end of the drain hose in the can.
- 13. Position the power converter switch to either 115V or 230V power.
- 14. Select the appropriate power cord for the available power supply voltage.
  - a. Connect the female end of the cord to the power receptacle on the control box.
  - b. Connect the male end of the cord to the power supply.
- 15. Attach a ground cable to a ground stake using the plier clip or attach the ring terminal on the end of the ground cable to the generator ground stud.

Perf	formance Measures	<u>GO</u>	NO GO
1.	Removed the hoses, brush pockets, convenience tray, control box, frame assembly, support rods, and faucet from the shipping container.		
2.	Unfolded the frame.		
3.	Attached the control box onto the frame.		
4.	Attached the basin to the frame assembly.		
5.	Prepared the two support rods.		
6.	Placed the convenience tray in position (same side as the cut on the control box) on the frame assembly.		
7.	Lifted the lower support rod and connected it to the upper rod.		
8.	Loosened the thumbscrew located on the underside of the convenience tray and lowered the faucet through the hole in the top of the tray.		
9.	Positioned the brush pocket on the side of the basin and snapped it into place.		
10.	Opened the brass hose connector end of the inlet hose in the potable water can.		
11.	Opened the flow control knob by turning it counterclockwise three full turns.		
12.	Placed the water waste can on the left side of the frame and inserted the free end of the drain hose in the can.		
13.	Positioned the power converter switch to either 115V or 230V power.		
14.	Selected the appropriate power cord for the available power supply voltage.		
15.	Attached a ground cable to the ground stake using the plier clip or attached the ring terminal on the end of the ground cable to the generator ground stud.		

#### References

### OPERATE THE DENTAL FIELD SURGICAL SCRUB SINK 081-840-0119

**Conditions:** You are wearing a sterile gown, mask, and gloves. You will need a dental field surgical scrub sink.

**Standards:** Operated the dental field surgical scrub sink correctly without damaging the sink.

### **Performance Steps**

- 1. Turn the flow control knob, which opens the valve, counterclockwise to fully open it. **CAUTION:** Make sure the power cord is unplugged.
  - 2. Prime the pump.
    - a. Depress the foot pedal.
    - b. Squeeze and release the pressure on the primer bulb continuously until a steady stream of water flows from the faucet and there are no bubbles visible in the outlet hose.

NOTE: Priming can then be disconnected and the foot pedal can be released.

3. Connect the power cord to the power source and depress the reset button on the ground fault circuit interrupter.

NOTE: Make sure the power converter switch is in the proper position.

4. Depress the foot pedal and hold it down to run the water.

*NOTE:* If the water will not flow from the faucet, release the foot pedal and press the reset button located at the ground fault circuit interrupter on the front panel of the control box. If water still does not flow, reprime the pump. If repriming fails, notify medical maintenance.

5. Regulate the flow of water by depressing the foot pedal and adjusting the flow control valve.

*NOTE:* Turning the valve counterclockwise will increase the flow and turning it clockwise will decrease the flow.

- 6. For further operation, depress the foot pedal to start the water flow. *NOTE:* The control box is designed to maintain water temperature between 85° and 105° F. If the water is not heated, notify medical maintenance.
  - 7. Periodically check the potable water can and refill it as needed by adding more potable water from another can.

*NOTE:* If the end of the inlet rod is pulled out of the water inside the can, it will interrupt the siphon, and the pump will have to be reprimed.

- 8. Periodically check the wastewater can and empty it as needed.
- 9. Ensure the wastewater is disposed of IAW local SOP.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Turned the flow control knob, which opened the valve, counterclockwise to fully open it.</li> </ol>		
2. Primed the pump.		

Pe	erformance Measures	<u>GO</u>	NO GO
3	3. Connected the power cord to the power source and depressed the reset button on the ground fault circuit interrupter.		
4	4. Depressed the foot pedal and held it down to run the water.		
ţ	5. Regulated the flow of water by depressing the foot pedal and adjusting the flow control valve.		
6	6. For further operation, depressed the foot pedal to start the water flow.		
7	7. Periodically checked the potable water can and refilled it as needed by adding more potable water from another can.		
8	3. Periodically checked the wastewater can and emptied it as needed.		
Ç	9. Ensured the wastewater was disposed of IAW local SOP.		

#### References

### DISASSEMBLE THE DENTAL FIELD SURGICAL SCRUB SINK 081-840-0156

**Conditions:** You will need a fully functional dental field surgical scrub sink.

**Standards:** The dental field surgical scrub sink was correctly disassembled without damaging the sink.

### **Performance Steps**

1. Clean the basin tray.

*NOTE:* The dental field surgical scrub sink must be cleaned thoroughly before storing it to prevent freeze damage or corrosion in the control box.

- a. Use a disposable scrub brush.
- b. Thoroughly rinse the basin, the brush pocket, and the tray.
- c. Dry with a clean cloth.
- 2. Disconnect the power plug.
- 3. Remove the inlet hose from the potable water can and depress the foot pedal until no water flows from the faucet.
- 4. Disconnect the drain hose and drain the remaining water into the wastewater can.
- 5. Remove the faucet.
  - a. Disconnect the outlet hose from the faucet.
  - b. Turn the thumbscrew on the underside of the convenience tray counterclockwise.
- 6. Remove the convenience tray.
  - a. Turn the upper support rod 1/2 turn clockwise.
  - b. Disconnect the support rods by pulling the knurled collar down.
  - c. While holding the convenience tray, unscrew the upper support rod from the tray bracket.
  - d. Unhook the lower support rod from the frame assembly.
- 7. Remove the drain and hoses.
- 8. Detach the control box from the frame and place it on the floor.
  - a. Raise the foot pedal end of the control box.
  - b. Press the foot pedal to drain any remaining water in the box.
- 9. Fold the frame assembly carefully.
  - a. Bring the lower legs together.
  - b. Bring the upper legs down.
- 10. Wipe down all the equipment with a clean cloth.
- 11. Place disassembled items alongside the shipping container for packing.
- 12. Empty the water cans IAW the local unit waste disposal SOP.

Performance Measures	<u>GO</u>	NO GO
Cleaned the basin tray.		

Performance Measures	<u>GO</u>	<u>NO</u> GO
2. Disconnected the power plug.		
<ol><li>Removed the inlet hose from the potable water can and depressed the foot pedal until no water flowed from the faucet.</li></ol>		
<ol><li>Disconnected the drain hose and drained the remaining water into the wastewater can.</li></ol>		
5. Removed the faucet.		
6. Removed the convenience tray.		
7. Removed the drain and hoses.		
8. Detached the control box from the frame and placed it on the floor.		
9. Folded the frame assembly carefully.		
10. Wiped down all the equipment with a clean cloth.		
11. Placed disassembled items alongside the shipping container for packing.		
12. Emptied the water cans IAW the local unit waste disposal SOP.		

References

# PACK THE DENTAL FIELD SURGICAL SCRUB SINK 081-840-0157

**Conditions:** You will need a fully functional dental field surgical scrub sink.

**Standards:** The dental field surgical scrub sink was packed without damaging the sink.

#### **Performance Steps**

- 1. Place the faucet, upper and lower rods, 230 volt power cord, and the folded frame assembly into the shipping container.
- 2. Invert the convenience tray and place it in the shipping container.
- 3. Invert the control box and place it in the shipping container.
- 4. Wrap the hoses around the control box and place the power cords in the shipping container.
- 5. Place the manual on top of the control box.
- 6. Invert the basin and position it over the control box; then, place the side brush pockets face up on each side of the inverted basin.
- 7. Close the top of the shipping container.
  - a. Turn the wing nuts on the fasteners counterclockwise until the hooks are fully extended.
  - b. Place each hook over the lip of the cover.
  - c. Hold each hook in place while turning the wing nuts clockwise to tighten the hook.
  - d. Flip the wing down.

NOTE: The portable scrub sink is now ready for shipping.

Performance Measures	<u>GO</u>	<u>NO</u> GO
<ol> <li>Placed the faucet, upper and lower rods, 230 volts power cord, and the folded frame assembly into the shipping container.</li> </ol>		
2. Inverted the convenience tray and placed it in the shipping container.		
3. Inverted the control box and placed it in the shipping container.		
<ol> <li>Wrapped the hoses around the control box and placed the power cord in the shipping container.</li> </ol>		
5. Placed the manual on top of the control box.		
<ol><li>Inverted the basin and positioned it over the control box; then, placed the side brush pockets face up on each side of the inverted basin.</li></ol>		
7. Closed the top of the shipping container.		

References

# SET UP THE DENTAL COMPRESSOR/DEHYDRATOR 081-840-0113

**Conditions:** You will need a dental compressor/dehydrator.

**Standards:** The dental compressor/dehydrator was set up correctly without damaging the compressor/dehydrator.

### **Performance Steps**

- 1. Remove the transit cover.
  - a. Depress the pressure relief valve on the transit case on the bottom section.
  - b. Release the latches.
- 2. Attach the appropriate length of interconnecting hose from the compressor to the operating and treatment unit.
- 3. Connect a 115/230 volt power cable to the appropriate power source.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Removed the transit cover.		
<ol><li>Attached the appropriate length of interconnecting hose from the compressor to the operating and treatment unit.</li></ol>		
3. Connected a 115/230 volt power cable to the appropriate power source.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

# OPERATE DENTAL THE COMPRESSOR/DEHYDRATOR 081-840-0160

Conditions: You will need a dental compressor/dehydrator.

**Standards:** The dental compressor/dehydrator was correctly operated without damaging it.

#### **Performance Steps**

- 1. Depress the pressure relief valve on the transit case on the bottom section, release the hatch, and remove the cover.
- 2. Attach the appropriate length of interconnecting hose from the compressor to the operating and treatment unit.
- 3. Connect 115/130V power cable to the appropriate power source.
- 4. Observe the pressure gauge.

*NOTE:* The pressure should increase to 80 psi in about 40 seconds. The unloader valve should switch and the compressor should vent to the atmosphere. The cooling fan will continue to run.

5. Decrease the pressure to 60 psi in approximately 30 seconds. *NOTE:* During this time a hissing sound should be heard indicating purged air in the regeneration system is operating properly.

*NOTE:* When the pressure is decreased to 60 psi, the unloader valve should switch and the compressor should pump for approximately 8 seconds while the pressure increases to 80 psi.

NOTE: At 80 psi, the compressor vents to the atmosphere and the cycle should repeat itself.

6. Check the color of the dryness indicator.

*NOTE:* If the color is blue, the compressor is ready for operation. If it is not blue, the drying system should be regenerated before using the compressor.

- 7. Rotate the four transit cover supports.
- 8. Place the transit case cover on the supports.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Depressed the pressure relief valve on the transit case on the bottom section, released the hatch, and removed the cover.</li> </ol>		
<ol><li>Attached the appropriate length of interconnecting hose from the compressor to the operating and treatment unit.</li></ol>		
3. Connected 115/130V power cable to the appropriate power source.		
4. Observed the pressure gauge.		
5. Decreased the pressure to 60 psi in approximately 30 seconds.		
6. Checked the color of the dryness indicator.		

Performance Measures	<u>GO</u>	NO GO
7. Rotated the four transit cover supports.		
8. Placed the transit case cover on the supports.		

### References

# PACK THE DENTAL COMPRESSOR/DEHYDRATOR 081-840-0159

**Conditions:** You will need a dental compressor/dehydrator.

**Standards:** The dental compressor/dehydrator was correctly disassembled and packed without damaging it.

### **Performance Steps**

- 1. Set the circuit breaker to the OFF position.
- NOTE: The compressor will drain automatically.
  - 2. Disconnect the interconnecting hoses between the compressor and the dental operating treatment unit.
  - 3. Disconnect the power cable from the power source.
  - 4. Carefully wrap the interconnecting hose and power cable around the compressor unit in the transit case.
  - 5. Place the transit case cover on the unit.
  - 6. Secure all latches.

Performance Measures	<u>GO</u>	NO GO
1. Set the circuit breaker to the OFF position.		
<ol><li>Disconnected the interconnecting hoses between the compressor and the dental operating treatment unit.</li></ol>		
3. Disconnected the power cable from the power source.		
<ol> <li>Carefully wrapped the interconnecting hose and power cable around the compressor unit in the transit case.</li> </ol>		
5. Placed the transit case cover on the unit.		
6. Secured all latches.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

# IMPLEMENT LOADING PLANS FOR DENTAL FIELD EQUIPMENT 081-840-0118

**Conditions:** You will need a 2 1/2 ton, 1/2 ton, or M1008 vehicle; a predetermined list of dental field equipment; and DA Form 5748-R.

**Standards:** The load plan was implemented IAW the local SOP.

#### **Performance Steps**

- 1. Obtain the equipment that is to be loaded according to the loading plan.
- 2. Load the equipment one layer at a time.
- 3. Load the equipment that you will need first last.
- 4. Record the loading completion on DA Form 5748-R.
  - a. Make a copy of the form for your files.
  - b. Make a copy for the TOC and the vehicle dispatch.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Obtained the equipment that was to be loaded according to the loading plan.</li> </ol>		
2. Loaded the equipment one layer at a time.		
3. Loaded the equipment that would be needed first last.		
4. Recorded the loading completion on DA Form 5748-R.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

# PERFORM PREVENTIVE MAINTENANCE, CHECKS, AND SERVICES ON FIELD DENTAL EQUIPMENT

081-840-0114

**Conditions:** You will need dental x-ray equipment, equipment set maintaining care augmentation, dental equipment set, prosthetic field, dental instrument and supply set, emergency treatment field, dental operating and treatment unit field, dental supply set emergency dental repair, DA Form 2404, DA Form 2407, and DA Form 2407-1.

**Standards:** Performed preventive maintenance check and services on dental field equipment without damaging the equipment.

### **Performance Steps**

- 1. Record all faults found during inspection.
- 2. Record all faults and repairs required for cost of damaged reports.
- 3. Record the battlefield damage and assessment repair (BDAR) performed. NOTE: To inspect all components or subsystems that make up one equipment system, you may use one DA Form 2404 or a separate form for each subsystem.
  - 4. List faults that operators or crews cannot fix and list parts replaced.

Performance Measures	<u>GO</u>	NO GO
Recorded all faults found during inspection.		
2. Recorded all faults and repairs required for cost of damage reports.		
<ol><li>Recorded the battlefield damage and assessment repair (BDAR) performed.</li></ol>		
4. Listed faults that operators or crews could not fix and listed parts replaced	d. ——	

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

# MAINTAIN STOCK LEVEL FOR DENTAL SUPPLIES AND EQUIPMENT 081-840-0128

**Conditions:** You will need sets, kits, and outfits (SKO), dental equipment sets (DES), supply catalog (SC 6545-8 series), floppy disks from US Army Material Agency (USAMMA), and computer listings.

**Standards:** Stock levels for dental supplies and equipment were maintained.

### **Performance Steps**

- 1. Requisition DES.
- 2. Issue DES to TOE or TDA.
  - a. Issue on hand or requisition.
  - Issue a new authorization for MTOE units equipped below level when notified of deployment.
- 3. Turn in DES.
  - a. Turn in sets when in excess.
  - b. List shortages and attach to the turn in document.
  - c. Do not requisition components to fill shortages in an excess DES.
- 4. Account for components of DES. Establish a property account record on each authorized nonexpendable item.

*NOTE:* SKO components will be inventoried at least every 6 months against the current assemblage listing (12 months for the reserve component) to ensure readiness and maintaining informal accountability.

- 5. Complete manual procedures using SC 6545-8-CL-HR series, if applicable.
  - a. Use preprinted hand receipt to record inventory and maintain accountability.
  - b. Use SKO computer printout to establish and maintain supply levels.

*NOTE:* The stated number of days of supply listed in the catalog for SKO constitutes the minimum basic load to sustain that SKO. Establish a visible Quality Control Program for all dated items.

- 6. Complete automated procedures.
  - a. Use a DA approved medical material management system.
  - b. Provide assemblage management quality control capabilities.
  - c. Use the automated procedures in lieu of DA Form 1296 and DA Form 4996-R.

Performance Measures	<u>GO</u>	NO GO
1. Requisitioned DES.		
2. Issued DES to TOE or TDA.		
3. Turned in DES.		
4. Accounted for components of DES.		
<ol><li>Completed manual procedures using SC 6545-8-CL-HR series, if applicable.</li></ol>		

Performance Measures	<u>GO</u>	<u>NO</u> GO
6. Completed automated procedures.		

References

#### Skill Level 2

Subject Area 12: Admin (SL2)

# DEVELOP LOADING PLANS FOR DENTAL FIELD EQUIPMENT 081-840-0121

**Conditions:** You will need a 2 1/2 ton, 1/2 ton, or M1008 vehicle; a predetermined list of dental field equipment to be used in the field; and DA Form 5748-R.

**Standards:** The load plans were developed according to the local SOP.

#### **Performance Steps**

- 1. Make a list of all equipment needed for the mission.
  - a. Summer list.
  - b. Winter list.
  - c. Combined list.
- 2. Determine the type of vehicle that should be used to load the equipment.
- 3. Develop the load plan.

*NOTE:* Keep in mind that the assigned vehicles can break down or become deadlined, so you must have load plans for alternate types of vehicles.

- a. Load last what you will set up or need first.
- b. Create the load plan one layer at a time.
- c. Ensure you have someone making detailed notes and drawings of each layer as the load plan progresses.
- d. Actually load the equipment to get an accurate load plan.
- 4. Copy the load plan for your records and give a copy to the TOC and to the vehicle dispatch.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Made a list of all equipment needed for the mission.		
2. Determined the type of vehicle that should be used to load the equipment.		
3. Developed the load plan.		
4. Copied the load plan for the records and gave a copy to the TOC and to the vehicle dispatch.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

# SUPERVISE REQUISITIONING, STORAGE, AND ISSUANCE OF DENTAL SUPPLIES 081-840-0139

**Conditions:** You will need a supply request, requested supplies, the unit SOP, DA Form 2064, and DA Form 3161 or DA Form 2062.

**Standards:** Supervised requisition, storage, and issuance of supplies to meet the unit's needs.

### **Performance Steps**

- 1. Supervise the requisitioning of supplies.
  - a. Ensure a supply request is received and prepared.

NOTE: Use a DA Form 3161 or a DA Form 2062.

- b. Ensure the supply request is turned in to the supply NCO and that there are document numbers for each item.
- c. Ensure DA Form 2064 (Document Register for Supply Actions) has been prepared to track when supplies are requested and received.
- d. Ensure the original is maintained for all supply requests.
- 2. Supervise the issuance of supplies.
  - a. Ensure that the supply NCO is notified when supplies are ready for pickup.
  - b. Ensure all items are inventoried.
  - c. Ensure the DA Form 2064 has been completed to note that the items are received.
  - d. Ensure that soldiers are notified that the supplies are ready to be issued.
- 3. Supervise the storage of supplies.
  - a. Ensure stored items are updated on the hand receipt or inventory sheet as appropriate.
  - b. Ensure all supplies are stored in the proper place.
    - (1) Store sensitive items such as rubber dams, composite dental materials, and radiographic film in a refrigerator.
    - (2) Maintain supplies outside of a tent or a building on a covered pallet.
    - (3) Use protective measures to stop pilferage, excessive light, fire, rodents, and other sources of damage.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Supervise the requisitioning of supplies.</li> </ol>		
2. Supervise the issuance of supplies.		
3. Supervise the storage of supplies.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None DA PAM 710-2-1

# MANAGE PREVENTIVE MAINTENANCE PROGRAM FOR DENTAL EQUIPMENT 081-840-0141

**Conditions:** You will need an operator's manual, DA Forms 2404 and 2407 and a maintenance log.

**Standards:** Completed and logged preventive maintenance checks (PMCS) on designated equipment.

### **Performance Steps**

- 1. Assemble and brief soldiers.
- 2. Instruct soldiers to observe all safety warnings and cautions.
- 3. Instruct soldiers to perform PMCS as prescribed in the operator's manual.
  - a. Correct operator level faults detected during PMCS.
  - b. Note on DA Form 2407 any deficiency found that renders the equipment not fully mission capable (NMC) and notify medical maintenance.
- 4. Annotate the type of equipment, date, deficiencies, and mission capability status in the maintenance log.

NOTE: Clinics/units may develop their own formats for maintenance logs IAW SOP.

- 5. Ensure the medical maintenance section receives the results of the PMCS by turning in DA Form 2404 IAW local SOP.
- 6. Complete DA Form 2407 for any equipment that must be taken in for repair and keep the top (green) copy for your records.

P	Performance Measures	<u>GO</u>	NO GO
	1. Assembled and briefed soldiers.		
	2. Instructed soldiers to observe all safety warnings and cautions.		
	<ol> <li>Instructed soldiers to perform PMCS as prescribed in the operator's manual.</li> </ol>		
	4. Annotated the type of equipment, date, deficiencies, and mission capable status in the maintenance log.		
	<ol><li>Ensured the medical maintenance section received the results of the PMCS by turning in DA Form 2404 IAW local SOP.</li></ol>		
	6. Completed DA Form 2407 for any equipment that must be taken in for repair and kept the top (green) copy for the records.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

### References None

#### Skill Level 3

Subject Area 13: Admin (SL3)

# ASSIST IN THE DEVELOPMENT OF OPERATIONAL PLANS FOR THE DEPLOYMENT OF DENTAL FIELD UNITS 081-840-0130

**Conditions:** You will need a copy of the deployment task force operation plan.

**Standards:** Assisted in the development of the operational plans for the deployment of a dental field unit according to command policy.

### **Performance Steps**

- 1. Read a copy of the current Task Force Operation Plan for the deployment.
- 2. Participate in a planning meeting with the unit's leadership.
- 3. Assist in the planning of the operation plan IAW the planning process outlined in FM 8-55.
- 4. Assist in the development of the operation plan IAW FM 10I-5.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Read a copy of the current Task Force Operation Plan for the deployment	. —	
2. Participated in a planning meeting with the unit's leadership.		
<ol><li>Assisted in the planning of the operation plan IAW the planning process outlined in FM 8-55.</li></ol>		
4. Assisted in the development of the operation plan IAW FM 101-5.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

Required Related
None FM 101-5
FM 8-55

# ADVISE THE COMMANDER ON DENTAL FIELD SITE SELECTION 081-840-0138

**Conditions:** You will need information about tents, power distribution, dental equipment, and materials.

**Standards:** Advised the command on the dental field site selection.

- 1. Advise the commander on routes of evacuation and accessibility. *NOTE:* Ground evacuation is the principal means of evacuation for patients injured in the forward area.
- 2. Advise the commander on areas of patient density. *NOTE:* The clearing station should be located in the general vicinity of the supported forces.
- 3. Advise the commander on drainage, obstacles, and space. *NOTE:* The ground should be of a hard composition that provides good drainage during inclement weather. It should be free of major obstacles that would adversely impact the unit layout.
  - 4. Advise the commander on a site that would enable communications while minimizing the enemy's ability to intercept and locate transmissions.
  - 5. Advise the commander on choosing a site that is not closely located to likely enemy targets.
  - 6. Advise the commander on selecting a site with maximum cover and concealment.
  - 7. Advise the commander on selecting a site with sufficient space for landing sites for incoming and outgoing air ambulances.
  - 8. Advise the commander on a site that would be easily defendable and maximize the use of available terrain features.
  - 9. Advise the commander on selecting a site that would facilitate traffic flow.
    - a. Select a site that would permit the establishment of treatment and administrative areas to maximize the smooth flow of patients through the triage, diagnostic, and holding areas.
    - b. Select a site that would afford a smooth flow of vehicle traffic through the unit area.
    - c. Select a site that minimizes the distance the patient must be carried and which affords easy access to the treatment area.
- 10. Advise the commander on the pieces of equipment that require strategic placement within the company area.
- 11. Advise the commander on a site that would be able to provide for patient decontamination.
- 12. Advise the commander to follow Geneva Convention adherence.

Performance Measures	<u>GO</u>	NO GO
Advised the commander on routes of evacuation and accessibility.		

Performance Measures	<u>GO</u>	NO GO
2. Advised the commander on areas of patient density.		
3. Advised the commander on drainage, obstacles, and space.		
4. Advised the commander on a site that would enable communications while minimizing the enemy's ability to intercept and locate transmissions.		
<ol><li>Advised the commander on choosing a site that is not closely located to likely enemy targets.</li></ol>		
<ol><li>Advised the commander on selecting a site with maximum cover and concealment.</li></ol>		
<ol><li>Advised the commander on selecting a site with sufficient space for landing site for incoming and outgoing air ambulances.</li></ol>		
<ol><li>Advised the commander on a site that would be easily defendable and maximize the use of available terrain features.</li></ol>		
9. Advised the commander on selecting a site that would facilitate traffic flow.		
10. Advised the commander on the pieces of equipment that require strategic placement within the company area.		
<ol> <li>Advised the commander on a site that would be able to provide for patient decontamination.</li> </ol>		
12. Advised the commander to follow the Geneva Convention adherence.		

References None

# DEVELOP TRAINING PROGRAMS FOR NEWLY ASSIGNED DENTAL PERSONNEL 081-840-0162

**Conditions:** You will need a computer with word processing and power point software and references for identified subject areas.

**Standards:** Developed training program with identified subject areas for newly assigned personnel.

- 1. Coordinate with senior NCOs and officers in the unit to establish training needs for newly arrived dental personnel.
- 2. Identify specific training subjects for newly arrived personnel.
- 3. Select subject matter experts for identified training topics.
- 4. Identify training strategies for selected training topics.
- 5. Develop the training program for selected training topics.
  - a. Develop lesson plans.
  - b. Develop power point presentations and/or transparencies.
  - c. Develop student handouts.
  - d. Develop a student evaluation plan.
  - e. Establish criteria for the evaluation of the training.
- 6. Select SSG and above to serve as instructors/mentors for the training program for newly assigned dental personnel.
- 7. Publish possible dates and confirm training attendees for the training program.

Performance Measures	<u>GO</u>	<u>NO</u> GO
<ol> <li>Coordinated with senior NCOs and officers in the unit to establish training needs for newly arrived dental personnel.</li> </ol>		
2. Identified specific training subjects for newly arrived personnel.		
3. Selected subject matter experts for identified training topics.		
4. Identified training strategies for selected training topics.		
5. Developed the training program for selected training topics.		
<ol><li>Selected SSG and above to serve as instructors/mentors for the training program for newly assigned dental personnel.</li></ol>		
7. Published possible dates and confirmed training attendees for the training program.		

References

RequiredRelatedNoneFM 7-0

# EVALUATE DENTAL UNIT TRAINING PROGRAMS 081-840-0163

Conditions: You will need a copy of the unit's SOP.

**Standards:** Evaluated the dental unit training programs to determine their effectiveness.

### **Performance Steps**

- 1. Conduct an in-brief with the unit's leadership.
- 2. Observe and evaluate training and the performance of task performance measures.
  - a. Assess the unit's proficiency in performing tasks to standards.
  - b. Determine if the proficiency is T-trained (trained to standard), P-trained (needs more practice), or U-trained (not trained to standard).
- 3. Record your findings.
- 4. Conduct an oral after action review with the unit.
- 5. Prepare an out-brief with the unit's leadership.
- 6. Prepare a written after action report.

Performance Measures	<u>GO</u>	NO GO
1. Conducted an in-brief with the unit's leadership.		
<ol><li>Observed and evaluated training and the performance of task performance measures.</li></ol>		
3. Recorded findings.		
4. Conducted an oral after action review with the unit's leadership.		
5. Prepared an out-brief with the unit's leadership.		
6. Prepared a written after action report.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

# ASSIST IN THE MANAGEMENT OF THE DENTAL CLINIC OPERATING BUDGET 081-840-0164

**Conditions:** You will need a copy of the installation credit card SOP, Databased Commitment Accounting System (DBCAS), and list of unfunded requirements (UFRs),

Standards: Assisted in the development of the dental clinic operating budget.

### **Performance Steps**

- 1. Review purchase requests from the supply clerk prior to purchases being made to ensure all purchases are legitimate.
- 2. Review the DBCAS weekly to ensure all purchases are being documented and to ensure the clinic monthly budget is not exceeded.
- 3. Advise the clinic budget officer of the capital expense (CEEP) and UFR needs.
- 4. Assist the supply clerk in completing forms requesting UFR and CEEP items.
- 5. Review the clinic operating budget balance monthly and report your findings to the clinic budget officer.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Reviewed purchase requests from the supply clerk prior to purchases being made to ensure all purchases are legitimate.</li> </ol>		
Reviewed the DBCAS weekly to ensure all purchases were being documented and to ensure the clinic monthly budget was not exceeded.	 ed.	
<ol><li>Advised the clinic budget officer of the capital expense (CEEP) and Uneeds.</li></ol>	FR —	
<ol> <li>Assisted the supply clerk in completing forms requesting UFR and CE items.</li> </ol>	EP —	
<ol><li>Reviewed the clinic operating budget balance monthly and reported findings to the clinic budget officer.</li></ol>		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References None

#### **CHAPTER 4**

## **Duty Position Tasks**

Subject Area 11: Preventive Dentistry (ASI X2)

# PREPARE PATIENT AND EQUIPMENT FOR PREVENTIVE DENTISTRY TREATMENT 081-840-0169

**Conditions:** You are wearing a mask and gloves. You will need an air/water syringe, toothbrush, dental floss, disclosing solution, dental instruments, 2x2 gauze, prophy paste, a polishing cup, petrolatum, plastic model of the teeth, ultrasonic scaler, dental handpiece, cotton tipped applicators, mirror, explorer, and saliva ejector.

**Standards:** The patient was prepared for treatment without causing the patient discomfort, and the equipment was prepared without error.

- 1. Place a sterile towel on the tray prior to setting up.
- 2. Place the items on the tray.
  - a. Air/water syringe.
  - b. Toothbrush.
  - c. Dental floss.
  - d. Disclosing solution.
  - e. Dental instruments.
  - f. 2x2 gauze.
  - g. Prophy paste and polishing cup.
  - h. Petrolatum.
  - i. Plastic model of the teeth.
  - i. Ultrasonic scaler.
  - k. Dental handpiece.
  - I. Cotton tipped applicators.
  - m. Mirror and explorer.
  - n. Saliva ejector.
- 3. Cover the instruments with a sterile towel after setup procedures have been completed.
- 4. Seat the patient for treatment.
  - a. Adjust the headrest of the chair for the patient's comfort.
  - b. Place a paper or linen drape on the patient.

Performance Measures	<u>GO</u>	NO GO
1. Placed a sterile towel on the tray prior to setting up.		
2. Placed the items on the tray.		
<ol><li>Covered the instruments with a sterile towel after the setup procedures were completed.</li></ol>		

Performance Measures	<u>GO</u>	NO GO
4. Seated the patient for treatment.		

References

Required None

# PERFORM EXTRAORAL AND INTRAORAL INSPECTION 081-840-0055

**Conditions:** You are wearing proper personal protective care. Water lines are purged and the dental unit, cart, and stool have been disinfected and wrapped. The patient is seated, correctly positioned, and draped. The patient is wearing safety glasses. You will need dental unit, dental cart, dental stool, explorer, probe, 2x2 gauze, disposable mirror, patient safety glasses, patient drape, and clips.

**Standards:** Any abnormalities in the patient's oral cavity were identified and recorded on the patient's dental health record without error.

### **Performance Steps**

- 1. Perform extraoral inspection.
  - a. Inspect the patient's head and neck for lack of symmetry.
  - b. Inspect the patient's face for color and texture.
  - c. Inspect the patients eyes for--
    - (1) Dilated pupils.
    - (2) Pinpoint pupils.
    - (3) Color or sclera or clouding.
  - d. Inspect the lymph nodes by palpating bilaterally using the bimanual technique.
  - e. Inspect the temporomandibular joint (TMJ) by palpating.
- 2. Perform intraoral inspection.
  - a. Observe the lips both open and closed.

*NOTE:* The color should be uniform. Discoloration may indicate chronic overexposure to the sun, pipe smoking, precancerous lesions, etc.

- (1) Use the bidigital technique to palate the upper and lower lips.
- (2) Feel for any hardened areas.
- (3) Retract the lips to see the internal surface of the lip and anterior vestibule.
- b. Observe the labial and buccal mucosa (vestibule, mucobuccal folds frena, opening of Stenson's Duct).
  - (1) The mucosa should be moist, smooth, and free of masses or other lesions.
  - (2) The color should be uniform, pink or pigmented.
  - (3) Palpate using the bidigital technique.
  - (4) Palpate using the bimanual technique.
  - (5) Retract the cheek and lips by gently pulling away from the arch and stretch fully so that there are no folds of tissue and examine the area.
- c. Inspect the tongue.
  - (1) Hold the tip of the tongue with a dry 2x2 gauze pad.
  - (2) Extend the tongue forward.
  - (3) Examine the dorsum and lateral surfaces.
  - (4) Examine the ventral surface by having the patient touch the palate with the tip of his or her tongue.
- d. Inspect the floor of the mouth. Look for--
  - (1) Mandibular tori.
  - (2) Ranula.
  - (3) Sublingual cellulitis.
- e. Inspect the hard palate. Look for--
  - (1) Maxillary tori.

### **Performance Steps**

- (2) Palatal cyst/tumor.
- f. Inspect the soft palate. Look for--
  - (1) Petechiae.
  - (2) Nicotine stomatitis.
- 3. Record findings on the patient's SF 603.
- 4. Report any abnormalities found on the extraoral and intraoral inspection to the dental officer.

Performance Measures	<u>GO</u>	NO GO
Performed extraoral inspection.		
2. Performed intraoral inspection.		
3. Recorded findings on the patient's SF 603.		
4. Reported any abnormalities found on the extraoral and intraoral inspection to the dental officer.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None

## APPLY DESENSITIZING AGENTS 081-840-0175

**Conditions:** You are wearing a gown and gloves. You will need a tray, desensitizing agent, saliva ejector, cotton rolls, 2x2 gauze, compressed air, and a timer.

**Standards:** The desensitizing agent was applied without causing any harm to the patient.

### **Performance Steps**

- 1. Use the tray method to apply the desensitizing agent.
  - a. Place the patient in an upright position.
  - b. Dry the patient's teeth using the air/water syringe.
  - c. Place cotton rolls in the patient's mouth if the patient has excess saliva.
  - d. Use 2x2 gauze instead of the air/water syringe if the patient has hypersensitive teeth.
  - e. Cover porcelain crowns and veneers with petroleum jelly if you use acidulated phosphate fluoride (APF).

*NOTE:* Neutral sodium fluoride is preferred for patients with multiple porcelain crowns.

- 2. Place the tray in the patient's mouth.
  - a. Seat the mandibular tray first.
    - (1) Lift the patient's tongue.
    - (2) Seat the tray in the patient's mouth.
  - b. Seat the maxillary tray.
    - (1) Tell the patient not to swallow.
    - (2) Bend the saliva ejector.
    - (3) Place the ejector between the trays and under the tongue.
    - (4) Instruct the patient to gently bite on the trays to squeeze fluoride into interproximal areas.
    - (5) Instruct the patient to tilt his or her head slightly forward with the chin down so saliva will flow to the suction tip.
- 3. Time the procedure for 4 minutes.
- 4. Remove the trays.
- 5. Instruct the patient to use the saliva ejector to remove excess desensitizing agent.
- 6. Instruct the patient not to eat, drink, rinse, or smoke for 30 minutes.

Performance Measures	<u>GO</u>	NO GO
<ol> <li>Used the tray method to apply the desensitizing agent.</li> </ol>		
2. Placed the tray in the patient's mouth.		
3. Timed the procedure for 4 minutes.		
4. Removed the trays.		
<ol><li>Instructed the patient to use the saliva ejector to remove excess desensitizing agent.</li></ol>		
6. Instructed the patient not to eat, drink, rinse, or smoke for 30 minutes.		

References

Required

None

Related

**DENTAL HYGIENIST-WILKINS** 

# REMOVE CALCULUS AND STAIN DEPOSITS UTILIZING DENTAL HAND SCALING INSTRUMENTS

#### 081-840-0057

**Conditions:** You are wearing sterile gloves, a mask, eye protection, and an apron or gown. You will need a mouth mirror, an explorer, an air/water syringe, and assorted dental hand scaling instruments.

**Standards:** Calculus and stains were removed from the tooth structure with no trauma to the tooth structure or soft tissue.

## **Performance Steps**

- 1. Seat the patient.
  - a. Drape the patient.
  - b. Instruct the patient to rinse his or her mouth with mouthwash.
- 2. Position the patient.
  - a. Adjust the headrest.
  - b. Adjust the dental chair so that it is comfortable for the patient and the operator.
  - c. Adjust the dental light for maximum illumination.
  - d. Adjust the bracket table for easy access.
  - e. Adjust the suction for easy access by the operator.
  - f. Position the patient's head for scaling.
    - (1) Maxillary, chin up.
    - (2) Mandibular, chin down.
- 3. Begin calculus and stain removal.
  - a. Use a probe to determine sulcus characteristics.
  - b. Use an explorer to locate calculus and any irregularities.
  - c. Select the correct instrument.
  - d. Use the modified pen grasp.

*NOTE:* The modified pen grasp differs from the normal pen grasp in that the scaler is grasped as close as possible to the working tip.

- e. Establish a stable finger rest.
- f. Identify the cutting edge of the instrument to be used in the treatment area.
- g. Adjust angulation.
- h. Activate a working stroke.

**CAUTION:** The working edge of the scaling instrument must not penetrate more than 3 mm below the gingival level unless the tissues are distended.

- i. Use systematic overlapping strokes to remove deposits.
- j. Use the explorer to examine the treatment area as it has been debrided.
- 4. Inspect the work to ensure that all deposits are removed.

Performance Measures	<u>GO</u>	NO GO
1. Seated the patient.		
2. Positioned the patient.		
3. Began calculus and stain removal.		

Performance Measures <u>GO NO GO</u>

4. Inspected the work to ensure that all deposits were removed.

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References

Required None

# REMOVE CALCULUS AND STAIN DEPOSITS UTILIZING ULTRASONIC EQUIPMENT 081-840-0058

**Conditions:** You are wearing a mask, gloves, protective eyewear, gown, and protective hair cover. You will need an ultrasonic scaling unit, pre-op antimicrobial mouthrinse, patient protective eyewear, patient napkin with clip, protective patient drape, 4-6 pieces 4x4 gauze, 4-6 pieces 2x2 gauze, mouth mirror, saliva ejector, air water syringe tip.

**Standards:** All detectable calculus and stain were removed from the teeth without any trauma to the oral mucosa or gingiva and without any damage to tooth structure or restorations.

## **Performance Steps**

- 1. Prepare the patient.
  - a. Seat the patient.
  - b. Cover the patient napkin with the protective drape.
  - c. Have the patient rinse with antimicrobial mouthrinse for at least 30 seconds.
  - d. Have the patient put on protective eyewear.
- 2. Position the patient and adjust the chair.
  - a. Place then patient in the supine position.
  - b. Adjust the height of the chair for the comfort of the patient and operator.
  - c. Adjust the headrest. The patient's headrest should be adjusted so that direct vision can be used, if possible.

*NOTE:* The water spray created from the ultrasonic unit makes the use of the mirror for indirect vision difficult; therefore, direct vision needs to be used as often as possible.

- 3. Prepare the ultrasonic scaler.
  - a. Attach the ultrasonic unit to the water line, if using a cavitron unit.
  - b. Attach the handpiece to the line on the unit that has a water source, if using the sonic scaler.
  - c. Run water through the unit for 2 minutes to purge standing water.
  - d. Insert the instrument tip into the ultrasonic/cavitron and adjust the water spray so that there is a halo of water spray around the instrument tip.
- 4. Perform instrumentation.
  - a. Bend the saliva ejector so it fits comfortably in the patient's mouth unassisted, or have the patient hold it in his or her mouth for constant suction.
  - b. Detect the location of the calculus.
  - c. Use a modified pen grasp for the handpiece and use a finger rest near the calculus to be removed.
  - d. Bring the instrument into position before activating the rheostat.
  - e. Keep the instrument tip parallel with the long axis of the tooth at no more than 15 degrees.
  - f. Begin the stroke.
    - (1) Brush over the deposit using a vertical or diagonal stroke with a light brushlike stroke.
    - (2) DO NOT use heavy pressure because this will lessen or stop the vibrations.
    - (3) Move the tip with smooth, light, overlapping strokes.

**CAUTION:** Instrumentation of decalcified areas, caries, exposed dentin, crown margins, and restorations should NEVER be done. This could cause unnecessary pain, discomfort, or damage to the tooth or restoration.

## **Performance Steps**

- g. Release the rheostat at regular intervals to aid in water control.
- h. Complete the scaling procedure with hand instruments.
- 5. Explore for any residual calculus and remove it, as necessary.
- 6. Give post-operative instructions to the patient.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the patient.		
2. Positioned the patient and adjusted the chair.		
3. Prepared the ultrasonic scaler.		
4. Performed instrumentation.		
5. Explored for any residual calculus and removed it, as necessary.		
6. Gave post-operative instructions to the patient.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

**Required** None

# POLISH A PATIENT'S TEETH UTILIZING A PROPHYLAXIS ANGLE HANDPIECE 081-840-0063

**Conditions:** You are wearing a mask, gloves, safety glasses, hair cover, and gown. You will need a dental chair and unit, Oregon cart, prophy handpiece and cup, prophy paste, disclosing solution, cotton swabs, dental floss, pre-op mouthrinse, saliva ejector, mouth mirror and explorer, and patient drape.

**Standards:** After completing the procedure and disclosing the patient, there were no stains or plaque deposits remaining on tooth surfaces, and the patient had sustained no trauma to the gingival tissues.

- 1. Seat the patient for the polishing procedure.
  - a. Drape the patient for the procedure.
  - b. Instruct the patient to put on safety glasses.
  - c. Instruct the patient to use mouthrinse; and then, remove the rinse with the saliva ejector.
- 2. Prepare materials.
  - a. Attach the handpiece to the air hose.
  - b. Attach the prophy cup to the handpiece.
- 3. Position the patient.
  - a. Place the patient in the supine position.
  - b. Ensure the patient's head is even with the top of the headrest.
  - c. Hand the saliva ejector to the patient.
- 4. Prepare the handpiece.
  - a. Hold the handpiece with a modified pen grasp.
  - b. Fill the prophy cup with paste.
  - c. Step on the rheostat and test it for proper operation.
- 5. Polish the patient's teeth.
  - a. Bring the handpiece into the patient's mouth.
  - b. Apply the cup to the tooth surface.
  - c. Step on the rheostat.
  - d. Apply light pressure to the tooth surface.
  - e. Roll the cup from distal to mesial, applying enough pressure to flair the cup into the sulcus.
  - f. Polish the facial, lingual, and occlusal surfaces.
  - g. Allow the patient to suction excess prophy paste when needed.
- 6. Rinse the patient's mouth.
- 7. Floss all interproximal areas.
- 8. Apply disclosing solution to the teeth with cotton swabs.
- 9. Evaluate the procedure.
- 10. Rinse the patient's mouth.

Performance Measures	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Seated the patient.		
2. Prepared materials.		
3. Positioned the patient.		
4. Prepared the handpiece.		
5. Polished the patient's teeth.		
6. Rinsed the patient's mouth.		
7. Flossed all interproximal areas.		
8. Applied disclosing solution to the teeth.		
9. Evaluated the procedure.		
10. Rinsed the patient's mouth.		

#### References

**Required** None

# APPLY FLUORIDE GEL USING THE TRAY METHOD 081-840-0056

**Conditions:** You are wearing a mask, gloves, safety glasses, and gown. You will need a dental chair and unit, Oregon cart, saliva ejector, 2x2 gauze, cotton rolls, air/water syringe tip, fluoride tray, neutral sodium fluoride.

**Standards:** Fluoride gel was applied without causing any discomfort to the patient.

- 1. Prepare the patient.
  - a. Seat the patient in a completely upright position.
  - b. Explain the procedures to the patient.
  - c. Drape the patient.
  - d. Have the patient put on safety glasses.
  - e. Have the patient use mouthrinse.
- 2. Prepare the tray.
  - a. Select the correct size tray for the patient.
  - b. Fill the fluoride tray with a pencil width stripe of fluoride gel.
  - c. Blend saliva ejector into candy cane shape.
- 3. Apply the topical fluoride gel to the teeth.
  - a. If a patient is a heavy salivator, place cotton rolls by the saliva ducts.
  - b. Dry the teeth with the air syringe.
  - c. Ask the patient to keep his or her mouth open.
  - d. Insert the fluoride trays.
    - (1) Seat the mandibular tray first.
    - (2) Then, seat the maxillary tray.
  - e. Place the saliva ejector between the trays and underneath the tongue.
  - f. Ask the patient to bend his or her head forward and bring the chin down.
  - g. Time the procedure for 4 minutes.
- 4. Remove the fluoride trays.
  - a. After 4 minutes, remove the fluoride trays and the saliva ejector.
  - b. Hand the patient the saliva ejector.
  - c. Have the patient remove remaining fluoride from his or her mouth using saliva ejector.
- 5. Instruct the patient not to eat, drink, rinse, or smoke for 30 minutes.

Performance Measures	<u>GO</u>	NO GO
1. Prepared the patient.		
2. Prepared the tray.		
3. Applied the topical fluoride gel.		
4. Removed the fluoride trays after 4 minutes.		
5. Instructed the patient not to eat, drink, rinse, or smoke for 30 minutes.		

References Required

None

# INSERT A TEMPORARY RESTORATION (IRM) 081-840-0060

**Conditions:** You are wearing sterile gloves, a mask, and eye protection. You will need a spatula, a mixing pad, a condenser, cotton rolls, carvers, articulating paper and holder, excavating burs, handpieces, and temporary restorative material.

**Standards:** A temporary restoration was inserted without injury to the patient.

### **Performance Steps**

- 1. Inspect the cavity preparation to ensure that it is dry and free of debris.
- 2. Place the restorative material using either a condenser or the fingers.
- 3. Pack the material into the cavity with a condenser.
  - a. Ensure the material is tightly condensed against all of the inner surfaces.
  - b. Condense a sufficient amount of material to reestablish adequate contours and proximal contacts.
- 4. Contour and trim the temporary restoration after it has reached the initial set stage.
  - a. Create the primary anatomy with a large round excavating bur.
  - b. Use a carver to remove excess material along the gingiva and to establish functional occlusion.
  - c. Use dental floss to remove excess material from interproximal areas.
- 5. Check the occlusion of the temporary restoration with articulating paper.
- 6. Reduce any high spots with a slow-speed bur or carver.

F	Performance Measures	<u>GO</u>	<u>NO</u> GO
	1. Inspected the cavity preparation to ensure that it is dry and free of debris.		
	2. Placed the restorative material using either a condenser or the fingers.		
	3. Packed the material into the cavity with a condenser.		
	<ol> <li>Contoured and trimmed the temporary restoration after it reached the initial set stage.</li> </ol>		
	5. Checked the occlusion of the temporary restoration with articulating paper.		
	6. Reduced any high spots with a slow-speed bur or carver.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

# POLISH AN AMALGAM RESTORATION 081-840-0059

**Conditions:** You are wearing sterile gloves, a mask, eye protection, and an apron or gown. You will need slow-speed, straight, and angle handpieces; assorted finishing burs and stones; rubber polishing cups; sandpaper discs and strips; flour pumice; tin oxide; alcohol; an explorer; a mouth mirror; cotton forceps; and articulating paper with holder.

**Standards:** A dental restoration was polished without injury to the patient.

### **Performance Steps**

- 1. Inspect the dental restoration.
  - a. Check the occlusion with articulating paper.
  - b. Identify areas which may be interfacing with the patient's gingival tissue or interfering with the patient's ability to clean the tooth.
  - c. Use an explorer and dental floss to check for overcontoured proximal surfaces and overhang.
  - d. Evaluate all margins for discrepancies.
- 2. Recontour the areas identified as defective in step 1.
  - a. Remove submarginal areas with a tapered white stone at medium speed moving the stone back and forth until the restoration is flush with the enamel.
  - b. Reduce the occlusal high spots.
  - c. Smooth the occlusal margins with a finishing bur.
  - d. Remove gross areas of dental flash with a tapered green stone by using sweeping stroke to avoid "etching" the restoration.

**CAUTION:** Excess pressure or speed will cause a heat buildup which could damage the restoration or injure the patient.

e. Remove overhangs with a hand or rotary instrument.

*NOTE:* Radiographs may be helpful to access any overhangs.

- 3. Smooth all contoured surfaces with very fine sandpaper discs and strips.
- 4. Polish the restoration with flour pumice mixed with water applied rubber cups to further smooth the restoration.

Performance Measures	<u>GO</u>	NO GO
Inspected the dental restoration.		
2. Recontoured the areas identified as defective in step 1.		
<ol><li>Smoothed all contoured surfaces with very fine sandpaper discs and strips.</li></ol>		
4. Polished the restoration with flour pumice mixed with water applied rubber cups to further smooth the restoration.		

References Required None

Related MODERN DENTAL ASSISTING TC 8-20-1

# SHARPEN DENTAL HAND INSTRUMENTS FOR PREVENTIVE DENTISTRY PROCEDURES 081-840-0168

**Conditions:** You are wearing safety glasses. You will need sharpening stone (artificial or natural), lubricant stone, sharpening test stick, a firm stationary surface with permanent, and fixed lighting.

**Standards:** The sharpened scalers were returned to their original intended contour and the cutting edge was trimmed to a fine, acute edge.

### **Performance Steps**

- 1. Categorize instruments into curets and sickles.
- 2. Sharpen universal curets and scalers.
  - a. Concentrate light over the work area.
  - b. Examine cutting edges to be sharpened.
  - c. Test cutting edges for sharpness using a plastic test stick.
  - d. Position the instrument vertically with blade to be sharpened.
  - e. Stabilize the entire length of the instrument with a firm grasp in hand.
  - f. Balance the upper shank with index finger or thumb.
  - g. Point the tip or toe of the blade toward you to sharpen the right cutting edge and away from you to sharpen the opposite cutting edge.
  - h. Hold the terminal shank at 12:00.
  - i. Place the side of the stone against the right lateral surface.
  - j. Tilt the top of the stone toward you but not beyond 1:00 (11:00 for left handed operators).
  - k. Move the stone up and down in three distinct sections of the blade: heel third, middle third, and anterior third.
  - I. For curettes, rotate the instrument blade with the toe pointed at 3:00.
  - m. Aim the stone at 2:00.
  - n. Use continuous and overlapping up and down motions to round out the toe.
- 3. Sharpen Gracey curettes.
  - a. Position the instrument vertically with the blade to be sharpened at 6:00.
  - b. Check the blade.

NOTE: Only the lower blade would be sharpened.

- c. Stabilize the entire length of the instrument with a firm grasp in your nondominant hand.
- d. Counterbalance the top shank with index finger or thumb.
- e. Tilt the terminal shank toward 11:00 (1:00 for left handed operators).
- f. Hold the stone against the right lateral surface and tilt toward 1:00 (11:00 for left handed operators).
- g. Move the stone up and down in three distinct sections of the blade: heel third, middle third, and anterior third.
- h. For curettes, rotate the instrument blade toward 3:00.
- 4. Test instruments for sharpness.
  - a. Examine under adequate light.
  - b. The cutting edge, if sharp, should not reflect light.
  - c. Apply instrument blade at the correct angle for scaling; press lightly but firmly.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Categorized instruments into curets and sickles.		
2. Sharpened universal curets and sickle scalers.		
3. Sharpened Gracey curettes.		
Tested instruments for sharpness.		

#### References

Required None

# OBTAIN AN ACCURATE ALGINATE IMPRESSION OF THE MAXILLARY AND MANDIBULAR ARCHES

#### 081-840-0176

**Conditions:** You are wearing a mask and gloves. You will need alginate impression material, assorted maxillary and mandibular impression trays, spatula, rubber mixing bowl, saliva ejector, and mouthrinse.

**Standards:** Accurate dental impressions were taken without causing injury to the patient.

- 1. Place a sterile towel on the tray prior to setting up.
- 2. Place the items on the tray.
  - a. Alginate impression material.
  - b. Assorted maxillary and mandibular impression trays.
  - c. Spatula.
  - d. Rubber mixing bowl.
  - e. Saliva ejector.
  - f. Mouthrinse.
- 3. Prepare the patient.
  - a. Adjust the headrest of the chair for patient comfort.
  - b. Position the patient in an upright position.
  - c. Place a paper or linen drape on the patient.
  - d. Remove any appliances from the patient's mouth.
  - e. Have the patient rinse his or her mouth.
- 4. Take a preliminary impression.
  - a. Fill the tray with premixed alginate until it is level with the top of the tray.
  - b. Insert the filled tray into the patient's mouth.
  - c. Position the tray inside the patient's mouth, ensuring that all teeth are immersed into the alginate.
  - d. Allow the tray to remain inside the patient's mouth until the alginate sets.
  - e. Remove the tray by lifting the impression straight off the teeth.
  - f. Inspect the impression to ensure that there are no air bubbles large enough to distort the impression.
  - g. Instruct the patient to rinse out any alginate particles.

Performance Measures	<u>GO</u>	<u>NO</u> GO
1. Placed a sterile towel on the tray prior to setting up.		
2. Placed the items on the tray.		
3. Prepared the patient.		
4. Took a preliminary impression.		

References Required

None

# PROVIDE TREATMENT USING DENTAL EQUIPMENT SET, DENTAL HYGIENIST, FIELD 081-840-0180

**Conditions:** You are wearing a gown, mask, and gloves. You will need air/water syringe, toothbrush, dental floss, disclosing solution, dental instruments, 2x2 gauze, prophy paste and polishing cup, petrolatum, plastic model of the teeth, ultrasonic scaler, dental handpiece, cotton tipped applicators, mirror, explorer, and saliva ejector.

**Standards:** Dental treatment was provided using dental equipment set, dental hygienist, field without causing injury to the patient.

## **Performance Steps**

- 1. Perform PMCS on assigned equipment.
- 2. Place a sterile towel on the instrument tray prior to setting up.
- 3. Place the items on the tray.
- 4. Cover the instruments with a sterile towel after setup procedures have been accomplished.
- 5. Seat the patient.
  - a. Adjust the headrest of the chair for the patient.
  - b. Place a paper or linen drape on the patient.
- 6. Perform prophylaxis on the patient.

Performance Measures	<u>GO</u>	NO GO
Performed PMCS on assigned equipment.		
2. Placed a sterile towel on the instrument tray prior to setting up.		
3. Placed the items on the tray.		
<ol> <li>Covered the instruments with a sterile towel after setup procedures had been accomplished.</li> </ol>		
5. Seated the patient.		
6. Performed prophylaxis on the patient.		

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

#### References

RequiredRelatedNoneTC 8-20-1

## **APPENDIX A**

FIELD EXPEDIENT SQUAD BOOK

FIELD EXPEDIENT SQUAD BOOK For use of this form, see AR 350-57; the proponent agency is DCSOPS	D EXPE	:DIEN R 350-57	T SQL	JAD B	OOK agency	s DCSOF	ွ						SHEET	- Ро	w			
USER APPLICATION								s	SOLDIER'S NAME	SNAME								
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081-831-0007 Perform a Patient Care Handwash																		
081-831-0008 Put On Sterile Gloves																		
081-831-0010 Measure a Patient's Respirations																		
081-831-0011 Measure a Patient's Puise																		
081-831-0012 Measure a Patient's Blood Pressure																		
081-831-0013 Measure a Patient's Temperature																		
081-831-0018 Open the Airway																		
081-831-0019 Clear an Upper Airway Obstruction																		
081-831-0048 Perform Rescue Breathing																		
081-831-0046 Administer External Chest Compressions																		
081-833-3027 Manage Cardiac Arrest Using AED																		
081-831-0035 Manage a Convulsive and/or Seizing Patient																		
081-840-0096 Protect the Patient and Operator Through the Use of Barrier Techniques																		
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081-840-0097 Perform Four-Handed Dentistry Techniques																		
081-840-0100 Retract Soft Tissue During Dental Procedures																		
081-840-0101 Provide Suction During Dental Procedures																		
081-840-0106 Dry Operative Site With Air Syringe																		
081-840-0107 Provide Irrigation During Dental Procedures																		
081-840-0001 Expose a Dental Radiograph Using the Bisecting Angle Technique																		
081-840-0002 Expose a Dental Radiograph Using the Paralleling Technique																		
081-840-0008 Expose a Diagnostic Radiograph Using a Dental Panoramic Unit																		
081-840-0004 Prepare the Film Processing Tank																		
081-840-0003 Process Exposed Radiographs Manually																		
081-840-0126 Evaluate Radiographs for Diagnostic Value																		
081-840-0005 Mount a Full Mouth Series of Radiographs																		
081-840-0010 Prepare Alginate Impression Material																		
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081-840-0012 Prepare Intermediate Restorative Material (IRM)																		
081-840-0015 Prepare a Composite Resin																		
081-840-0099 Prepare Amalgam Restorative Material																		
081-840-0103 Prepare Varnishes, Bases, and Liners																		
081-840-0105 Prepare Dental Cements																		
081-840-0120 Prepare Elatomeric Impression Material																		
081-840-0137 Prepare Alginate Impression for Pouring																		
081-840-0019 Prepare a Dental Local Anesthetic Setup																		
081-840-0074 Prepare a Basic Dental Examination Setup																		
081-840-0122 Prepare the Dental Operatory Prior to Treatment																		
081-840-0115 Prepare the Patient for Dental Treatment																		
081-840-0116 Prepare Matrix Bands																		
081-840-0117 Perform Routine Maintenance for High and Low Speed Handpleces																		
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081-840-0123 Apply a Rubber Dam																		
081-840-0078 Dispose of Infectious Dental Waste																		
081-840-0023 Prepare a Restorative Procedure Setup																		
081-840-0025 Prepare a Dental Surgical Procedure Setup																		
081-840-0026 Prepare an Endodontic Procedure Setup																		
081-840-0081 Prepare a Prosthodontic Procedure Setup																		
081-840-0108 Prepare an Extraction Setup																		
081-840-0131 Sharpen Dental Hand Instruments																		
081-840-0142 Apply Topical Anesthetic Agents																		
081-840-0104 Provide Dental Prophylaxis With Prophy Cup and Minimal Hand Scaling to Remove Supragingival Deposits for Prits																		
081-840-0133 Make Preliminary Impressions																		
081-840-0143 Apply Topical Fluoride Preparations																		
081-840-0098 Perform Surface Disinfection																		
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081-840-0072 Sterilize Dental Items																		
081-840-0032 Process Sterilized Dental Items																		
081-840-0102 Store Dental Instruments to Maintain Sterile Conditions																		
081-840-0034 Complete SF 603 (Health Record-Dental) or SF 603A (Health Record-Dental Continuation)																		
081-840-0082 Initiate a DA Form 3444-Series (Terminal Digit File for Treatment Record) for a Dental Patient																		
081-840-0129 Chart Conditions in the Patient's Oral Cavity in the Dental Record																		
081-840-0042 Set Up the Dental Field Operating and Treatment Unit																		
081-840-0109 Assemble the Dental Field X-Ray Unit																		
081-840-0110 Operate the Dental Field X-Ray Unit																		
081-840-0112 Disassemble the Dental Field X-Ray Machine																		
081-840-0111 Pack the Dental Field X-Ray Machine																		
081-840-0124 Set Up Dental Equipment Sets																		
081-840-0127 Maintain Dental Equipment Sets																		
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081-840-0125 Pack Dental Equipment Sets																		
081-840-0134 Set Up Dental Instrument Supply Sets (DISS)																		
081-840-0136 Maintain Dental Instrument Supply Sets (DISS)																		
081-840-0135 Pack Dental Instrument Supply Sets (DISS)																		
081-840-0158 Set Up the Dental Field Surgical Scrub Sink																		
081-840-0119 Operate the Dental Field Surgical Scrub Sink																		
081-840-0156 Disassemble the Dental Field Surgical Scrub Sink																		
081-840-0157 Pack the Dental Field Surgical Scrub Sink																		
081-840-0113 Set Up the Dental Compressor/Dehydrator																		
081-840-0160 Operate the Dental Compressor/Dehydrator																		
081-840-0159 Pack the Dental Compressor/Dehydrator																		
081-840-0118 Implement Loading Plans for Dental Field Equipment																		
081-840-0114 Perform Preventive Maintenance, Checks, and Services on Field Dental Equipment																		
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081-840-0128 Maintain Stock Level for Dental Supplies and Equipment																		
Skill Level 2																		
081-840-0121 Develop Loading Plans for Dental Field Equipment																		
081-840-0139 Supervise Requisitioning, Storage, and Issuance of Dental Supplies																		
081-840-0141 Manage Preventive Maintenance Program for Dental Equipment																		
Skill Level 3																		
081-840-0130 Assist in the Development of Operational Plans for the Deployment of Dental Field Units																		
081-840-0138 Advise the Commander on Dental Field Site Selection																		
081-840-0162 Develop Training Programs for Newly Assigned Dental Personnel																		
081-840-0163 Evaluate Dental Unit Training Programs																		
081-840-0164 Assist in the Management of the Dental Clinic Operating Budget																		
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Preventive Dentistry (ASI X2)																		
081-840-0169 Prepare Patient and Equipment for Preventive Dentistry Treatment																		
081-840-0055 Perform Extraoral and Intraoral Inspection																		
081-840-0175 Apply Desensitizing Agents																		
081-840-0057 Remove Calculus and Stain Deposits Utilizing Dental Hand Scaling Instruments																		
081-840-0058 Remove Calculus and Stain Deposits Utilizing Ultrasonic Equipment																		
081-840-0063 Polish a Patient's Teeth Utilizing a Prophylaxis Angle Handpiece																		
081-840-0056 Apply Fluoride Gel Using the Tray Method																		
081-840-0060 Insert a Temporary Restoration (IRM)																		
081-840-0059 Polish an Amalgam Restoration																		
081-840-0168 Sharpen Dental Hand Instruments for Preventive Dentistry Procedures																		
081-840-0176 Obtain an Accurate Alginate Impression of the Maxillary and Mandibular Arches																		
081-840-0180 Provide Treatment Using Dental Equipment Set, Dental Hygienist, Field																		
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## **GLOSSARY**

## **ACCP**

The Army Correspondence Course Program

## **AED**

automatic external defibrillator

#### **APF**

acidulated phosphate fluoride

# **Army Training and Evaluation Program (ARTEP).**

The Army's collective training program that establishes unit training objectives critical to unit survival and performance in combat. They combine the training and the evaluation process into one integrated function. The ARTEP is a training program and not a test. The sole purpose of external evaluation under this program is to diagnose unit requirements for future training.

## **ARTEP**

Army Training and Evaluation Program

#### ASI

additional skill identifier

#### Battle focus.

A process to guide the planning, execution, and assessment of the organization's training program to ensure they train as they are going to fight.

#### **BDAR**

battle damage assessment and repair

#### **BVM**

bag-valve-mask

#### **BWX**

bite-wing x-ray

# **CBRNE**

chemical, biological, radiological, nuclear, and high-yield explosive

#### **CEEP**

Capital Expense Equipment Program

# Collective training.

Training, either in institutions or units, that prepares cohesive teams and units to accomplish their combined arms and service missions on the battlefield.

#### Common task.

A critical task that is performed by every soldier in a specific skill level regardless of MOS.

## CPR

cardiopulmonary resuscitation

# Cross training.

The systematic training of a soldier on tasks related to another duty position within the same military occupational specialty or tasks related to a secondary military occupational specialty at the same skill level.

#### **DES**

dental equipment set

#### DISS

dental instrument supply set

F

frequency; fail; failed; Fahrenheit; full

# **FMP**

family member prefix

# **FROPVD**

flow-restricted oxygen-powered ventilation device

## **IAW**

in accordance with

# Individual training.

Training which prepares the soldier to perform specified duties or tasks related to the assigned duty position or subsequent duty positions and skill levels.

# Integration training.

The completion of initial entry training in skill level 1 tasks for an individual newly arrived in a unit, but limited specifically to tasks associated with the mission, organization, and equipment of the unit to which the individual is assigned. It may be conducted by the unit using training materials supplied by the school, by troop schools, or by inservice or contract mobile training teams. In all cases, this training is supported by the school proponent.

#### **IRM**

intermediate restorative material/insert a temporary restoration (depends on use)

# IV

intravenous

#### LCN

load control number

## LPM

liters per minute

# Merger training.

Training that prepares noncommissioned officers to supervise one or more different military occupational specialties at lower skill levels when they advance to a higher level in their career management field.

#### **METL**

mission essential task list

## Mission essential task list.

A compilation of collective mission essential tasks which must be successfully performed if an organization is to accomplish its wartime mission(s).

# mm Hg

millimeters of mercury

#### MOS

military occupational specialty

## **MOSC**

military occupational specialty code

# **MTOE**

Modified Table of Organization and Equipment

#### **NBC**

nuclear, biological, and chemical

## NCO

noncommissioned officer

# **NMC**

not mission capable

## **NSN**

national stock number

## **PAX**

periapical x-ray

#### **PEA**

pulseless electrical activity

# PID

position indicating device

#### **PMCS**

preventive maintenance checks and services

#### psi

pounds per square inch

# Self-development.

Self-development is a planned, progressive, and sequential program followed by leaders to enhance and sustain their military competencies. Self-development consists of individual study, research, professional reading, practice, and self-assessment.

## **SKO**

sets, kits and outfits

#### SL

squad leader; skill level

#### SM

soldier's manual

#### **SMCT**

soldier's manual of common tasks

## SOP

standing operating procedures

# Sustainment training.

The provision of training to maintain the minimum acceptable level of proficiency required to accomplish a critical task.

## **TDA**

table of distribution and allowances

#### TG

trainer's guide

# TOC

tactical operations center

## TOE

table of organization and equipment

## Train-up.

The process of increasing the skills and knowledge of an individual to a higher skill level in the appropriate MOS. It may involve certification.

# UAL

unit authorization list

# **UFR**

unfinanced requirements

# Unit training.

Training (individual, collective, and joint or combined) conducted in a unit.

#### **XCP**

long cone

#### REFERENCES

New reference material is being published all the time. Present references, as listed below may become obsolete. To keep up-to-date, see DA Pam 25-30. Many of these publications and forms are available in electronic format from the sites listed below:

# U.S. Army Publishing Agency

Administrative Departmental Publications and Forms (ARs, Cirs, Pams, OFs, SFs, DD & DA Forms)

General Dennis J. Reimer Training and Doctrine Digital Library (RDL)

Army Doctrinal and Training Publications

(FMs, PBs, TCs, STPs)

**USACHPPM** 

Technical Bulletins – Medical (TB MEDs)

# **Required Publications**

Required publications are sources that are listed in task conditions statements and are required for the soldier to perform the task.

# **Department of Army Forms**

DA FORM 2062 Hand Receipt/Annex Number

DA FORM 2064 Document Register for Supply Actions

DA FORM 2404 Equipment Inspection And Maintenance Worksheet

DA FORM 2407 Maintenance Request

DA FORM 2407-1 Maintenance Request Continuation Sheet

DA FORM 3161 Request for Issue or Turn-In

DA FORM 3444-SERIES Terminal Digit File for Treatment Record

DA FORM 4998-R Quality Control and Surveillance Record for TOE Medical

Assemblage

DA FORM 5570 Health Questionnaire for Dental Treatment
DA FORM 5748-R Shipment Unit Packing List and Load Diagram

**Other Product Types** 

SF 603 Health Record--Dental

SF 603A Health Record--Dental Continuation

**Technical Bulletins** 

TB MED 250 Recording Dental Examinations, Diagnosis and Treatments,

and Appointment Control 28 February 1990

## **Related Publications**

Related publications are sources of additional information. They are not required in order to perform the tasks in this manual.

**Army Regulations** 

AR 40-35 Preventive Dentistry 26 March 1989

AR 40-61 Medical Logistics Policies and Procedures 25 January 1995

AR 40-66 Medical Record Administration and Health Care

Documentation 3 May 1999

**Department of Army Forms** 

DA FORM 1296 Stock Accounting Record

DA FORM 2028 Recommended Changes to Publications and Blank Forms

DA FORM 4996-R Quality Control Card
DA FORM 5164-R Hands-On Evaluation

DA FORM 5165-R Field Expedient Squad Book

**Department of Army Pamphlets** 

DA PAM 710-2-1 Using Unit Supply System (Manual Procedures)

31 December 1997

**Field Manuals** 

FM 101-5 Staff Organization and Operations 31 May 1997 FM 25-101 Battle Focused Training 30 September 1990

FM 7-0 Training the Force 22 October 2002

FM 8-38 Centralized Materiel Service/Section 28 February 1979 FM 8-55 Planning for Health Service Support 9 September 1994

**Other Product Types** 

DA LABEL 162 Emergency Medical Identification Symbol

**Soldier Training Publications** 

STP 21-1-SMCT Soldier's Manual of Common Tasks Skill Level 1

1 October 2001

STP 21-24-SMCT Soldier's Manual of Common Tasks (SMCT) Skill Levels 2-4

1 October 2001

**Special Texts (Suggested Reading)** 

BASIC NURSING Rosdahl, Textbook of Basic Nursing, 6th Edition, Lippincott

1 August 1997

BTLS FOR PARAMEDICS Campbell, Basic Trauma Life Support for Paramedics and

Other Advanced Providers, 4th Edition, Prentice Hall. 1

August 1999

DENTAL HYGIENIST-WILKINS Wilkins, Clinical Practice of the Dental Hygienist, 8th Edition,

Lippincott Williams & Wilkins (ISBN 0683303627)

1 May 1999

DENTAL RADIOGRAPHY de Lyre and Johnson, Essentials of Dental Radiography for

Dental Assistants and Hygienists, 5th Edition, Appleton &

Lange (ISBN 0838520251) 1 January 1995

EMERGENCY CARE O'Keefe (Editor), Brady Emergency Care, 8th Edition,

Prentice Hall 1 July 1997

MODERN DENTAL ASSISTING Ehrlich (et. al.), Torres and Ehrlich Modern Dental Assisting,

6th Edition, Saunders W B Co (ISBN 0721695299)

1 January 2001

**Technical Bulletins** 

TB MED 266 Disinfection and Sterilization of Dental Instruments and

Materials 31 May 1995

TB MED 521 Occupational Environmental Health: Management and

Control of Diagnostic, Therapeutic, and Medical Research X-

Ray Systems & Facilities 26 February 2002

**Training Circulars** 

TC 8-20-1 Dental Specialist 30 September 1993

# **STP 8-91E15-SM-TG 13 FEBRUARY 2003**

By Order of the Secretary of the Army:

ERIC K. SHINSEKI General, United States Army Chief of Staff

Official:

JOEL B. HUDSON Administrative Assistant to the Secretary of the Army 0303506

Joel B. Hulm

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