

STP 8-91E15-SM-TG

SOLDIER'S MANUAL AND TRAINER'S GUIDE

**MOS 91E
DENTAL SPECIALIST**



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



HEADQUARTERS, DEPARTMENT OF THE ARMY

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

ABOUT THIS ADOBE ACROBAT MANUAL

The Adobe Acrobat version of this soldier's manual was produced from the original word processing files used for the printed version. The content should be identical. However, the original files were converted to MS Word and reformatted to facilitate conversion. This resulted in differences in how the pages appear in the manual.

This conversion was done by the Advanced Training Office, AHS. If you find any significant differences between this manual and the printed version or have recommendations for improving the usability of this manual, send your comments to:

richard.barcus@amedd.army.mil

**SOLDIER TRAINING PUBLICATION
No. 8-91E15-SM-TG**

**HEADQUARTERS
DEPARTMENT OF THE ARMY
Washington, DC, 23 December 1993**

**SOLDIER'S MANUAL
SKILL LEVELS 1/2/3/4/5
AND TRAINER'S GUIDE**

**MOS 91E
DENTAL SPECIALIST**

TABLE OF CONTENTS

	<u>Page</u>
PREFACE	iv
CHAPTER 1. INTRODUCTION	1-1
CHAPTER 2. TRAINER'S GUIDE (TG)	2-1
CHAPTER 3. MOS SKILL LEVEL TASKS	3-1
Subject Area 1: General Medical	
081-831-0007 Perform a Patient Care Handwash	3-1
081-831-0008 Put on and Remove Sterile Gloves	3-4
081-831-0013 Measure and Record a Patient's Temperature	3-8
081-831-0011 Measure and Record a Patient's Pulse	3-11
081-831-0012 Measure and Record a Patient's Blood Pressure	3-14
081-831-0018 Open the Airway	3-18
081-831-0019 Clear an Upper Airway Obstruction	3-21
081-831-0048 Perform Rescue Breathing	3-26
081-831-0046 Administer External Chest Compressions	3-29

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

*This publication supersedes STP 8-91E15-SM-TG, 5 December 1990.

STP 8-91E15-SM-TG

Subject Area 2: Radiology

081-840-0001	Expose a Dental Radiograph Using the Bisecting Angle Technique	3-35
081-840-0002	Expose a Dental Radiograph Using the Paralleling Technique	3-37
081-840-0003	Process Exposed Radiographs Manually	3-39
081-840-0004	Prepare the Film Processing Tank	3-42
081-840-0005	Mount a Full Mouth Series of Radiographs	3-44
081-840-0008	Expose a Diagnostic Radiograph Using a Dental Panoramic Unit	3-46

Subject Area 3: Dental Materials

081-840-0010	Prepare Alginate Impression Material	3-51
081-840-0011	Prepare Rubber Base Impression Material	3-53
081-840-0012	Prepare Intermediate Restorative Material (IRM)	3-54
081-840-0015	Prepare a Composite Resin	3-56
081-840-0016	Prepare Zinc Phosphate Cement	3-58
081-840-0017	Prepare Zinc Polycarboxylate Cement (ZPC)	3-60

Subject Area 4: General Duties

081-840-0018	Perform Clinical Procedures Prior to Treatment	3-62
081-840-0074	Prepare a Basic Dental Examination Setup	3-64
081-840-0019	Prepare a Dental Local Anesthetic Setup	3-66

Subject Area 5: Specific Duties

081-840-0023	Prepare a Restorative Procedure Setup	3-69
081-840-0025	Prepare a Dental Surgical Procedure Setup	3-71
081-840-0026	Prepare an Endodontic Procedure Setup	3-74
081-840-0081	Prepare a Prosthodontic Procedure Setup	3-76

Subject Area 6: Oral Health

081-840-0030	Provide Oral Fitness Instruction	3-80
081-840-0083	Perform a Bacterial Plaque Index	3-84

Subject Area 7: Sterilization

081-840-0032	Process Sterilized Dental Items	3-86
081-840-0041	Clean the Steam Sterilizer (Autoclave)	3-89
081-840-0069	Prepare Dental Items for Sterilization	3-91
081-840-0070	Perform Clinical Chemical Disinfection of Dental Items	3-94
081-840-0072	Sterilize Dental Items	3-98
081-840-0078	Dispose of Infectious Dental Waste	3-101

Subject Area 8: Dental Records

081-840-0034	Complete SF 603 (Health Record--Dental) or SF 603A (Health Record--Dental Continuation)	3-105
081-840-0035	Maintain the Dental Health Record File	3-108
081-840-0082	Initiate a DA Form 3444-Series (Terminal Digit File for Treatment Record) for a Dental Patient	3-111

CHAPTER 4. DUTY POSITION TASKS

Subject Area 9: Preventive Dentistry (ASI X2)

081-840-0055	Inspect a Patient's Oral Cavity	4-1
081-840-0056	Apply Fluoride Gel Using the Tray Method	4-3
081-840-0057	Remove Calculus and Stain Deposits Utilizing Dental Hand Scaling Instruments	4-5
081-840-0058	Remove Calculus and Stain Deposits Utilizing Ultrasonic Equipment	4-7
081-840-0059	Polish an Amalgam Restoration	4-9
081-840-0060	Insert a Temporary Restoration	4-11
081-840-0063	Polish a Patient's Teeth Utilizing the Prophylaxis Angle Handpiece	4-13
081-840-0064	Take Preliminary Impressions	4-15
081-840-0065	Treat Acute Necrotizing Ulcerative Gingivitis (ANUG)	4-17
081-840-0073	Prepare a Prophylaxis Procedure Setup	4-19

GLOSSARY

GLOSSARY-1

REFERENCES

REFERENCE-1

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 which 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. It should be made available in the soldier's work area, unit learning center, and unit libraries.

This manual applies to both Active and Reserve Component soldiers.

The proponent of this publication is the US Army Medical Department Center and School. Send comments and recommendations on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, US Army Medical Department Center and School, ATTN: HSMC-FTD-P, Fort Sam Houston, TX 78234-6100.

CHAPTER 1

INTRODUCTION

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 which integrate soldier, leader, and collective tasks.

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.

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. The self-development test (SDT) is an evaluation of the NCO's knowledge of the entire MOS, as well as leadership and training management. The SM is an important study reference for the NCO to use in preparing for the SDT.

Another important resource for NCO self-development is the Army Correspondence Course Program (ACCP). Refer to DA Pamphlet 351-20 for information on enrolling in this program and for a list of courses, or write to: Commander, Academy of Health Sciences, US Army, ATTN: HSHA-MEC, Fort Sam Houston, TX 78234-6100.

STP 8-91E15-SM-TG

TRAINING SUPPORT

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

- o Glossary. The glossary, which follows the last appendix, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.

- o 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 help a trainer prepare for the task and are not required to perform the task.

TRAINER'S GUIDE (TG)

GENERAL

The TG 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 TG is intended as a guide for conducting unit training and not as a rigid standard.

The TG provides information necessary for planning training requirements for the MOS. The TG--

- o Identifies subject areas in which soldiers must be trained.
- o Identifies critical tasks for each subject area.
- o Specifies where soldiers are initially trained on each task.
- o Recommends how often to train each task to sustain proficiency.
- o Recommends a strategy for cross-training soldiers.
- o Recommends a strategy for training soldiers to perform higher level tasks.

BATTLE FOCUSED TRAINING

As described in FM 25-100, 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. Once the long- and short-range plans are prepared, 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.

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 skill level 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.

STP 8-91E15-SM-TG

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.

The diagram on the following page shows the relationship between battle focused training and the use of the TG and SM. The left-hand side of the diagram shows the process of soldier training taken from FM 25-101 while the right side of the diagram shows how the STP supports each step of this process.

TRAINER'S RESPONSIBILITIES

Training soldier and leader tasks to standard and relating this training to collective mission-essential tasks is the responsibility of NCO trainers. Trainers use the steps below to plan and evaluate training.

- o 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.

- o 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.

- o 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.

- o 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.

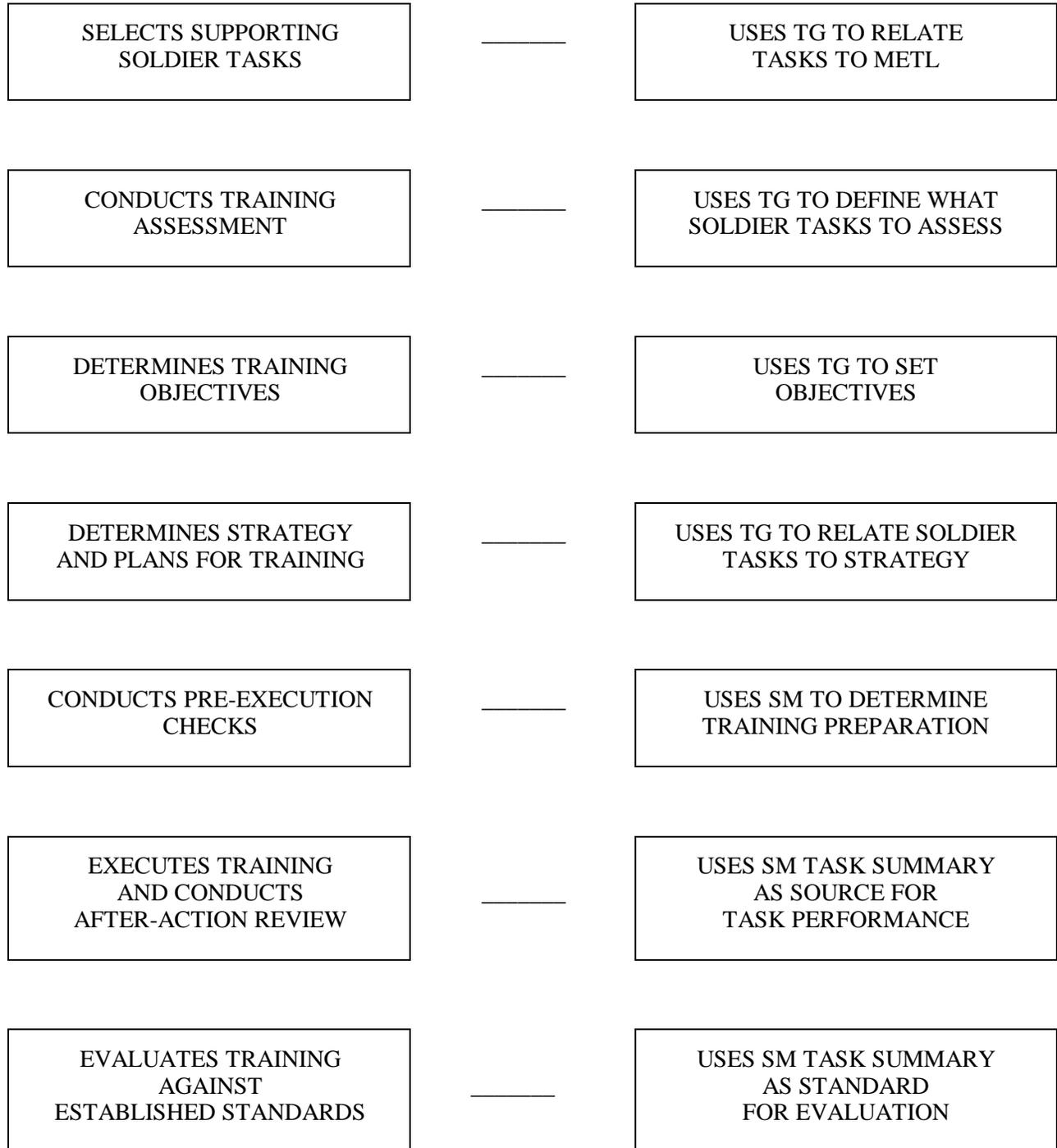
- o Train each soldier. Show the soldier how the task is done to standard and explain step-by-step how to do the task. Give each soldier at least one chance to do the task step-by-step.

- o Emphasize training in mission-oriented protective posture (MOPP) level 4 clothing. Soldiers have difficulty performing even the very simple tasks in a nuclear/chemical 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 nuclear/chemical environment.

- o 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, hand-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.

BATTLE-FOCUS PROCESS

STP SUPPORT PROCESS



STP 8-91E15-SM-TG

- o 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.

- o Retrain and evaluate. Work with each soldier until he or she can perform the task to specific SM standards.

EVALUATION GUIDE

An evaluation guide exists for each task summary in the SM. Trainers use the evaluation guides year-round to determine if soldiers can perform their critical tasks to SM standards. Each evaluation guide contains one or more performance measures which identify what the trainer needs to observe to score a soldier's performance. Each step is clearly identified by a "P" (Pass) and "F" (Fail), located under the "Results" column on each evaluation guide. Some tasks involve a process which the trainer must observe as the soldier performs the task. For other tasks, the trainer must evaluate an "end product" resulting from doing the task. Following are some general points about using the evaluation guide to evaluate soldiers:

- o Review the guide to become familiar with the information on which the soldier will be scored.
- o Ensure that the necessary safety equipment and clothing needed for proper performance of the job are on hand at the training site.
- o Prepare the test site according to the conditions section of the task summary. Some tasks may contain special evaluation preparation instructions. These instructions tell the trainer what modifications must be made to the job conditions to evaluate the task. Reestablish the test site to the original requirements after evaluating each soldier to ensure that conditions are the same for each soldier.
- o Advise each soldier of the information in the Brief Soldier section of the task summary, if applicable, before evaluating.
- o 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 steps, show what was done wrong and how to do it correctly.
- o Record the date and task performance ("GO" or "NO-GO") in the leader book.

TRAINING TIPS FOR THE TRAINER

1. Prepare yourself.

- o Get training guidance from your chain of command on when training must take place, what soldiers should be trained, availability of resources, and a training site.

- o Get the training objective (task conditions and standards) from the task summary in this manual.
 - o 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.
 - o Choose a training method.
 - o Prepare a training outline consisting of informal notes on what you want to cover during your training session.
 - o Practice your training presentation.
2. Prepare the resources.
- o Obtain required resources as identified in the conditions statement for each task.
 - o Gather equipment and ensure it is operational.
 - o Coordinate for use of training aids and devices.
 - o Prepare the training site according to the conditions statement and evaluation preparation section of the task summary, as appropriate.
3. Prepare the soldiers.
- o Tell the soldier what task to do and how well it must be done. This is found in the standard statement and evaluation preparation section for each task, as appropriate.
 - o Caution soldiers about safety, environment, and security.
 - o Provide any necessary training on basic skills that soldiers must have before they can be trained on the task.
 - o 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.
4. Train the soldiers who failed the pretest.
- o 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 training materials.
 - o Have soldiers practice the task until they can perform it to SM standards.
 - o Evaluate each soldier using the evaluation guide.

STP 8-91E15-SM-TG

- o 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.

5. Record results in the leader book.

MILITARY OCCUPATIONAL SPECIALTY TRAINING PLAN

One of the key components of the TG is the MOS Training Plan (MTP). The MTP has two parts to assist the commander in preparing a unit training plan which satisfies integration, cross-train, train-up, and sustainment training requirements for soldiers in this MOS.

PART ONE

Part one of the MTP shows the relationship of an MOS skill level between duty position and critical tasks. The critical tasks are grouped by task commonality into subject areas. Section I lists subject area numbers and titles used throughout the MTP. Section II defines the training requirements for each duty position within an MOS and provides a recommendation for cross-training and train-up/merger training.

- o Duty position column--contains the MOS duty position, by skill level, which have different training requirements.

- o Subject area column--lists by subject area number, the subject areas in which the soldier must be proficient for that duty position.

- o Cross-train column--lists the recommended duty position for which soldiers should be cross-trained.

- o Train-up/merger column--lists the corresponding duty position for the next higher skill level or MOS the soldier will merge into upon promotion.

PART TWO

Part two lists by subject areas, each critical task to be trained in an MOS, task number, task title, location, sustainment training frequency, and training SL.

- o Subject area column--lists the subject area number and title in the same order as in the MTP, Part One, Section I.

- o Task number column--lists the task numbers for all tasks included in the subject area.

- o Task title column--lists the task title.

- o Training location column--identifies the training location where the task is first trained to STP standards. If the task is first trained to standard in the unit, the work "Unit" will be in this column. If the task is first trained to standard in the training base, it will identify the resident course where the task was taught.

Figure 2-1 contains a list of training locations and their brevity codes.

AIT	-	Advanced Individual Training
ANC	-	Advanced NCO Course (ANCOC)
BNC	-	Basic NCO Course (BNCOC)
BCT	-	Basic Combat Training
IET	-	Initial Entry Training
OSUT	-	One Station Unit Training
PDC	-	Preventive Dentistry Course
PLDC	-	Primary Leadership Development Course
SGMA	-	U.S. Army Sergeants Major Academy
UNIT	-	Trained in the Unit

Figure 2-1. Training locations.

o Sustainment training frequency column--indicates the recommended frequency at which tasks should be trained to ensure the soldier maintains task proficiency. Figure 2-2 identifies the frequency codes to use in this column.

AN	-	annually
BM	-	bimonthly (once every two months)
MO	-	monthly
QT	-	quarterly
SA	-	semiannually

Figure 2-2. Sustainment training frequency codes.

o Sustainment training skill level column--lists the skill levels of the MOS for which soldiers must receive sustainment training to ensure they maintain proficiency to SM standards.

o A chart at the end of the MTP indicates the ARTEPs which the individual critical tasks support. This establishes the crosswalk between individual and collective training.

MOS TRAINING PLAN

MOS 91E

PART I. SUBJECT AREAS AND DUTY POSITIONS

SECTION 1. SUBJECT AREA CODES

- | | |
|---------------------|----------------------------------|
| 1. General Medical | 6. Oral Health |
| 2. Radiology | 7. Sterilization |
| 3. Dental Materials | 8. Dental Records |
| 4. General Duties | 9. Preventive Dentistry (ASI X2) |
| 5. Specific Duties | |

MOS TRAINING PLAN

MOS 91R

PART I. SUBJECT AREAS AND DUTY POSITIONS

SECTION 2. DUTY POSITION TRAINING REQUIREMENTS

	DUTY POSITION	SUBJECT AREAS	CROSS TRAIN	TRAIN-UP/MERGER
SL 1	Dental Specialist	1-8	NA	NA
	Preventive Dentistry Specialist	1-9	NA	NA
SL 2	Dental NCO	1-8	NA	NA
	Preventive Dentistry NCO	1-9	NA	NA
SL 3	Dental Facility NCO	1-8	NA	NA
SL 4	Chief Dental Facility NCO	1-8	NA	NA
SL 5	Senior Dental NCO	1-8	NA	NA

MOS TRAINING PLAN

PART II. Critical Tasks

Skill Level 1, MOS 91E

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
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
	081-831-0013	Measure a Patient's Temperature	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
	081-831-0018	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
2. Radiology	081-840-0001	Expose a Dental Radiograph Using the Bisecting Angle Technique	AIT	AN	1-5
	081-840-0002	Expose a Dental Radiograph Using the Paralleling Technique	AIT	AN	1-5
	081-840-0003	Process Exposed Radiographs Manually	AIT	AN	1-5
	081-840-0004	Prepare the Film Processing Tank	AIT	AN	1-5
	081-840-0005	Mount a Full Mouth Series of Radiographs	AIT	AN	1-5
	081-840-0008	Expose a Diagnostic Radiograph Using a Dental Panoramic Unit	AIT	AN	1-5
3. Dental Materials	081-840-0010	Prepare Alginate Impression Material	AIT	AN	1-5
	081-840-0011	Prepare Rubber Base 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
	081-840-0016	Prepare Zinc Phosphate Cement	AIT	AN	1-5
	081-840-0017	Prepare Zinc Polycarboxylate Cement (ZPC)	AIT	AN	1-5
4. General Duties	081-840-0018	Perform Clinical Procedures Prior to Treatment	AIT	AN	1-5
	081-840-0074	Prepare a Basic Dental Examination Setup	AIT	AN	1-5
	081-840-0019	Prepare a Dental Local Anesthetic Setup	AIT	AN	1-5
5. 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
6. Oral Health	081-840-0030	Provide Oral Fitness Instruction	AIT	AN	1-5
	081-840-0083	Perform a Bacterial Plaque Index	AIT	AN	1-5

PART II. Critical Tasks**Skill Level 1, MOS 91E**

7. Sterilization	081-840-0032	Process Sterilized Dental Items	AIT	AN	1-5
	081-840-0041	Clean the Steam Sterilizer (Autoclave)	AIT	AN	1-5
	081-840-0069	Prepare Dental Items for Sterilization	AIT	AN	1-5
	081-840-0070	Perform Clinical Chemical Disinfection of Dental Items	AIT	AN	1-5
	081-840-0072	Sterilize Dental Items	AIT	AN	1-5
	081-840-0078	Dispose of Infectious Dental Waste	AIT	AN	1-5
8. Dental Records	081-840-0034	Complete SF 603 (Health Record--Dental) or SF 603A (Health Record--Dental Continuation)	AIT	AN	1-5
	081-840-0035	Maintain the Dental Health Record File	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
9. Preventive Dentistry (ASI X2)	081-840-0055	Inspect a Patient's Oral Cavity	PDC	AN	1-2
	081-840-0056	Apply Fluoride Gel Using the Tray Method	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
	081-840-0059	Polish an Amalgam Restoration	PDC	AN	1-2
	081-840-0060	Insert a Temporary Restoration (IRM)	PDC	AN	1-2
	081-840-0063	Polish a Patient's Teeth Utilizing a Prophylaxis Angle Handpiece	PDC	AN	1-2
	081-840-0064	Take Preliminary Impressions	PDC	AN	1-2
	081-840-0065	Treat Acute Necrotizing Ulcerative Gingivitis (ANUG)	PDC	AN	1-2
	081-840-0073	Prepare a Prophylaxis Procedure Setup	PDC	AN	1-2

STP 8-91E15-SM-TG

ARTEP/SM CROSS-REFERENCE LIST				
MOS 91E				
ARTEPS	026-30 027-30 057-30 058-30 457-30	478-30	705 725	715
TASK NUMBER				
081-831-0007	X	X	X	X
081-831-0008	X	X	X	X
081-831-0011				
081-831-0012				
081-831-0013				
081-831-0018		X	X	X
081-831-0019		X	X	X
081-831-0046		X	X	X
081-831-0048		X	X	X
081-840-0001	X	X	X	X
081-840-0002	X	X	X	X
081-840-0003	X	X	X	X
081-840-0004	X	X	X	X
081-840-0005	X	X	X	X
081-840-0008	X	X	X	X
081-840-0010	X	X	X	X
081-840-0011		X		
081-840-0012		X		
081-840-0015		X		
081-840-0016		X		
081-840-0017		X		
081-840-0018	X	X	X	X
081-840-0019	X	X	X	X
081-840-0023	X	X	X	X
081-840-0025	X	X	X	X
081-840-0026	X	X	X	X
081-840-0030	X	X	X	X
081-840-0032	X	X	X	X
081-840-0034		X		
081-840-0035		X		
081-840-0041	X	X	X	X
081-840-0055	X	X	X	X
081-840-0056	X	X	X	X
081-840-0057	X	X	X	X

ARTEP/SM CROSS-REFERENCE LIST

MOS 91E

ARTEPS	026-30	478-30	705	715
	027-30		725	
	057-30			
	058-30			
	457-30			

TASK NUMBER

081-840-0058				
081-840-0059			X	
081-840-0060	X		X	X
081-840-0063			X	
081-840-0064			X	
081-840-0065	X	X	X	X
081-840-0069	X	X	X	X
081-840-0070	X	X	X	X
081-840-0072	X	X	X	X
081-840-0073		X	X	X
081-840-0074	X	X	X	X
081-840-0078	X	X	X	X
081-840-0081				X
081-840-0082				
081-840-0083				X

CHAPTER 3

MOS SKILL LEVEL TASKS

081-831-0007

PERFORM A PATIENT CARE HANDWASH**CONDITIONS**

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

STANDARDS

The patient care handwash is performed without recontaminating the hands.

TRAINING/EVALUATION*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.

*Evaluation Guide***Performance Measures****Results**

- | | |
|---|--------|
| 1. Removes wristwatch and jewelry, if applicable. | P F |
|---|--------|

NOTE: The wearing of rings should be minimized. If rings are worn, for example wedding rings, they should be of simple design with few crevices for harboring bacteria. Fingernails should be clean, short, and free of nail polish.

- | | |
|---|--------|
| 2. Rolls shirt sleeves to above the elbows, if applicable. | P F |
| 3. Prepares to perform the handwash. | P F |
| a. With running water. Turns on warm water. | |
| b. Without running water. Sets up the basins and opens the canteen. | |

STP 8-91E15-SM-TG

Performance Measures

Results

- | | | |
|---|---|---|
| 4. Wets the hands, wrists, and forearms. | P | F |
| a. With running water. Holds the hands, wrists, and forearms under running water. | | |
| b. Without running water. Fills one basin with enough water to cover the hands and refills the canteen. | | |

- | | | |
|---|---|---|
| 5. Covers the hands, wrists and forearms with soap. | P | F |
|---|---|---|

NOTE: For routine patient care, regular hand soap may be used. If an invasive procedure (for example, catheterization or injection) is to be performed, antimicrobial soap must be used.

- | | | |
|---|---|---|
| 6. Washes the hands, wrists, and forearms. | P | F |
| a. Uses a circular scrubbing motion, going from the fingertips toward the elbows. | | |
| b. Gives particular attention to creases and folds in the skin. | | |
| c. Washes ring(s), if present. | | |

- | | | |
|---|---|---|
| 7. Rinses the hands, wrists, and forearms. | P | F |
| a. With running water. | | |
| (1) Holds the hands higher than the elbows under running water until all soap is removed. | | |
| (2) Does not touch any part of the sink or faucet. | | |
| b. Without running water. | | |

NOTE: If an assistant is available, he or she should help by pouring the canteen water over the hands.

- | | | |
|---|--|--|
| (1) Uses a clean towel to grasp the canteen with one hand. | | |
| (2) Rinses the other hand, wrist, and forearm, letting the water run into the empty basin. The hands are held higher than the elbows. | | |

Performance Measures	Results	
(3) Repeats the process for the other arm.		
(4) Does not touch any dirty surfaces while rinsing.		
8. Dries the hands, wrists, and forearms.	P	F
a. Uses a towel to dry one arm from the fingertips to the elbow without retracing the path with the towel.		
b. Disposes of the towel properly without dropping the hand below waist level.		
c. Repeats the process for the other arm using another towel.		
9. Uses a towel to turn off the running water, if applicable.	P	F
10. Reinspects the fingernails, and cleans them and rewashes the hands, if necessary.	P	F

REFERENCES:	<i>Required</i>	<i>Related</i>
	NONE	FM 8-230

081-831-0008

PUT ON AND REMOVE STERILE GLOVES

CONDITIONS

Necessary materials and equipment: handwashing facilities, sterile gloves, and a flat, clean, dry surface.

STANDARDS

Sterile gloves are put on and removed without contaminating self or the gloves.

TRAINING/EVALUATION

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 sterile gloves.

Evaluation Guide

Performance Measures

Results

- | | | |
|---|---|---|
| 1. Selects and inspects the package. | P | F |
| a. Selects the proper size of glove. | | |
| b. Inspects the package for possible contamination. | | |
| (1) Water spots. | | |
| (2) Moisture. | | |
| (3) Tears. | | |
| (4) Any other evidence that the package is not sterile. | | |
| 2. Performs a patient care handwash. | P | F |

Performance Measures	Results
3. Opens the sterile package.	P F
a. Places the package on a flat, clean, dry surface in the area where the gloves are to be worn.	
b. Peels the outer wrapper open to completely expose the inner package.	
4. Positions the inner package.	P F
a. Removes the inner package touching only the folded side of the wrapper.	
b. Positions the package so that the cuff end is nearest the soldier.	
5. Unfolds the inner package.	P F
a. Grasps the lower corner of the package.	
b. Opens the package to a fully flat position without touching the gloves.	
6. Exposes both gloves.	P F
a. Grasps the lower corners or designated areas on the folder.	
b. Pulls gently to the side without touching the gloves.	
7. Puts on the first glove.	P F
a. Grasps the cuff at the folded edge and removes it from the wrapper.	
b. Steps away from the table or tray.	
c. Keeping the hands above the waist, inserts the fingers of the other hand into the glove.	
d. Pulls the glove on touching only the exposed inner surface of the glove.	

NOTE: If there is difficulty in getting the fingers fully fitted into the glove fingers, the adjustment should be made after both gloves are on.

STP 8-91E15-SM-TG

Performance Measures

Results

8. Puts on the second glove. P F
- a. Inserts the fingertips of the gloved hand under the edge of the folded over cuff.

NOTE: The gloved thumb may be kept up and away from the cuff area or may be inserted under the edge of the folded over cuff with the fingertips.

- b. Keeping the hands above the waist, inserts the fingers of the ungloved hand into the glove.
 - c. Pulls the glove on.
 - d. Does not contaminate either glove.
9. Adjusts the gloves to fit properly. P F
- a. Grasps and picks up the glove surfaces on the individual fingers to adjust them.
 - b. Picks up the palm surfaces and works the fingers and hands into the gloves.
 - c. Interlocks the gloved fingers and works the gloved hands until the gloves are firmly on the fingers.

NOTE: If either glove tears while putting them on or adjusting the gloves, both gloves must be removed and the procedure must be repeated.

10. Removes the gloves. P F
- a. Grasps one glove at the heel of the hand with the other gloved hand.
 - b. Peels off the glove, retaining it in the palm of the gloved hand.
 - c. Reaches under the cuff of the remaining glove with one or two fingers of the ungloved hand.
 - d. Peels off the glove over the glove being held in the palm.
 - e. Does not contaminate self.

Performance Measures

Results

<p>CAUTION</p> <p>Does not "snap" the gloves while removing them.</p>
--

11. Discards the gloves IAW local SOP.

P F

12. Performs a patient care handwash.

P F

REFERENCES:

Required

Related

NONE

NONE

081-831-0013

MEASURE AND RECORD A PATIENT'S TEMPERATURE

CONDITIONS

You have performed a patient care handwash. Necessary materials and equipment: disinfected oral and rectal thermometers, thermometer canisters marked "used," water soluble lubricant, gauze pads, a watch, and appropriate form.

STANDARDS

The patient's temperature is recorded to the nearest 0.2° F.

TRAINING/EVALUATION

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.

Evaluation Guide

Performance Measures

Results

1. Determines which site to use.

P F

a. Oral--when the patient is conscious, can follow directions, and can breathe normally through the nose.

CAUTION

Does 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.

Performance Measures

Results

b. Rectal--when the oral site is ruled out by the patient's condition or when the patient is unconscious.

CAUTION

Does not take a rectal temperature on a patient with a cardiac condition, diarrhea, a rectal disorder such as hemorrhoids, or recent rectal surgery.

c. Axillary--when the patient's condition rules out using the other two methods.

2. Selects the proper thermometer. P F

a. An oral thermometer has a blue tip and may be labeled "Oral".

b. A rectal thermometer has a red tip and may be labeled "Rectal".

c. Axillary temperatures are taken with oral thermometers.

3. Explains the procedure and positions the patient. P F

a. Oral temperature. The patient should be seated or lying face up.

b. Rectal temperature. The patient should be lying on either side with the top knee flexed.

c. Axillary temperature. The patient should be lying face up with the armpit exposed.

4. Measures the temperature. P F

a. Shakes the thermometer down to below 94° F.

b. Places the thermometer at the proper site.

(1) Oral. Places it in the heat pocket under the tongue. Tells the patient to close the lips and not to bite down.

STP 8-91E15-SM-TG

Performance Measures

Results

- (2) Rectal. Inserts the thermometer 1 to 2 inches into the rectum.

CAUTION

Lubricates the tip prior to insertion. Holds the thermometer in place.

(3) Axillary. Pats the armpit dry and then places the bulb end in the center, with the glass tip protruding to the front of the patient's body. Places the arm across the chest.

- c. Leaves the thermometer in place for the required time.

- (1) Oral--at least 3 minutes.
- (2) Rectal--at least 2 minutes.
- (3) Axillary--at least 10 minutes.

- | | | |
|---|---|---|
| 5. Removes the thermometer and wipes it down with a gauze square. | P | F |
| 6. Reads the scale. | P | F |
| 7. Puts the thermometer in the proper "used" canister. | P | F |
| 8. Records the temperature to the nearest 0.2° F on the appropriate form and reports any abnormal temperature change immediately to the supervisor. | P | F |

NOTE: The normal temperature range is:

- Oral - 97.0° F to 99.0° F
- Rectal - 98.0° F to 100.0° F
- Axillary - 96.0° F to 98.0° F

NOTE: An axillary temperature is recorded with an "A" on the patient record. A rectal temperature is recorded with an "R" on the patient record.

REFERENCES:

Required

Related

NONE

FM 8-230

081-831-0011

MEASURE AND RECORD A PATIENT'S PULSE

CONDITIONS

Necessary materials and equipment: a watch, stethoscope, and appropriate form.

STANDARDS

The patient's pulse is counted for 1 full minute. Any abnormalities in pulse rate, rhythm, and strength are identified.

TRAINING/EVALUATION

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.

Evaluation Guide

Performance Measures

Results

- | | |
|---|--------|
| 1. Positions the patient so that the pulse site is accessible. | P F |
| 2. Palpates the pulse site. | P F |
| a. Places the tips of the index and middle fingers on the pulse site. | |

NOTE: A stethoscope must be used to monitor the apical site.

- | | |
|---|--|
| b. Presses the fingers, using moderate pressure, to feel the pulse. | |
|---|--|

- | | |
|--|--------|
| 3. Counts for 1 full minute and evaluates the pulse. | P F |
|--|--------|

NOTE: To detect irregularities, it is necessary to count for 1 full minute.

- | | |
|---|--|
| a. Pulse rate. | |
| (1) Normal adult rate--60 to 80 beats per minute. | |

Performance Measures

Results

- (2) Bradycardia--less than 50 beats per minute.
- (3) 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, a second pulse should be taken at the carotid, femoral, or apical site. (See Figure 3-1.)

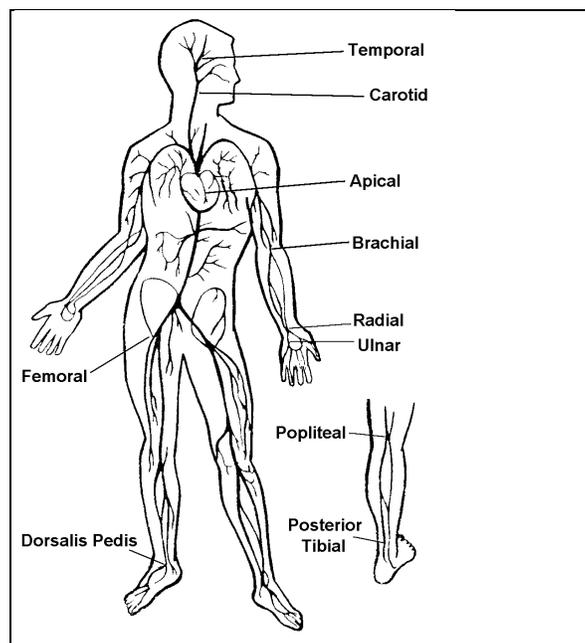


Figure 3-1

Performance Measures

Results

c. Pulse strength.

(1) Strong.

(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--difficult to find.

4. Records the rate, rhythm, strength, and any significant deviations from normal on the appropriate form.

P F

5. Reports any significant pulse abnormalities to the supervisor immediately.

P F

REFERENCES:

Required

Related

NONE

NONE

MEASURE AND RECORD A PATIENT'S BLOOD PRESSURE

CONDITIONS

Necessary materials and equipment: sphygmomanometer, clean stethoscope, and appropriate form.

STANDARDS

The patient's blood pressure is measured and is recorded on the appropriate form.

TRAINING/EVALUATION

Evaluation Preparation

Setup: A double stethoscope should be used, if available. A tolerance of ± 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 ± 4 mm Hg standard. You will allow the soldier to retake the blood pressure at least once if the soldier feels 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.

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Explains the procedure to the patient, if necessary. | P | F |
| a. The length of time the procedure will take. | | |
| b. The site to be used. | | |
| c. The physical sensations the patient will feel. | | |
| 2. Checks the equipment. | P | F |
| a. Ensures that the cuff is deflated completely and fully retightens the thumbscrew. | | |
| b. Ensures the sphygmomanometer gauge reads zero. | | |

Performance Measures

Results

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, the blood pressure can be measured 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). The cuff is applied at mid-thigh, and the stethoscope is placed over the popliteal artery. The remainder of the procedure is the same as for the brachial artery site.

- | | | |
|--|---|---|
| 3. Positions the patient. | P | F |
| a. Places 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. Places the patient's arm palm up at approximately heart level. Supports the arm so it is relaxed.

- | | | |
|---|---|---|
| 4. Places the cuff at the brachial artery site. | P | F |
| a. Places the cuff so the lower edge is 1 to 2 inches above the elbow and the bladder portion is over the artery. | | |
| b. Wraps the cuff just tightly enough to prevent slippage. | | |
| c. If applicable, clips the gauge to the cuff in alignment with the palm. | | |

- | | | |
|---|---|---|
| 5. Positions the stethoscope, if used. | P | F |
| a. Palpates (feels) for the brachial pulse. | | |
| b. Places the diaphragm of the stethoscope over the pulse site. | | |

- | | | |
|---|---|---|
| 6. Inflates 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. | P | F |
|---|---|---|

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

CAUTION

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

STP 8-91E15-SM-TG

Performance Measures

Results

7. Determines the blood pressure. P F
- a. When a stethoscope is used.
 - (1) Rotates the thumbscrew slowly in a counter-clockwise motion, allowing the cuff to deflate slowly.
 - (2) Watches the gauge and remembers the reading when the first distinct sound is heard (systolic pressure).
 - (3) Continues to watch the gauge and remembers the reading where the sound changes again and becomes muffled or unclear (diastolic pressure).
 - (4) Releases the remaining air.
 - b. When a stethoscope is not used.
 - (1) Palpates for the radial pulse.
 - (2) Rotates the thumbscrew slowly in a counter-clockwise motion, allowing the cuff to deflate slowly.
 - (3) Watches the gauge and remembers the point at which the pulse returns (systolic pressure).
- NOTE:** The diastolic pressure cannot be determined using this method.
- NOTE:** If the procedure must be repeated, waits at least 1 minute before repeating steps 5 through 7.
8. Records the blood pressure on the appropriate form. P F
- a. Records the systolic reading over the diastolic reading, for example $\frac{120}{80}$.
 - b. Records the readings in even numbers.
9. Evaluates the blood pressure reading by comparing it with one of the following: P F
- a. The patient's previous reading.
 - b. An average of the patient's previous readings.

Performance Measures

Results

c. The normal range: 100-140/60-90 for males and 90-130/50-80 for females.

10. Reports abnormal readings to the supervisor.

P F

REFERENCES:

Required

Related

NONE

NONE

081-831-0018

OPEN THE AIRWAY

CONDITIONS

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

STANDARDS

All the steps to open the casualty's airway are done without causing unnecessary injury.

TRAINING/EVALUATION

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 steps 2a and 2b, 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.

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Rolls the casualty onto his or her back, if necessary. | P | F |
| a. Kneels beside the casualty. | | |
| b. Raises the near arm and straightens it out above the head. | | |
| c. Adjusts the legs so they are together and straight or nearly straight. | | |
| d. Places one hand on the back of the casualty's head and neck. | | |
| e. Grasps the casualty under the arm with the free hand. | | |
| f. Pulls steadily and evenly towards self, keeping the head and neck in line with the torso. | | |
| g. Rolls the casualty as a single unit. | | |
| h. Places the casualty's arms at his or her sides. | | |

Performance Measures**Results**

2. Establishes the airway, using one of the methods below:
- a. Head-tilt/chin-lift method.

P F

CAUTION

Does not use this method if a spinal or neck injury is suspected.

NOTE: If foreign material or vomitus is seen in the mouth, it should be removed as quickly as possible.

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

CAUTIONS

1. Does not use the thumb to lift.
2. Does not press deeply into the soft tissue under the chin with the fingers.
3. Does not completely close the casualty's mouth.

- b. Jaw thrust.

CAUTION

This method must be used if a spinal or neck injury is suspected.

- (1) Kneels at the top of the casualty's head.
- (2) Grasps the angles of the casualty's lower jaw.
- (3) Rests the elbows on the surface on which the casualty is lying.

STP 8-91E15-SM-TG

Performance Measures

Results

(4) Lifts with both hands displacing the lower jaw forward while tilting the head backward.

NOTE: If this procedure is unsuccessful, tilts the head very slightly.

3. Checks for breathing within 3 to 5 seconds. While maintaining the open airway position, places an ear over the casualty's mouth and nose, looking towards the chest and stomach.

P F

a. Looks for the chest to rise and fall.

b. Listens for air escaping during exhalation.

c. Feels for the flow of air on the side of the face.

4. Takes appropriate action.

P F

a. If the casualty resumes breathing, maintains the airway and places the casualty in the recovery position.

(1) Rolls the casualty as a single unit onto his or her side.

(2) Places the lower arm behind his or her back.

(3) Places the hand of the upper arm under his or her chin.

(4) Flexes the upper leg.

NOTE: Although not evaluated, the soldier would continue to evaluate the casualty.

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

REFERENCES:

Required

Related

NONE

NONE

081-831-0019

CLEAR AN UPPER AIRWAY OBSTRUCTION**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

All the steps necessary to clear an object from a casualty's upper airway are done in order. The procedure is continued until the casualty can talk and breathe normally or the rescuer is relieved by a qualified person.

TRAINING/EVALUATION*Training Information Outline*

1. Clear the airway.
 - a. Conscious casualty.
 - (1) Determine whether the casualty needs help. Ask whether he or she is choking.
 - (a) If the casualty has good air exchange (able to speak, coughs forcefully, may be wheezing 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 possibly, cyanosis), continue with step 1a(2).
 - (c) If the casualty has a complete airway obstruction (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: Abdominal thrusts should be used 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.

STP 8-91E15-SM-TG

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.

NOTE: Each thrust should be a separate, distinct movement given with the intent of relieving the obstruction.

4. Continue giving thrusts until the blockage is expelled or the casualty becomes unconscious.

(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.

CAUTION

The hand should not be placed on the xiphoid process or the lower margins of the rib cage.

3. Grasp the fist with your other hand and give backward thrusts.

NOTE: Each thrust should be administered slowly and distinctly with the intent of relieving the obstruction.

4. Continue giving thrusts until the blockage is expelled or the casualty becomes unconscious.

NOTE: 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: Abdominal or chest thrusts are performed 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: Abdominal thrusts should be used 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 5 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: The fingers may be either extended or interlaced but must be kept off the 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 5 times.

NOTE: Each thrust should be a separate, distinct movement given with the intent of relieving the obstruction.

- (2) Perform a finger sweep.

STP 8-91E15-SM-TG

- (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

Care must be taken not to 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.

Evaluation Preparation

NOTE: Only the procedure for clearing an upper 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 upon 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.

Evaluation Guide

Performance Measures

- 1. Determines whether the casualty needs help.
- 2. Moves the casualty to a sitting or standing position, if necessary.

Results

P F
P F

Performance Measures	Results	
3. Stands behind the casualty.	P	F
4. Positions his or her arms and hands properly to perform the thrusts.	P	F
5. Tells how he or she would perform the thrusts and how many should be performed.	P	F
6. States that the following actions would be taken if the casualty becomes unconscious.	P	F
a. Repositioning of the casualty.		
b. Performance of the finger sweep.		
c. Opening the airway.		
d. Performance of rescue breathing procedures.		
7. Does all necessary steps in order.	P	F

REFERENCES:	<i>Required</i>	<i>Related</i>
	NONE	NONE

081-831-0048

PERFORM RESCUE BREATHING

CONDITIONS

You are treating a casualty who is unconscious and is not breathing. You have opened the airway. You are not in an NBC environment.

STANDARDS

All the steps necessary to restore breathing are done in order. The procedure is continued until the casualty starts to breathe or until the rescuer is relieved by another qualified person, stopped by a physician, required to perform CPR, or too exhausted to continue.

TRAINING/EVALUATION

Evaluation Preparation

Setup: For training and evaluation, a CPR mannequin must be used. Position the mannequin on its back with its neck hyperextended. To test step 1, 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.

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Ventilates the casualty using the mouth-to-mouth or mouth-to-nose method, as appropriate. | P | F |
|--|---|---|

NOTE: The mouth-to-nose method is recommended when the casualty's mouth cannot be opened, there are jaw or mouth injuries, or a tight seal cannot be formed around the casualty's mouth.

a. Mouth-to mouth method.

(1) Maintains the chin lift while pinching the nostrils closed using the thumb and index fingers of the hand on the casualty's forehead.

(2) Takes a deep breath and makes an airtight seal around the casualty's mouth with his or her mouth.

Performance Measures

Results

(3) Blows two full breaths (1.5 to 2 seconds each) into the casualty's mouth, taking a breath between them, while 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, goes to step 4.

(5) If the chest does not rise or air does not escape, continues with step 2.

b. Mouth-to-nose method.

(1) Maintains 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) Takes a deep breath and makes an airtight seal around the casualty's nose with his or her mouth.

(3) Blows two full breaths (1.5 to 2 seconds each) into the casualty's nose, taking a breath between them, 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, goes to step 4.

(5) If the chest does not rise, continues with step 2.

2. Repositions the head to ensure an open airway and repeats step 1, if necessary. P F

a. If the chest rises, goes to step 4.

b. If the chest does not rise, continues with step 3.

3. Clears an airway obstruction, if necessary. (See task081-831-0019.) When the obstruction has been cleared, continues with step 4. P F

4. Checks the carotid pulse for 5 to 10 seconds. P F

a. While maintaining the head tilt with one hand, places the index and middle fingers of the other hand on the casualty's throat.

b. Slides the fingers into the groove beside the casualty's Adam's apple and feels for a pulse for 5 to 10 seconds.

STP 8-91E15-SM-TG

Performance Measures

Results

- c. If a pulse is present, goes to step 5.
- d. If a pulse is not found, begins CPR. (See task 081-831-0046.)
- 5. Continues rescue breathing. P F
 - a. Ventilates the casualty at the rate of about 10 to 12 breaths per minute.
 - b. Watches for rising and falling of the chest.
 - c. Rechecks for pulse and breathing after every 12 breaths.

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

- 6. Does all necessary steps in order. P F

REFERENCES:

Required

Related

NONE

NONE

081-831-0046

ADMINISTER EXTERNAL CHEST COMPRESSIONS**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

CPR is continued until the pulse is restored or until the rescuer(s) is/are relieved by other qualified persons, stopped by a physician, or too tired to continue.

TRAINING/EVALUATION*Training Information Outline***A. One-rescuer CPR.**

1. Ensure that the casualty is positioned on a hard, flat surface.
2. Position the hands for external chest compressions. (See Figure 3-2.)

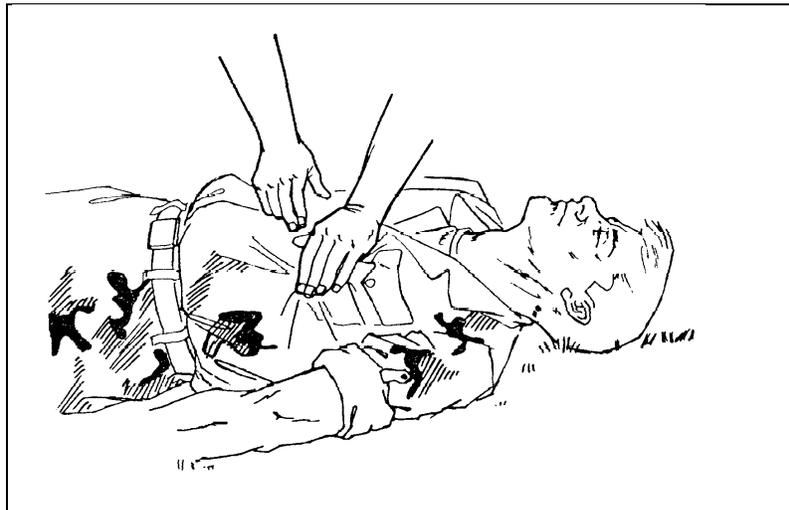


Figure 3-2

STP 8-91E15-SM-TG

- 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: The fingers may be either extended or interlaced, but must be kept off the chest.

3. Position the body.
 - a. Lock the elbows with the arms straight.
 - b. Position the shoulders directly over the hands.
4. Give 15 compressions.
 - a. Pressing straight down, depress the sternum 1.5 to 2 inches.
 - b. Coming straight up, completely release pressure on the sternum allowing 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 the hand from the casualty's chest or reposition the hand between compressions.

- c. Give 15 compressions in 9 to 11 seconds (at a rate of 80 to 100 per minute).
5. Give two full breaths.
 - a. Move quickly 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 A2 through A5 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 A7b.
 - (2) If the pulse is absent, continue with step A8.
 - 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 two breaths followed by 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.
 - 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 second rescuer becomes the compressor. Two-rescuer CPR is then initiated.

B. Two-rescuer CPR.

1. Compressor: Give five chest compressions at the rate of 80 to 100 per minute.

Ventilator: Maintain an open airway and monitor the carotid pulse occasionally for adequacy of chest compressions.

2. Compressor: Pause.

STP 8-91E15-SM-TG

Ventilator: Give one full breath (1.5 to 2 seconds).

3. 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.

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

Ventilator: Remain in the rescue breathing position.

5. Compressor: Give the fifth compression.

Ventilator: Give the breath following the fifth compression.

6. Compressor and ventilator simultaneously switch positions.

7. New Ventilator: Check the casualty's carotid pulse for 5 seconds.

- a. If present, state "There is a pulse," and perform rescue breathing.
- b. If not present, state "No pulse." Give the casualty one breath and tell the new compressor to give chest compressions.

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

8. Ventilator: Continue to give one breath on each fifth upstroke of chest compressions, and ensure that the chest rises.

Compressor: Continue to give chest compressions at the rate of 80 to 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.

9. 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.

10. When pulse and breathing are restored, the soldier would continue to evaluate the casualty. If the casualty's condition permits, the soldier would place him or her in the recovery position (see task 081-831-0018).

CAUTION

During evacuation, CPR or rescue breathing should be continued enroute, 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 A10) 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 a 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 rescuer #2. Ask rescuer #1 what kind of surface the casualty should be positioned on. Then, tell the soldier(s) to perform one-rescuer or two-rescuer CPR, as appropriate.

Evaluation Guide

Performance Measures	Results	
1. The casualty is properly positioned on a hard, flat surface.	P	F
2. The rescuer's hands are properly positioned during chest compressions.	P	F
3. The correct number of chest compressions is given.	P	F
4. The chest compressions are given at the rate of 80 to 100 per minute.	P	F
5. The correct number of breaths is given.	P	F
6. The breaths are given at the correct rate.	P	F

STP 8-91E15-SM-TG

Performance Measures

Results

- | | | |
|--|---|---|
| 7. The carotid pulse is checked for about 5 seconds approximately 1 minute after starting CPR. | P | F |
| 8. The carotid pulse is rechecked every 3 to 5 minutes. | P | F |
| 9. The transition to two-rescuer CPR is performed correctly, if applicable. | P | F |
| 10. Change in position during two-rescuer CPR is performed correctly, if applicable. | P | F |
| 11. CPR is continued as stated in the task standard. | P | F |

REFERENCES:

Required

Related

NONE

NONE

081-840-0001

EXPOSE A DENTAL RADIOGRAPH USING THE BISECTING ANGLE TECHNIQUE**CONDITIONS**

The dental specialist is wearing a mask, sterile gloves, and a dosimeter. The x-ray control box has been correctly adjusted. Necessary materials and equipment: an x-ray machine with short cone attached, periapical dental x-ray film, a dental chair, and patient protective equipment.

STANDARDS

The processed dental x-ray film is of diagnostic quality without unnecessary exposure to the patient or the operator.

TRAINING/EVALUATION*Evaluation Guide*

Performance Measures	Results
1. Performs protective measures.	P F
a. Drapes the patient with the lead apron.	
b. Fastens the thyroid guard around the patient's neck.	
2. Positions the patient.	P F
a. Adjusts the height of the patient's chair.	
b. Adjusts the patient's headrest.	
3. Positions the film.	P F
a. Anterior teeth. The film is positioned vertically.	
b. Posterior teeth. The film is positioned horizontally.	

NOTE: Bicuspid may not be centered because of the curvature of the arch. The film is positioned as far forward as possible until it touches the curvature of the arch.

STP 8-91E15-SM-TG

Performance Measures

Results

4. Positions the x-ray tube head. P F

a. Vertical angulation.

Positions the cone of the tube head to the imaginary line that bisects the plane of the film and the long axis of the tooth being x-rayed.

b. Horizontal angulation.

(1) Ensures that the central ray passes perpendicular to the facial surfaces of the teeth being x-rayed.

(2) Ensures that the central ray passes parallel to the proximal surfaces of the teeth being x-rayed.

(3) Positions the PID as close as possible to, but, without touching the patient's face.

5. Exposes the film. P F

a. Stands behind the lead shield at the control box.

b. Depresses the emission button to expose film.

NOTE: If a lead shield is not available, stands at least 6 feet away from the x-ray tube head.

6. Removes the film from the patient's mouth carefully so as not cause injury to the buccal tissues. P F

7. Wipes film packet with paper towels to dry. P F

REFERENCES:

Required

Related

NONE

**TB MED 521
TC 8-20-1**

081-840-0002

EXPOSE A DENTAL RADIOGRAPH USING THE PARALLELING TECHNIQUE

CONDITIONS

The dental specialist is wearing sterile gloves and a dosimeter. The x-ray control box has been correctly adjusted. Necessary materials and equipment: an x-ray machine with long cone attached, long cone (XCP) equipment, periapical dental x-ray film, cotton rolls, a dental chair, and patient protective equipment.

STANDARDS

The processed dental x-ray film is of diagnostic quality without unnecessary exposure to the patient or the operator.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures	Results
1. Performs preparatory measures.	P F
a. Drapes the patient with the lead apron.	
b. Fastens the thyroid guard around the patient's neck.	
2. Assembles the components of XCP equipment for the anterior or posterior teeth being radiographed.	P F
NOTE: In this method (paralleling) the film is held parallel to the long axis of the tooth.	
3. Mounts the film on the bite block.	P F
a. Places the broken side of the film packet against the supportive upright.	
b. Ensures that the long axis of the film packet is parallel with the long axis of the upright.	
c. Places the embossed dot on the film packet at the base of the upright, with the raised portion of the dot facing away from the upright.	
d. Inserts the film into the open slot by using a downward motion (with the embossed dot toward the slot), at the same time placing slight pressure against the backing support to open the slot.	

STP 8-91E15-SM-TG

Performance Measures

Results

- e. Centers the film in the plastic bite-block.
- 4. Positions the XCP equipment in the patient's mouth. P F
 - a. Places the film end of the equipment into the patient's mouth, ensuring that the teeth being radiographed are touching the bite block.
 - b. Places a cotton roll between the bite block and the opposing teeth, having the patient bite down to secure it in place.
 - c. Ensures that the teeth being radiographed are centered on the bite block for the proper exposure.

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

- 5. Positions the x-ray tube head, Position Indicating Device(PID), and XCP ring for proper exposure. P F
 - a. Slides the locator ring along the indicator rod bringing it close to but not touching the skin surface.
 - b. Aligns the long cone, PID, of the tube head parallel with the indicator rod and centered on the XCP ring opening.

NOTE: Faulty radiographs will result if improper technique is used. Some examples are: turning of the XCP locator ring upside down causes partial images (cone cutting); bending the film or improper angulation causes distorted images (elongation or foreshortening).

- 6. Exposes the film. P F

NOTE: This method provides a target-film distance of 16 inches in contrast to 8 inches for the bisecting technique. This results in less radiation to the patient. In addition, the dimensional distortion is reduced when using the long PID.

NOTE: If a lead shield is not available, stands at least 6 feet away from the tube head.

- 7. Removes the XCP equipment from the patient's mouth. P F

REFERENCES:

Required

Related

NONE

**TB MED 521
TC 8-20-1**

081-840-0003

PROCESS EXPOSED RADIOGRAPHS MANUALLY**CONDITIONS**

The dental specialist is wearing a plastic apron, rubber gloves, and eye protection. Necessary materials and equipment: 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 are of diagnostic quality without unnecessary exposure to the processor.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

1. Prepares the darkroom for film processing.

P F

a. Checks the temperature of the solutions. The temperature affects the development time; that is, the warmer the solution, the shorter the developing time. The optimum temperature is 68°F (20°C).

NOTE: Temperatures above 70°F (21°C) and below 60°F (15°C) should be avoided if possible (cool down or warm up as necessary by natural techniques).

b. Ensures that the processing solutions are deep enough to allow complete immersion of the film. Stirs the developing and fixing solutions.

2. Prepares the film for processing.

P F

a. Removes the protective covering from the film and places 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 in a biohazard bag.

b. Places the film on the film holder.

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

STP 8-91E15-SM-TG

Performance Measures

Results

- (1) Inserts the corner of the film into the open clip jaws.
 - (2) Releases the clip and ensures the film is secure by gently tugging on it.
 - c. Identifies each film holder with the patient's name IAW local SOP.
 3. Develops the film. P F
 - a. Sets the timer at 4 1/2 minutes with the temperature at 68°F.
 - b. Immerses in the developing solution, moving up and down several times to break up air bubbles that may have formed on the surface of the film.
 4. Rinses the film. P F
 - a. Shakes off excess developing solution and immerses in the rinse tank. Jiggles to dislodge air bubbles.
 - b. Rinses the film for a minimum of 20 seconds.
 5. Fixes the film. P F
 - a. Shakes off excess water to keep the fixer from becoming overdiluted.
 - b. Immerses the film into the fixer for a minimum of 10 minutes.
- NOTE:** For a "wet" reading, fix for 2 minutes, and return to the fixer after the reading for a total of 10 minutes.
6. Washes the film. P F
 - a. Shakes off excess fixer solution.
 - b. Washes in the wash tank for a minimum of 20 minutes.
 7. Dries the film. P F
 - a. Shakes off excess water.
 - b. Places the film holder with attached film on the drying rack.
 - c. Allows the film to completely dry before touching.

REFERENCES:

Required

NONE

Related

TB MED 266

TC 8-20-1

081-840-0004

PREPARE THE FILM PROCESSING TANK

CONDITIONS

The dental specialist is wearing a plastic apron, rubber gloves, and eye protection. Necessary materials and equipment: 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 are removed from the processing tank, and the processing chemicals are added IAW manufacturer's instructions.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Drains the processing tank. | P | F |
| a. Turns off the water supply. | | |
| b. Drains the water from the main water tank. | | |
| c. Drains 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. Drains the developer solution into the sink drain or disposes of it IAW local SOP. | | |
| 2. Cleans the processing tank and reservoirs. | P | F |
| a. Washes the main water tank with a sponge and cleaning agent. | | |
| b. Washes the reservoirs with a sponge and cleaning agent, ensuring that all stains and deposits are removed. | | |
| c. Rinses the main water tank and reservoirs thoroughly with cold clean water. | | |
| 3. Replenishes the main water tank and reservoirs. | P | F |
| a. Refills the developer and fixer reservoirs with fixer and developing solutions. | | |

Performance Measures

Results

NOTE: Refers to manufacturer's instructions for mixing and filling directions.

- b. Turns on the water supply and fills the main water tank to the necessary level.
- 4. Adjusts the water to optimum temperature (68° F) in the main water tank. P F

REFERENCES:

Required

NONE

Related

**AR 40-61
TC 8-20-1**

081-840-0005

MOUNT A FULL MOUTH SERIES OF RADIOGRAPHS

CONDITIONS

Necessary materials and equipment: a full mouth series of radiographs, a full mouth mounting card, a view box or light source, and DA Form 5570.

STANDARDS

The radiographs are mounted in correct anatomical order with the mounting card correctly labeled.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Ensures that the radiographs are of diagnostic quality. | P | F |
|--|---|---|

NOTE: Faulty radiographs are set aside to be retaken.

- | | | |
|---|---|---|
| 2. Labels the mounting card with name, date, SSN, unit, or Organization, and dental facility. | P | F |
|---|---|---|

- | | | |
|---|---|---|
| 3. Identifies the radiographs for mounting. | P | F |
|---|---|---|

a. Determines whether the teeth pictured are maxillary or mandibular teeth.

b. Identifies the teeth pictured on the radiograph as being molars, bicuspids, cuspids, or incisors, by using anatomical landmarks.

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

- | | | |
|---|---|---|
| 4. Mounts the radiographs by sliding the film into the slots. | P | F |
|---|---|---|

CAUTION

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

Performance Measures

Results

5. Stores the radiographs in the dental health records. P F
- a. Folds the mounting card along the folding grooves.
 - b. Places it inside the Health Questionnaire for Dental Treatment (DA Form 5570).

REFERENCES:

Required

Related

NONE

TB MED 250
TC 8-20-1

081-840-0008

**EXPOSE A DIAGNOSTIC RADIOGRAPH USING A
DENTAL PANORAMIC UNIT**

CONDITIONS

The dental specialist is wearing sterile gloves and a dosimeter. The x-ray control box has been correctly adjusted.

Necessary materials and equipment: a film cassette, panoramic film, a darkroom equipped with a safelight, a panoramic (Panelpse) unit, cotton rolls, and patient protective equipment.

STANDARDS

The processed panoramic film is of diagnostic quality without unnecessary exposure to the patient or the operator.

TRAINING/EVALUATION

Training Information Outline

1. Prepare the cassette for loading.
 - a. Place the cassette on a clean dry work surface.
 - b. Open the two cassette snaps and unfold the end flap.
 - c. Remove the intensifying screens from the cassette and lay them aside.
2. Prepare the darkroom.
 - a. Turn on the safelight.
 - b. Turn off the white light.
3. Remove the film from the box.
 - a. Open the film box.

NOTE: Film must be kept in a cool dry place in a vertical position, to reduce film fog and static.

- b. Remove the cardboard spacers.
- c. Remove the film with thumb and forefinger.

NOTE: The film is grasped by the edges to prevent touching the emulsion surface of the film.

- d. Remove the end sheet by holding one corner.
 - e. Replace the film box top.
4. Load the cassette.
- a. Place the end of the film at the hinges of the intensifying screens and align it with the hinges.
 - b. Ensure that the white surface of the intensifying screen is in contact with the film by feeling for the tape hinge on the outside of the screen.
 - c. Insert the film with screens completely into the cassette.
 - (1) Reach into the screens to verify the film is all the way to the bottom of the screen.
 - (2) Gently push the film into place, if necessary.
5. Ensure that the cassette is closed and sealed.
- a. Place the cassette on a flat surface.
 - b. Run the hand from the closed end to the open end to expel air.
 - c. Fold the end flap and press.
6. Position the drum to receive the film cassette.
- a. Use the manual rotation switch to move the tube head and film drum to its limit.
 - b. Turn the plunger knob until it drops.
 - c. Rotate the film drum until it locks in place.
7. Place the film cassette into position.
- a. Ensure that the white arrow on the film cassette points to the front.
 - b. Slide the cassette up until it touches the top edge of the drum.
 - c. Align the side opposite the arrow with the bar on the film drum, and fasten the cassette to the drum by pressing the Velcro fasteners together.
 - d. Disengage the plunger lock by pulling it up and turning it 180° to prevent reengagement.

STP 8-91E15-SM-TG

e. Align the film drum for exposure by turning the film drum until the long white line is aligned with the red line.

8. Prepare the panoramic unit for use.

a. Turn on the power and depress the "8" ma button.

b. Depress the PAN button and set the tube head on the "START" position.

c. Position the back of the chair in its most forward position.

d. Clean all patient contact surfaces with disinfectant.

e. Open the head positioner guides to maximum width and set the head positioner profile index scale to the maximum reading.

f. Depress the electric lock release bar, raise the overhead to its maximum height, and swing the head positioner out to allow for patient seating.

9. Position the patient.

a. Instruct the patient to place the hips all the way back in the chair when seated.

b. Place a sterile bite guide into the fork of the bite guide holder. Show the patient the groove in the bite guide that will be held in the teeth.

c. Place the lead apron without a thyroid guard on the patient.

NOTE: For partially edentulous patients, cotton rolls are used to fill in empty spaces. For completely edentulous patients, the lips will be placed on the bite guide notch.

d. Gently lift each side of the patient's jaw and instruct the patient to stretch his or her neck up as far as possible.

e. Place the hand lightly on the patient's shoulder and slowly lower the overhead until the bottom of the film drum touches the top of the hand.

f. Have the patient lean back slightly and swing the head positioner into place.

g. Assist the patient to fully straighten the neck vertebrae by gently grasping the patient at the base of the skull and lifting up.

h. Instruct the patient to move forward, place the chin on the chin rest, and bite, with the incisal edges, the groove on the bite guide to ensure that the maxillary arch is parallel to the black lines on the positioner guide.

- i. Align the patient's ear opening with the back edge of the positioner guides.
 - j. Close the positioner guides snugly to restrain the patient's head.
 - k. Check the midsagittal plane to ensure the patient's head is vertical.
10. Make final adjustments of the panoramic unit.
- a. Read the profile index scale under the black index line on the head positioner.
 - b. Set the profile index meter to correspond to the measured profile index on the head positioner.
 - c. Determine the correct kVp for the patient by referencing the patient's profile index measurement to the technic chart.
11. Expose the film.
- a. Instruct the patient not to move.
 - b. Go to the control panel and hold down the hand switch exposure button until exposure automatically terminates.

NOTE: The exposure should be made at least 6 feet from the patient or from behind a lead shield.

Evaluation Guide

Performance Measures	Results	
1. Prepares the cassette.	P	F
2. Prepares the darkroom.	P	F
3. Removes the film.	P	F
4. Loads the cassette.	P	F
5. Seals the cassette.	P	F
6. Positions the drum.	P	F
7. Positions the film cassette.	P	F
8. Prepares the unit.	P	F
9. Positions the patient.	P	F

STP 8-91E15-SM-TG

Performance Measures

10. Adjusts the unit.

Results

P F

11. Exposes the film.

P F

REFERENCES:

Required

Related

NONE

NONE

081-840-0010

PREPARE ALGINATE IMPRESSION MATERIAL**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a rubber mixing bowl, a spatula, regular set alginate powder with measuring scoop, and a three lined water measuring cup.

STANDARDS

The alginate impression material is mixed to a creamy lump-free consistency incorporating all the powder within 1 minute.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

- | | |
|---|---------------|
| <ol style="list-style-type: none"> 1. Prepares the materials for mixing. <ol style="list-style-type: none"> a. Fills and empties the rubber mixing bowl with water to saturate the pores. b. Wipes the bowl dry. c. Measures the proper amount of water. <ol style="list-style-type: none"> (1) Each line on the measuring cup indicates one unit of water. (2) The water to powder ratio recommended by the manufacturer must be used. Too little or too much water will weaken the mix. (3) The ideal water temperature is 73° F. A higher water temperature will accelerate the chemical reaction and the material will set faster. Colder water will retard the setting time. d. Pours the measured amount of water into the rubber mixing bowl. e. Tumbles the container to fluff the powder. <p>NOTE: The powder must be fluffed in order to get a correct measurement due to the fact that the powder packs down.</p> <ol style="list-style-type: none"> f. Dips the scoop lightly into the powder. | <p>P F</p> |
|---|---------------|

STP 8-91E15-SM-TG

Performance Measures

Results

NOTE: The powder must be stored in a cool place and within a tightly closed container to prevent moisture absorption.

- g. Taps the scoop against the rim of the container to ensure a full measure without voids.
 - h. Levels off the excess powder with the edge of the spatula.
 - i. Adds the measured amount of powder to the water.
2. Mixes the material.
- a. Spatulates the material ensuring all the powder is incorporated into the water.

P F

CAUTION

Whipping creates air bubbles, which will cause voids in the mix.

- b. Ensures that the mix is completed within 1 minute or less.

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0011

PREPARE RUBBER BASE IMPRESSION MATERIAL

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a polymer paper mixing pad, a tongue depressor, one tube of light bodied base material, one tube of light bodied catalyst, and a syringe.

STANDARDS

The rubber base material is mixed to a uniform dark brown color without streaks within 1 minute.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Squeezes out approximately 6 inches (2 grams) of the white base material onto the mixing pad. P F

NOTE: 6 inches of material is the standard amount dispensed to fill the custom tray.

2. Squeezes out approximately 6 inches (3 grams) of the brown catalyst onto the mixing pad, next to, but not touching the base material. P F

NOTE: Base material should be laid out first as it has a tendency to spread, and it should not touch the catalyst until you are ready to mix.

3. Brings the two materials together in the center of the mixing pad using the tongue depressor. P F

4. Mixes the two materials using a circular stroking motion. P F

NOTE: If a uniform brown color without streaks cannot be achieved within 1 minute, the batch should be discarded and the task started again at step 1.

5. Fills the syringe or loads the tray immediately. P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0012

PREPARE INTERMEDIATE RESTORATIVE MATERIAL (IRM)

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a polymer paper mixing pad, IRM powder and liquid, a measuring scoop, and a stainless steel spatula.

STANDARDS

The IRM material is mixed to a smooth and adaptable working consistency within 1 minute without contamination. The mix will be stiff and should be stropped (whipped vigorously) for 5 to 10 seconds.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- 1. Prepares the materials for mixing.

P F

NOTE: IRM is also used as an intermediate base material. It is not to be used as a permanent restoration.

- a. Fluffs the powder, fills the measuring scoop to excess without packing the powder, and levels off with the spatula.
- b. Places the powder on the mixing pad.
- c. Dispenses the correct amount of liquid onto the pad (1 drop of liquid to 1 scoop of powder).

CAUTION

Prolonged contact with eugenol may eventually cause deterioration of the dispenser bulb. To prevent this, the dropper must never be placed in a horizontal position. It must always be emptied and returned to its holder.

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

081-840-0015

PREPARE A COMPOSITE RESIN

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a shade guide, universal paste, catalyst paste, a mixing pad, a plastic spatula, tint paste, opaque paste, acid etching, sealants, and an ultraviolet light source.

STANDARDS

A composite resin that matches the patient's tooth color is mixed within 30 seconds.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Measures equal amounts of paste and catalyst on the mixing pad. | P | F |
|--|---|---|

NOTE: To prevent deterioration, the composite resin must be refrigerated.

a. Uses the end of the spatula marked "UNI" to dispense the universal paste and the end marked "CAT" to dispense the catalyst.

b. Ensures that only the correct ends are used to prevent contamination.

NOTE: Acid etching may be used on preparations prior to the application of the composite resin.

- | | | |
|---|---|---|
| 2. Mixes the materials with a folding motion within 30 seconds. | P | F |
|---|---|---|

- | | | |
|------------------------------------|---|---|
| 3. Tints the material as required. | P | F |
|------------------------------------|---|---|

a. Uses the shade guide to ascertain the desired color.

b. Mixes the required tinting paste with the material.

- | | | |
|------------------------------|---|---|
| 4. Adds opaques as required. | P | F |
|------------------------------|---|---|

- | | | |
|---|---|---|
| 5. Uses the ultraviolet light to produce polymerization and for setting of the composite. | P | F |
|---|---|---|

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0016

PREPARE ZINC PHOSPHATE CEMENT

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a glass slab, a stainless steel spatula, zinc phosphate powder, and zinc phosphate liquid.

STANDARDS

Zinc phosphate is mixed within 2 minutes to the consistency of melted ice cream and when raised to 1 inch, it clings to the spatula in a thin thread for 1 to 2 seconds before it breaks.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- 1. Prepares the materials for mixing.
 - a. Cools the glass slab by placing it under cold running water.
 - b. Dries the glass slab, ensuring no moisture remains.

P F

NOTE: Cooling the glass slab prolongs the setting time of the mixture.

c. Measures one spatula of powder (1/4 inch high on half the spatula) or uses the container cap, filling powder to the shoulder. Places it onto the glass slab. Divides it into four equal parts. Further divides one of the four portions into half (1/8) and one of the 1/8 into two 1/16 increments.

NOTE: The scoop used to measure IRM may be used to measure the powder. One level scoop of fluffed powder may be mixed with the seven drops. This method will result in an acceptable mix.

- d. Places seven drops of liquid in the middle of the slab.

Performance Measures

Results

2. Mixes the material.

P F

a. Brings one of the 1/16 increments of powder into the liquid and mixes over a large area in a circular motion using the flat side of the spatula.

NOTE: Zinc phosphate must be mixed, using one half or more of the slab surface to facilitate the dissipation of exothermic heat.

b. Continues incorporating increments of powder, about one every 15 seconds, until the proper consistency is reached.

NOTE: All of the zinc phosphate powder need not be used when measured out with the spatula or IRM measuring device.

3. Completes steps 1 and 2 within 2 minutes.

P F

4. Gathers the mix.

P F

a. Gathers the entire mix to the center of the slab.

b. Places the flat side of the spatula on the mix raising the spatula 1 inch to check its consistency.

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0017

PREPARE ZINC POLYCARBOXYLATE CEMENT (ZPC)

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: ZPC liquid and powder (for example, DURELON or S.S. White), a stainless steel spatula, a parchment paper mixing pad or a glass mixing slab, and a measuring stick with cup.

STANDARDS

The ZPC is correctly mixed when the material breaks away from the spatula as it is raised one-half inch from the pad or slab. The mix must be completed within 30 seconds.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|---|---|---|
| 1. Prepares the powder. | P | F |
| a. Presses the measuring stick cup firmly down into the powder. | | |
| b. Withdraws the measuring stick from the powder. | | |
| c. Scrapes the excess powder from the measuring stick cup with a spatula. | | |

NOTE: The powder should be flush with the top of the measuring stick cup.

- | | | |
|---|--|--|
| d. Releases the powder onto the mixing pad by tapping the measuring stick with a spatula. | | |
|---|--|--|

- | | | |
|-------------------------|---|---|
| 2. Prepares the liquid. | P | F |
|-------------------------|---|---|

<p style="text-align: center;">CAUTION</p> <p>The liquid must not be predisposed and allowed to sit. The loss of moisture will cause the liquid to thicken, adversely affecting the mixture.</p>

- | | | |
|---|--|--|
| a. The squeeze bottle method. | | |
| (1) Holds the bottle in a vertical position and squeezes. | | |

Performance Measures

Results

- (2) Releases the pressure on the bottle when the drop separates from the nozzle.

NOTE: The ratio is three drops of liquid for each scoop of powder.

- b. The calibrated liquid dispenser.

- (1) Removes the cap from the dispenser tip.
- (2) Pushes the plunger from one full calibrated mark to the next.

NOTE: The ratio is one full calibration of liquid to one scoop of powder.

- (3) Replaces the cap on the dispenser tip.

- 3. Mixes the ingredients incorporating all of the powder into the liquid within 30 seconds. P F

NOTE: The mixture should be used while it is still glossy, before the onset of cobwebbing. If cobwebbing has occurred, the mix should be discarded and steps 1 through 3 performed again.

REFERENCES:

Required

Related

NONE

TC 8-20-1

PERFORM CLINICAL PROCEDURES PRIOR TO TREATMENT

CONDITIONS

Necessary materials and equipment: the patient's dental record, a patient drape, a towel clamp, facial tissues, hand soap, a surgical scrub brush, towels, gloves, a face mask, safety glasses, an exam setup, cotton rolls, 2 X 2 sterile gauze, a saliva ejector tip, an anesthetic setup, and disposable paper cups.

STANDARDS

The patient and operatory are prepared for treatment.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|---|---|---|
| 1. Prepares for patient treatment. | P | F |
| a. Reviews the patient's record for current medical history and consent form. | | |
| b. Ensures all radiographs and necessary materials and equipment are available. | | |
| 2. Prepares the operatory for patient treatment. | P | F |
| a. Disinfects all chair surfaces which may come in contact with the patient. | | |
| b. Places out the local anesthesia and examination setups. | | |
| c. Covers the local anesthesia and examination setups with a drape. | | |
| 3. Prepares the patient for treatment. | P | F |
| a. In the reception area, greets the patient courteously by rank and name. | | |
| b. Escorts the patient to the operatory. | | |
| c. Secures patient valuables. | | |

Performance Measures

Results

- | | | |
|--------------------------|---|---|
| 4. Seats the patient. | P | F |
| a. Lowers the chair. | | |
| b. Raises the chair arm. | | |
| c. Seats the patient. | | |
| d. Drapes the patient. | | |

5. Disinfects air and water syringes and handpieces.	P	F
--	---	---

6. Places the saliva ejector out.	P	F
-----------------------------------	---	---

NOTE: Patients should be asked to remove lipstick or removable dentures, if applicable.

7. Adjusts the dental light.	P	F
------------------------------	---	---

8. Informs the operator that the patient is ready.	P	F
--	---	---

9. Performs handwashing and gloving procedures in the patient's view.	P	F
---	---	---

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0074

PREPARE A BASIC DENTAL EXAMINATION SETUP

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: an explorer, a mouth mirror, a periodontal probe, cotton pliers or dressing forceps, cotton rolls, a patient drape, a drape holder, 2 X 2 gauze, and the patient's dental health records with radiographs.

STANDARDS

A basic examination setup is prepared correctly.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|---|---|---|
| 1. Provides a sterile field by placing a sterile towel or paper drape on the dental tray. | P | F |
| 2. Sets out instruments and materials. | P | F |

NOTE: Instruments are placed in order from left to right on the tray.

- | | | |
|---|---|---|
| a. Explorer. | | |
| b. Mouth mirror. | | |
| c. Periodontal probe. | | |
| d. Cotton pliers or dressing forceps. | | |
| e. Cotton rolls. | | |
| f. 2 X 2 gauze. | | |
| 3. Places a drape with drape holder over the setup. | P | F |
| 4. Displays the dental record and radiographs. | P | F |
| a. Displays the most current SF 603 or SF 603A. | | |
| b. Places the radiographs on the view box. | | |

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0019

PREPARE A DENTAL LOCAL ANESTHETIC SETUP

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: 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 is correctly assembled for use and the setup is prepared correctly.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|---|---|---|
| 1. Selects the appropriate disposable needle. | P | F |
| a. Length of needle. | | |
| (1) Maxillary arch - 1 3/16 inch in length. | | |
| (2) Mandibular arch - 1 3/8 inch in length. | | |
| NOTE: The 1 3/8 inch disposable needle can also be used in the maxillary arch. It's to the preference of the dentist, generally. | | |
| b. Gauge (size) of needle. | | |
| (1) Red is a 25 gauge. | | |
| (2) Yellow is a 27 gauge. | | |
| 2. Attaches the disposable needle to the hub of the aspirating syringe. | P | F |
| 3. Selects the proper anesthetic cartridge IAW the doctor's instructions. | P | F |
| a. Lidocaine hydrochloride (Xylocaine). | | |

Performance Measures

Results

(1) Cartridges with green rings contain one part of epinephrine for every 50,000 parts of lidocaine which is a vasoconstrictor.

(2) Cartridges with red rings contain one part of epinephrine for every 100,000 parts of lidocaine which is a vasoconstrictor.

b. Mepivacaine hydrochloride.

(1) Carbocaine with Neo-Cobefrin.

(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 (200/115), heart problems or stroke, hyperthyroidism, or taking other drugs that do not interact well with vasoconstrictors.

c. Bupivacaine (Marcaine).

(1) A vasoconstrictor.

(2) Color-coded with a blue ring around the cartridge and contains 0.50 percent Bupivacaine with a 1:20,000 concentration of epinephrine.

4. Retracts the plunger of the syringe and inserts theanesthetic cartridge into the hollow barrel of the syringe. P F

5. Ensures that the metal cap of the cartridge is pointed towards the needle. P F

6. Strikes the plunger ring sharply with the palm of the hand, ensuring the plunger harpoon is seated in the rubber stopper of the anesthetic cartridge. P F

STP 8-91E15-SM-TG

Performance Measures

Results

7. Sets out the topical anesthetic.

P F

8. Sets out a cotton tipped applicator and 2 X 2 gauze.

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0023

PREPARE A RESTORATIVE PROCEDURE SETUP**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. The examination and anesthetic setups have been set out. Necessary materials and equipment: 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 are selected without error.

TRAINING/EVALUATION*Evaluation Guide*

Performance Measures	Results	
1. Sets out the appropriate dental burs.	P	F
a. For a restorative procedure.		
b. For a cast restoration procedure.		
2. Sets out dental handpieces.	P	F
a. The slow-speed handpiece.		
b. The high-speed handpiece.		
3. Sets out hand instruments for cavity preparation.	P	F
a. Decay-removing instruments.		
b. Cavity-preparing instruments.		
4. Sets out the appropriate base, mixing, and placing instruments.	P	F
5. Sets out the appropriate matrix.	P	F
6. Sets out the appropriate filling instruments.	P	F

STP 8-91E15-SM-TG

Performance Measures

7. Sets out the appropriate finishing instruments and materials.

Results

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0025

PREPARE A DENTAL SURGICAL PROCEDURE SETUP**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. The basic examination and anesthetic setups have been provided. Necessary materials and equipment: 2 X 2 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 are selected without error.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

1. Prepares the tray for a dental surgical procedure.

P F

a. Uncomplicated extraction.

(1) Periosteal elevator.

(2) Root elevators.

(3) Extraction forceps (doctor's preference).

(4) Curettes.

(5) 2 X 2 gauze.

(6) Tissue forceps.

(7) Slow speed handpiece.

b. Surgical extraction and bone removal.

(1) Aspirating syringe.

(2) Surgical blades.

(3) Suture material.

Performance Measures

Results

- (4) Burs.
 - (5) Bur changer.
 - (6) Handpiece.
 - (7) Aspirator tip.
 - (8) Aspirator handle.
 - (9) Mouth mirror.
 - (10) Explorer.
 - (11) Cotton pliers.
 - (12) Surgical knife.
 - (13) Periosteal elevators.
 - (14) Assorted curettes and files.
 - (15) Surgical scissors.
 - (16) Suture needle holder.
 - (17) Hemostat.
 - (18) Scissors.
 - (19) Suction tip.
- c. Alveolectomy
- (1) Surgical blades.
 - (2) Aspirator handle.
 - (3) Aspirator tip.
 - (4) Gauze.
 - (5) Suture material.

Performance Measures

Results

- (6) Surgical knife.
- (7) Periosteal elevator.
- (8) Rongeur forceps.
- (9) Bone file.
- (10) Curettes.
- (11) Surgical scissors.
- (12) Tissue forceps.
- (13) Tissue scissors.
- (14) Suture needle holder.

2. Covers tray with a sterile towel.

P F

NOTE: Add sterile water and irrigation syringe for each setup.

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0026

PREPARE AN ENDODONTIC PROCEDURE SETUP

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. The examination and anesthetic setups have been set out. Necessary materials and equipment: 2 X 2 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, and assorted endodontic instruments.

STANDARDS

The specified instruments required for the preparation and filling of a root canal are selected without error.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Sets out the instruments and materials required for preparing the root canal. | P | F |
| a. A selection of various sizes of burs. | | |
| b. An irrigating syringe. | | |
| c. A dappen dish. | | |
| d. A medicament bottle. | | |
| e. Barb broaches. | | |
| f. Root canal files. | | |
| g. A 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.

PREPARE A PROSTHODONTIC PROCEDURE SETUP

CONDITIONS

The dental specialist is wearing sterile rubber gloves, a mask, and eye protection. Necessary materials and equipment: 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 are set out without error.

TRAINING/EVALUATION

Training Information Outline

1. Sets out impression trays according to the dentist's orders.
 - a. Edentulous impression trays--two types available:
 - (1) The first type is used with modeling plastic or compound and is made of a pliable metal alloy shaped by bending and cutting to fit the individual patient.
 - (2) The second type is used with hydrocolloid impression material and is made with rimmed borders to retain the impression material.
 - b. Edentulous impression trays are made with rimmed borders to retain the impression material in the tray when the impression is removed from the mouth. 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. Sets 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 custom-made 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. (See task 081-840-0011.)

(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. Sets 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.

STP 8-91E15-SM-TG

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. Sets 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.

Evaluation Guide

Performance Measures

Results

1. Sets out impression trays.	P	F
2. Sets out the impression materials.	P	F
3. Sets out the appropriate instruments and equipment.	P	F
4. Sets out the appropriate insertion and adjustment materials.	P	F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0030

PROVIDE ORAL FITNESS INSTRUCTION

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. The examination setup has been set out. Necessary materials and equipment: a toothbrush, dental floss, a hand mirror, a disclosing agent, and a model of dental arches.

STANDARDS

Instruction is effectively provided so that the patient employs proper oral hygiene techniques and understands the importance of proper oral hygiene.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Demonstrates the appropriate techniques of tooth brushing.

P F

NOTE: A toothbrush with soft nylon bristles is preferred.

- a. Shows the sequence of brushing.
 - (1) Reaches adequately every tooth and area.
 - (2) Provides enough brushing time in each area.
- b. Manipulates the toothbrush.
 - (1) Works the tips of the bristles into the pits and fissures with enough vibration to loosen and dislodge all debris.
 - (2) Places the sides of the bristles against the gingival tissues to avoid lacerating them with the bristle tips.
 - (3) Rotates the bristles toward the occlusal or incisal surfaces.
 - (4) Works bristles between the teeth and into the interproximal areas to dislodge accessible food debris and plaque.

Performance Measures**Results**

c. Demonstrates the appropriate brushing method.

(1) Bass method: useful for all types of dental conditions, especially periodontal problems. With bristles pointed at a 45-degree angle into the gingival sulcus, vibrate the brush gently back and forth about 20 times. Move the brush forward and repeat.

(2) Rolling stroke method: useful for stimulation of the gingiva. Place the brush above the free gingiva with the bristles pointed toward the apices. Exerting light pressure, draw the brush toward the occlusal surface using a rolling stroke. Use a scrub technique on the occlusal surface.

(3) Charter's method: useful for patients with severe loss of interdental papilla height, fixed prosthetic appliances, previous gingival surgery, or subsided ulcerative gingivitis. Perform the rolling stroke first to remove debris from the teeth. Direct the bristle tips toward the occlusal or incisal surface. Gently rotate the handle, flexing the bristles and bringing them into contact with the interdental tissues and exposed proximal surfaces. Vibrate the handle of the brush with a slow, circular motion.

(4) Modified Stillman's method: useful for patients with hypersensitive gingiva or slightly reduced interdental papilla. Use the rolling stroke method while vibrating the bristles in a lateral motion.

(5) Fone's method: useful for small children or others with poor manual dexterity. First, occlude the teeth. Then lightly press the bristles against the posterior teeth and the gingiva. Revolve the brush head in a fast, circular motion, using circles of large diameter. Continue the circular motion, and slowly move the brush head toward the anterior until all facial surfaces have been brushed. With the mouth open, use the same circular motion on the maxillary and mandibular lingual surfaces.

d. Stresses the four major points, which are to:

(1) Clean the teeth and stimulate gingival tissues without injuring tooth structure, gingiva, or other oral tissues.

(2) Brush every surface of every tooth and provide stimulation to gingival tissues.

(3) Devote enough time to each area to ensure adequate cleaning.

(4) Pay special attention to brushing hard-to-reach areas.

STP 8-91E15-SM-TG

Performance Measures

Results

2. Demonstrates flossing of the teeth on a dental arches mold. P F
- a. Lightly wraps a piece of floss about 18 to 24 inches long around the middle fingers, which act as anchors.
 - b. Cleans the maxillary teeth by holding the floss between the thumb and index finger or between both thumbs.
 - c. Cleans the mandibular teeth, directing the floss down, guiding with the index fingers of both hands.

NOTE: The floss must NOT be forced between the teeth. A seesaw motion should be used where contact areas are tight.

- d. Moves the floss up and down with both fingers four or five times on the proximal surface of one tooth. Repeats until the surfaces are squeaky clean.
- e. Works the floss as far down as it will go into the gingival sulcus, without inducing pain, for thorough cleaning.

NOTE: Uses a new section of floss when the floss has been frayed or soiled.

- f. Rinses the mouth vigorously with water after flossing to remove loosened food and plaque.
3. Monitors the patient's brushing and flossing. P F
4. Stains the patient's oral cavity with disclosing materials to show the patient improperly cleaned areas of the teeth. P F

NOTE: Disclosing materials are invaluable in showing the patient improperly cleaned areas of the teeth.

- a. Explains to the patient the effects of the disclosing agent.
- b. Applies the liquid disclosing agent to the patient's teeth using a cotton tipped applicator or has the patient chew a disclosing tablet.
- c. Has the patient swish the agent around in the mouth and expectorate it.
- d. Has the patient rinse with water and expectorate it.
- e. Has the patient look for remaining plaque.

Performance Measures

Results

- (1) In pits and fissures.
 - (2) On mesial and distal surfaces.
 - (3) Along the gingival margins.
5. Has the patient practice brushing and flossing, as instructed, to ensure that the patient can employ the techniques that were taught. P F
6. Gives nutritional counseling to the patient. P F
- a. Clearly explains to the patient the relationship of sugars to dental caries.
 - b. Involves the patient by having him or her provide diet information and noting the frequency and the amount of sugar ingested.

REFERENCES:

Required

Related

NONE

AR 40-35
TC 8-20-1

081-840-0083

PERFORM A BACTERIAL PLAQUE INDEX

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a basic exam setup, a disclosing agent, paper cups, and a chart to record the findings.

STANDARDS

The numerical classification indicated by the test results is recorded without error.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Explains the procedure to the patient.	P	F
2. Stains the patient's teeth using a disclosing tablet.	P	F
3. Obtains a plaque index reading.	P	F
a. Uses the facial surfaces of teeth numbers 3, 8, 14, and 24, and lingual surfaces of teeth numbers 19 and 30.		
b. If any of these teeth are missing, uses adjacent teeth.		
4. Scores the six teeth.	P	F
a. Mentally divides each tooth surface into thirds horizontally.		
b. Scores 1 point for dental plaque in any one section.		
c. Scores a maximum of 3 for any one tooth.		
5. Records the tooth numbers.	P	F
6. Scores by dividing the total score by 6.	P	F

Performance Measures

Results

NOTE: An 18 point system is used to evaluate the patient's plaque condition. The surfaces of the teeth are divided into thirds horizontally. If no stain is visible, a score of "0" is given. When the gingival third is stained, a score of "1" is given. If the gingival and middle thirds are stained, a score of "2" is given. If the gingival, middle, and incisal (or occlusal) thirds are stained, a score of "3" is given.

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0032

PROCESS STERILIZED DENTAL ITEMS

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: plastic, paper, muslin packages of newly sterilized dry items, a sterilizer log book, and a current Julian calendar.

STANDARDS

Sterilized items are assigned a correct load control number and an expiration date. The sterilizer log book is filled out correctly. Sterilized items are stored and maintained properly.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

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

NOTE: A clinic may have five or six sterilizers, and 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.

Sterilizer number	Julian calendar day of year	Sterilizer cycle number	Load control number
1	(1 Jan)--001	1	0100101
2	(1 Jan)--001	5	0200105
3	(8 Jul)--189	11	0318911
12	(31 Dec)--365	4	1236504
14	(31 Dec)--365	8	1436508

Performance Measures

Results

2. Marks each package with the expiration date and load control number.

P F

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

Wrapper	Shelf Life
Autoclave paper bags, muslin, and wovens	72 hours
Papers and wovens placed in hermetically sealed or envelope protected covers	6 months
Nonwoven, nylon, plastic, or plastic and paper laminate	6 months

3. Enters the load information in the sterilizer log book.

P F

- 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, reports it immediately to the NCOIC.

4. Stores the items.

P F

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

STP 8-91E15-SM-TG

Performance Measures

Results

- a. If cabinet trays are used, sterilized muslin should be placed over and under the instruments.
- b. Sterile packs 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. Checks the shelf life of the items.

P F

NOTE 1: 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 2: 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. If packages are found with expired dates, repackages and sterilizes them repeating steps 1-3.

P F

REFERENCES:

Required

Related

NONE

FM 8-38
TB MED 266
TC 8-20-1

081-840-0041

CLEAN THE STEAM STERILIZER (AUTOCLAVE)**CONDITIONS**

Necessary materials and equipment: trisodium phosphate crystals, detergent, towels, hot water, and distilled water.

STANDARDS

The surgical instrument sterilizer is cleaned so that all residue and mineral deposits are removed.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

1. Performs routine maintenance.

P F

NOTE: Sterilizer must be cool.

- a. Cleans the exterior surfaces using the mildest cleaning solution.
- b. Rinses the interior surfaces thoroughly with fresh water.
- c. Wipes dry to avoid water marks.
- d. Drains the water from the chamber.
- e. Removes the strainer and wipes it to remove sediment deposits and lint.

NOTE: The strainer must be kept clean so that air and condensate can pass through it. Otherwise, the sterilizer cannot be depended upon for sterilization.

- f. Washes the chamber and trays with a mild detergent water solution and a cloth.

NOTE: Strong abrasives must never be used, nor steel wool or the like.

g. Rinses the detergent residue away from the chamber and trays with fresh water and wipes them dry with a lint-free cloth.

- h. Replaces the strainer.

STP 8-91E15-SM-TG

Performance Measures

Results

- 2. Removes visible mineral deposits. P F
 - a. Prepares a solution of 1 teaspoon trisodium phosphate crystals to 1 quart of hot water.
 - b. Drains the water from the chamber and reservoir.
 - c. Pours the trisodium phosphate solution into the reservoir and allows the chamber to fill until the solution covers the deposits.
 - d. Lets this stand until the deposits loosen, and then wipes them away.
 - e. Drains the trisodium phosphate solution from the chamber and reservoir.
 - f. Removes the chemical residue by flushing the chamber and reservoir with distilled water and wiping dry.

- 3. Performs additional maintenance, as needed. P F
 - a. Lightly oils the door hinges.
 - b. Visually checks the power cord and the chamber door gasket.
 - c. Checks the pitch of the sterilizer; it should slope downward from rear to front.

NOTE: It is recommended that the pitch be checked every two months.

REFERENCES:

Required

Related

NONE

**FM 8-38
TC 8-20-1**

081-840-0069

PREPARE DENTAL ITEMS FOR STERILIZATION

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a holding pan, detergent, disinfecting solution (mixed to proper proportion), 2 X 2 gauze, a long handled stiff brush, disposable towels, an ultrasonic cleaner unit, ultrasonic solution (mixed to the proper proportion), transfer forceps, a measuring beaker, pressure sensitive adhesive tape or chemical indicator tape, different types of sterilization wraps and packages, and marking equipment.

STANDARDS

The items or instruments are prepared without damage, and without injury or contamination to operator, instruments, or other items.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

<p>CAUTION</p> <p>All contaminated instruments of known high risk patients must be bagged loosely, autoclaved (without washing) immediately after treatment, and then prepared for sterilization IAW this task. A high risk patient is a patient with an infectious disease, such as hepatitis, acquired immune deficiency syndrome (AIDS), tuberculosis, and venereal diseases. These diseases can be contracted by the dental specialist through direct or indirect contact with the patient's body fluids (blood, saliva, etc.).</p>
--

- | | | |
|-----------------------------------|---|---|
| 1. Prepares the holding solution. | P | F |
|-----------------------------------|---|---|

NOTE: The holding solution should be prepared first thing in the morning and replaced with fresh solution after the morning patient session.

- | | | |
|--|---|---|
| 2. Gathers and soaks the soiled instruments in cool detergent or disinfectant cleaning solution for at least 1 to 5 minutes with jointed instruments opened. | P | F |
|--|---|---|

- | | | |
|--|---|---|
| 3. Scrubs the items individually with a stiff brush (denture type) under warm running water, being certain to remove all scale, debris, blood, saliva, and tissue. | P | F |
|--|---|---|

STP 8-91E15-SM-TG

Performance Measures	Results	
4. Rinses the items under warm running water to ensure thorough removal of all soap, detergent residue, or solution.	P	F
5. Removes the excess water by patting the items dry.	P	F
NOTE: If the instruments are not dried, the remaining water will dilute the solutions.		
6. Places the items in the ultrasonic cleaner and runs it for at least 10 minutes.	P	F
NOTE: Placing rather than dropping the items prevents splashing and possible injuries to the operator.		
7. Rinses the items (see step 4).	P	F
8. Dries the instruments thoroughly.	P	F
9. Inspects the items.	P	F
a. Checks for cleanliness; if soiled, repeats steps 3 through 9.		
b. Checks for rust, cracks, chips, bends, and missing pieces. If noted, turns the item in to supply and gets a replacement.		
c. Checks for sharpness; if dull, sharpens.		
d. Checks hinged instruments for free movement and oils, if necessary.		
NOTE: Follows local SOP or manufacturer's instructions regarding lubrication and sharpening.		
10. Separates the items by the type of sterilization needed.	P	F
11. Wraps the items for steam sterilization.	P	F
a. Paper.		
b. Plastic.		
c. Nylon.		
d. Cloth--when used as a packaging material, uses a double thickness.		

Performance Measures

Results

NOTE: Wraps all packages loosely to allow the sterilizing agent to circulate freely throughout the pack. Ensures that scissors, hemostats, and other hinged instruments are in the open position. Extra length of the package allows inside air to expand.

12. Labels the package.

P F

a. Seals the package with heat sensitive indicator tape (that is, Chemical Indicator or CI tape).

b. Writes the contents of the package on the CI tape or the package itself, if feasible.

NOTE: The LCN will not be placed on the package until after sterilization has been completed.

REFERENCES:

Required

Related

NONE

**FM 8-38
TB MED 266
TC 8-20-1**

081-840-0070

PERFORM CLINICAL CHEMICAL DISINFECTION OF DENTAL ITEMS

CONDITIONS

The dental specialist is wearing rubber utility gloves. Necessary materials and equipment: two soak pans with lids, 2 X 2 and 4 X 4 gauze pads, running water, distilled water, hand towels, appropriate disinfectants, and transfer forceps.

STANDARDS

The items are disinfected without contamination or damage and without injury to the operator.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Selects an appropriate disinfectant.

P F

a. Iodophors-Iodine compounds usually combine iodine (1 percent) with a surface-active agent (detergent). They are used for surface disinfection and preoperative swabbing in some cases. They are less corrosive than most disinfectants.

b. Glutaraldehyde-This solution has to be "activated" with a buffer (trisodium phosphate and sodium bicarbonate). The solution is particularly useful for the disinfection of rubber, plastic, or adhesive bonded parts, such as certain mirrors, which cannot be heated. Since the solution is irritating to the skin, objects being disinfected should be rinsed with 80 to 90 percent alcohol or sterile water before use. Should not be used as a surface disinfectant because of the toxic effects of the fumes.

NOTE: Glutaraldehyde solutions are the only disinfectants that can be used for sterilizing (the item is immersed for a minimum of 10 hours in full strength).

c. Chlorine (chlorine dioxide)-Sodium hypochlorite solution is a disinfectant for use with critical nondisposable and noncritical nonmetal items. A concentration of 0.5 to 5 percent is effective. This chemical can be used to disinfect plastic items.

d. Chemical agents not commonly used are phenols, quaternary ammonium compounds, and alcohols (either ethyl or isopropyl) due to the fact that currently they are not recommended for dental use by the CDC, ADA, or US Army TB MED 266.

Performance Measures

Results

2. Selects a container which is Pyrex, glass, or stainless steel and/or combinations thereof. P F

NOTE: No container should be used without a lid or suitable cover to keep out dust and air contaminants as well as to reduce evaporation.

3. Prepares the disinfectant solution according to the manufacturer's instructions and Figure 3-3. P F

Chemical	Disinfectant	Sterilant	Disadvantages
Glutaraldehyde	Some dilute, some use full strength. Reuse possible.	Yes, if soaked for 10 hrs.	Not a cleanser, corrosive to instruments, caustic to skin, fumes toxic.
Iodophors (1% iodine)	1:213 dilution 10 min. 20° C	No, but also a cleanser.	May discolor items. Possible allergy.
Chlorine dioxide	4:1 dilution	6 hours.	Corrosive, strong odor.
Sodium hypochlorite	1:10 dilution	No	
Complex Phenols	1:32 dilution	No	Degrades some plastics. Caustic to skin.
Alcohol-Ethyl or Isopropyl	No No	No No	Only to be used as skin cleanser.
Quaternary Ammonium Compounds	No	No	Not effective. Not for dental use.

Figure 3-3

Performance Measures

Results

NOTE: The use-life of disinfectants is affected by the amount of usage, the amount of dilution that occurs, and the pre-disinfection procedures.

4. Disinfects the instruments.

P F

a. Places instruments and equipment in an ultrasonic cleanser, rinses and dries them prior to immersion in a chemical disinfectant.

NOTE: Scrubs them under running water only if visible debris is present after use of the ultrasonic cleaner unit. If the instruments and equipment are not dried, the remaining water will dilute the disinfectant.

b. Disinfects miscellaneous instruments and materials.

(1) Plastic instruments are now made of heat resistant plastic. They should be sterilized in a chemiclave or autoclave. If heat sensitive, soaks them in an immersion sterilant such as glutaraldehyde (cidex) for 10 hours to accomplish an unmonitored sterilization procedure.

(2) Anesthetic cartridges (disinfection) are stored in a dry state. Before the syringe is loaded, the diaphragm of the cartridge may be wiped with a sterile 2 X 2 inch gauze pad moistened with 70 percent isopropyl alcohol.

(3) Rubber products-sterilizes hard rubber or nylon products, such as bite blocks by immersing in full strength glutaraldehyde solution for 10 hours.

(4) Radiographic positioning devices-prepares the devices for disinfection.

(a) Soaks the instruments in a holding solution prior to using the ultrasonic cleaner unit.

(b) Scrubs ultrasonic instruments under warm running water only if visible debris is present.

(c) Rinses and pats the instruments dry.

(d) Between each patient, disinfects the device by immersing in a glutaraldehyde solution for 30 minutes.

(e) At the end of the day, disinfects the device by immersing in undiluted glutaraldehyde for 7 to 10 hours.

Performance Measures

Results

NOTE: After immersion in glutaraldehyde, washes the device in water.

- 5. Disinfects fixed or semi-fixed surfaces.

P F

NOTE: Equipment should be disinfected before and after each patient.

- a. Handpieces. Sterilizes those handpieces that can be sterilized per manufacturer's instructions.

- b. Three-way syringe tips and aspirator tips must be either sterilized or disposable.

- c. Noncritical fixed and semifixed equipment.

- (1) Wipes down (cleans) all dental equipment prior to disinfection. Surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect should be wrapped after disinfection with aluminum foil or plastic wrap. The coverings need to be removed and replaced after each patient.

- (2) Disinfects between patients and at the beginning and end of each day.

- 6. Puts the instruments away.

P F

NOTE: Uses gloves when handling all disinfectants.

REFERENCES:

Required

Related

NONE

**TB MED 266
TC 8-20-1**

081-840-0072

STERILIZE DENTAL ITEMS

CONDITIONS

Packaged dental instruments or high risk patient instruments have been prepared for sterilization. The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a Pelton Crane countertop autoclave with trays, sterilizing bags, distilled water, biological indicators (BI), and chemical indicators (CI).

STANDARDS

Dental instruments are sterilized without damage to the instruments or autoclave and without injury to the operator.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Prepares the sterilizer for use. | P | F |
| a. Plugs the sterilizer power cord into a power source. | | |
| b. Fills the water reservoir with distilled water. | | |
| (1) Removes the reservoir cover. | | |
| (2) Fills the reservoir until the water level reaches the "FULL" indicator. | | |
| (3) Replaces the reservoir cover. | | |
| c. Fills the chamber to the indicated level with distilled water from the reservoir. | | |
| (1) Fills by rotating the power switch to FILL. | | |
| (2) Verifies visually that the water in the chamber is at the correct level. | | |
| (3) Fills 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.

Performance Measures**Results**

(4) Turns the power switch to OFF when the chamber is properly filled.

2. Loads the sterilizer trays.

P F

CAUTION

Instruments used on high risk patients are bagged and autoclaved before washing. When the sterilization cycle is complete, removes the instruments from the bag. Washes, scrubs, wraps, and reautoclaves them.

a. Places the packages on the tray.

(1) Places packages on their sides.

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) Arranges 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) Places nonporous items on their sides in the topmost tray.

(4) Places the thickest, most dense packages in the bottom tray and the thinner packages in the upper tray.

(5) Opens the autoclave chamber door.

(6) Places the tray(s) in the autoclave chamber.

b. Ensures that the sterilization indicators, when used, are inserted in the center of the thickest packages to be sterilized.

c. Places empty containers on the sterilizer carriage either on their sides or with their openings down.

STP 8-91E15-SM-TG

Performance Measures

Results

3. Operates the sterilizer.

P F

a. Secures the sterilizer door.

b. Preheats the sterilizer.

(1) Turns the power control knob to **STERILIZE**.

(2) Sets the timer for 15 minutes and waits until the required temperature (250° F) and pressure (15 psi) are reached.

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

c. Resets the timer for 30 minutes and allows the sterilizer to complete the cycle.

<p>CAUTION</p> <p>The metal part of the sterilizer must not be touched. Stand to the side when opening the door due to steam release.</p>
--

d. Vents the autoclave, opens the chamber, and allows the contents to dry after the sterilizer has cycled.

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

e. Removes 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 which falls on the floor is considered contaminated.

4. Logs the load into the quality control book.

P F

REFERENCES:

Required

Related

NONE

**FM 8-38
TB MED 266
TC 8-20-1**

081-840-0078

DISPOSE OF INFECTIOUS DENTAL WASTE**CONDITIONS**

The dental specialist is wearing a sterile mask, gloves, and eye protection. Necessary materials and equipment: 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 log book, and an autoclave.

STANDARDS

Infectious waste is disposed of without contamination of personnel or the work area.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

- | | |
|--|---------------|
| <ol style="list-style-type: none"> 1. Selects and prepares a container, if applicable. <ol style="list-style-type: none"> a. Sharp infectious waste (needles, blades). <ol style="list-style-type: none"> (1) Selects a container with the following characteristics: <ol style="list-style-type: none"> (a) Red. (b) Wide-mouthed. (c) Rigid, impenetrable plastic without valves and sleeves. | <p>P F</p> |
|--|---------------|

NOTE: This type of container will prevent contamination of the hands from sharp disposable items which could break through.

- (2) Labels the container with the words "Contaminated Waste".
- b. Other infectious waste.
 - (1) Autoclavable plastic biohazard bags.
 - (2) Covered container lined with a biohazard bag.

STP 8-91E15-SM-TG

Performance Measures

Results

c. Ensures that the autoclavable plastic bags have orange and black markings and are labeled "Biological Hazard".

NOTE: Autoclavable bags may differ in color.

2. Gathers disposable waste after the release of each patient. P F

3. Places disposable waste in the appropriate container or bag as applicable. P F

a. Places sharp items in the red container marked "Contaminated Waste".

(1) Used needles.

CAUTION

Needles must not be recapped before disposal. The needle must not be removed from a disposable syringe before disposal.

(2) Scalpel blades.

CAUTION

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

(3) Used local anesthetic cartridges.

b. Places other infectious waste in the biohazard bag(s) marked "Biological Hazard".

(1) Saliva ejectors.

(2) Aspirator tips.

(3) Mouth props.

(4) Rubber dams.

Performance Measures**Results**

- (5) Gloves.
 - (6) Masks.
 - (7) 2 X 2 gauze or cotton rolls.
 - (8) Floss.
 - (9) Other items that may have come in contact with body fluids.
4. Prepares the autoclavable container or bag for sterilization. P F
- a. Closes the lid of the plastic container when 3/4 full.
 - b. Biohazard bag.
 - (1) Removes the bag from the container.
 - (2) Adds 1 pint of water to the bag when it is 3/4 full with infectious waste.
 - (3) Grasps the top of the bag and ties loosely with a rubber band.
 - (4) Places the bag in a shallow metal pan.
5. Logs the infectious waste prior to sterilization. P F
- a. Writes the load control number (LCN) on the bag or the container.
 - b. Writes the number of bags or containers in the "CONTENTS" column in the log book.
 - c. Writes the date of sterilization in the log book.
 - d. Signs the operator's name.
6. Sterilizes the biohazard bag or container with contaminated waste. P F
(See task 081-840-0072.)
- NOTE:** Contaminated waste is autoclaved separately from other instruments.
7. Disposes of the sterilized waste by placing it in a regular waste container. P F

STP 8-91E15-SM-TG

REFERENCES:

Required

Related

NONE

NONE

081-840-0034

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

CONDITIONS

Necessary materials and equipment: SF 603, SF 603A, a #1 or #2 pencil with eraser, a pen with black or blue-black ink, and TB MED 250.

STANDARDS

The SF 603 or SF 603A is completed IAW TB MED 250 without error.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | |
|---|------------|
| <p>1. Completes section I of SF 603.</p> <p style="margin-left: 20px;">a. Records missing teeth, existing restorations, diseases, and abnormalities when initiating a dental record.</p> <p style="margin-left: 20px;">b. Notes any abnormalities which cannot be charted using the graphic chart and symbols discussed in TB MED 250 in the "Remarks" section.</p> | <p>P F</p> |
|---|------------|

NOTE 1: Completes part 4 of section I only if a panoramic radiograph has not been taken.

NOTE 2: Part 5 of section I may be used to chart initial treatment needs.

- | | |
|--|------------|
| <p>2. Completes section II of SF 603.</p> <p style="margin-left: 20px;">a. Makes permanent entries printed in black ink or typewritten.</p> <p style="margin-left: 40px;">(1) Sex - M for male; F for female.</p> <p style="margin-left: 40px;">(2) Race - (optional) Cau for caucasian, Bl for black, Oth for a member of any other race, and Unk for unknown.</p> <p style="margin-left: 40px;">(3) Component or Branch - Army; USAR; ARNG; Navy, etc.</p> | <p>P F</p> |
|--|------------|

STP 8-91E15-SM-TG

Performance Measures

Results

(4) Service, Dept, or Agency - Enter Army, Navy, Air Force, etc., or whatever service, department, or agency.

(5) Patient's Name and Date of Birth - self-explanatory.

(6) Identification No. - SSN of military personnel (active duty or retired). For family members, enters the FMP followed by the sponsor's SSN.

b. Makes temporary entries in # 1 or # 2 pencil.

(1) Grade, Rating, or Position.

(a) Active duty personnel - Enter rank.

(b) Retired personnel - "RET/rank".

(c) Family member - relationship to the sponsor followed by the sponsor's rank, first name, and middle initial. Example: Son/SFC John L.

(2) Organization Unit - The unit of active duty military personnel and/or sponsor.

(3) Separation from the service - Expiration term of service (ETS), or date eligible to return from overseas (DEROS). Entry is made in the right hand corner of the space containing the patient's name (item 12).

3. Completes section III of SF 603 or 603A.

P F

a. Block 15 - Makes entries in black ink, recording restorations and treatment of defects performed after the initial dental processing.

b. Block 16.

(1) Uses as an examination chart, recording those defects which are discovered at the time of initial and subsequent examinations.

(2) Makes entries in pencil and individual entries are erased as each related treatment is completed.

(3) Remarks block - indicates in pencil, the date of the examination. If the patient is dental class 3, indicates the reason for this classification.

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

Performance Measures	Results
<p>4. Records all entries in block 17 IAW formulas and abbreviations authorized by TB MED 250.</p> <ul style="list-style-type: none"> a. All entries are made legibly in black ink. b. Entries include every treatment as well as major steps involved in multivisit treatments. c. Date column - Enters the current year on the first line. Subsequent dates on the following lines include only the day and month of each treatment visit. d. Diagnosis-Treatment column - Entered in chronological order as performed during the appointment. Basic format for the entry is followed. <ul style="list-style-type: none"> (1) Chief complaint (if appropriate). (2) Patient preparation procedures. (3) Tooth number(s). (4) Diagnosis (if appropriate). (5) Treatment(s). e. DOD dental classification: class 1; class 2; class 3; class 4. <p>NOTE: Fitness classifications apply to active duty soldiers only.</p> <ul style="list-style-type: none"> f. Operator and dental facility. <ul style="list-style-type: none"> (1) Facility name is shown in block 17 for the first entry made at that facility. (2) Operator's name, rank, and corps, occupation or degree are shown for each treatment. Expanded duty assistants, DTA or PDS (91EX2), must also show the name of the supervising dentist on the last line of entry. 	<p>P F</p>
<p>5. Corrects erroneous entries, if present.</p>	<p>P F</p>

REFERENCES:	<i>Required</i>	<i>Related</i>
	TB MED 250	NONE

081-840-0035

MAINTAIN THE DENTAL HEALTH RECORD FILE

CONDITIONS

Necessary materials and equipment: dental health records, a manila folder, AR 40- 66, and OF 23 (Charge-out Record).

STANDARDS

Dental health records are maintained IAW AR 40-66.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Files by social security number and family member prefix. The prefix is the Family Member Prefix (FMP). It is the first two digits of the file number and identifies the patient's status.

P F

- a. Sponsor's oldest child: FMP-01.
- b. Sponsor's next oldest child: FMP-02.
- c. Sponsor's third, fourth, etc. child: FMP-03, 04, 05, etc.
- d. The sponsor: FMP-20.
- e. Sponsor's spouse/ex-spouse: FMP-30 to 39.

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

2. Employs a record charge-out system. OF 23 (Charge-out Record) or another charge-out record is put in the folder; this record shows where the medical record is located.

P F

3. Requests records. DD Form 877 (Request for Medical/Dental Records or Information) is used for requesting medical records.

P F

NOTE: AR 40-66, para 4-7 gives full explanation for requesting records.

Performance Measures

Results

4. Updates the "R" blocks on DA Form 3444-series folders.

P F

a. For active duty personnel--

(1) Red tape--indicates duplicate film made and submitted to the Central Panograph Storage Facility (CPSF) .

(2) Green tape--indicates duplicate film has confirmation of enrollment in the Central Panograph Storage Facility (CPSF).

b. Non-active personnel--year that record will be retired, which will be 2 years after the end of the year in which the last dental treatment was given.

Records to be retired in:	Tape Color
1992	Silver or white
1993	Black
1994	Orange
1995	Red
1996	Blue
1997	Green
1998	Yellow
1999	Silver or white

5. Ensures the "S" block is correct--indicates the status of the patient. Cover both the blocks with appropriate colored tape.

P F

a. Active duty military--Red tape.

b. Military other than active duty to include retirees--Green tape.

c. Foreign nationals--Silver or White tape.

d. All others--Black tape.

6. Updates dental classification.

P F

a. Places a piece of colored tape on the upper right margin of the rear flap on the DA Form 3444-series folder, just above the "0" block to indicate each dental fitness classification.

Performance Measures

Results

b. The colors used for each class are--

Class 1 = Blue
Class 2 = White
Class 3 = Red
Class 4 = Green

7. Initiates a temporary dental record, when needed. A manila folder rather than the DA Form 3444 series folder is used. The date the temporary record was begun is printed on the folder. P F

8. Prepares a new dental record, if the original record is not received within 60 days. P F

NOTE: Should a lost dental record be found after a new record has been prepared, the forms of the new record will be filed in the original records.

9. Makes disposition of dental health records. P F

NOTE: Upon discharge, release from active duty, retirement, death, or transfer from USAR to ARNG, dental health records are disposed of per AR 640-10, para 2-7.

REFERENCES:

Required

Related

AR 40-66

**AR 640-10
TB MED 250**

081-840-0082

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

CONDITIONS

Necessary materials and equipment: 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 is initiated without error.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | |
|--|---------------|
| <ol style="list-style-type: none"> 1. Selects the correctly colored folder. The color of the folder represents the last two digits (the primary group) of the patient's SSN. <ol style="list-style-type: none"> a. Primary group: 00-09, color-orange. b. Primary group: 10-19, color-light green. c. Primary group: 20-29, color-yellow. d. Primary group: 30-39, color-gray. e. Primary group: 40-49, color-tan. f. Primary group: 50-59, color-light blue. g. Primary group: 60-69, color-white. h. Primary group: 70-79, color-brown. i. Primary group: 80-89, color-pink. j. Primary group: 90-99, color-red. | <p>P F</p> |
|--|---------------|

STP 8-91E15-SM-TG

Performance Measures

Results

2. Enters the name, prefix, and social security number (SSN) on the back cover. P F
- a. The name is written: Last Name, First Name, MI.
 - b. The prefix is the 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, 05, etc.
 - (4) The sponsor: FMP-20.
 - (5) Sponsor's spouse/ex-spouse: FMP-30 to 39.
- NOTE:** TB MED 250 and AR 40-66 have a complete listing of all codes.
- c. The last nine digits of the file number are the sponsor's SSN broken into three groups.
 - (1) First group--the first five digits of the SSN.
 - (2) Second group--the next-to-last two digits, known as the secondary group.
 - (3) Third group--the last two digits, known as the primary group.
3. Places a label made from the patient's medical card in the "PATIENT'S IDENTIFICATION" P F
block. If an imprinter is unavailable, then writes in the information listed.
- a. FMP and sponsor's SSN.
 - b. Patient's Last Name, First, MI.
 - c. Sponsor's grade and name.

NOTE: For active duty personnel the "R" block is used to indicate whether or not a duplicate identification panoramic radiograph is on file in the Central Panograph Storage Facility (CPSF). For non-active duty personnel it indicates when the record is to be retired.

Performance Measures

Results

4. Completes the "R" and "S" blocks. P F
- a. "R" blocks.
- (1) For active duty personnel--
- (a) Red tape--indicates duplicate film made and submitted to the CPSF.
- (b) Green tape--indicates duplicate film has confirmation of enrollment in the CPSF.
- (2) Non-active personnel--year that record will be retired, which will be 2 years after the end of the year in which the last dental treatment was given.

Records to be retired in:	Tape Color
1992	Silver or white
1993	Black
1994	Orange
1995	Red
1996	Blue
1997	Green
1998	Yellow
1999	Silver or white

- b. "S" block--indicates the status of the patient. Cover both the blocks with appropriate colored tape.
- (1) Active duty military--Red tape.
- (2) Military other than active duty to include retirees--Green tape.
- (3) Foreign nationals--Silver or White tape.
- (4) All others--Black tape.

5. Covers the last digit of the SSN in both the right and top margins with Black tape. P F
6. Completes the "NOTE TO PHYSICIAN" block. P F

STP 8-91E15-SM-TG

Performance Measures

Results

NOTE 1: If needed, affixes DA Label 162 (Emergency Medical Identification Symbol).

NOTE 2: A medical warning tag will not be issued to HIV positive infected persons; however, a DA Label 162 will be affixed to the record jacket.

- | | | |
|--|---|---|
| 7. Completes the "TYPE OF RECORD" block. | P | F |
| 8. Annotates the patient's blood type. | P | F |

NOTE: The symbols (+) and (-) will not be used. The abbreviations "pos" for positive and "neg" for negative are acceptable.

- | | | |
|--|---|---|
| 9. Enters the name of the servicing dental clinic in the lower right hand corner of the record jacket. | P | F |
|--|---|---|

NOTE: This entry should be made in pencil and may be placed on a white adhesive label for legibility and ease of changing.

- | | | |
|--|---|---|
| 10. Has the patient complete the Privacy Act statement. | P | F |
| 11. Fills out the nominal card index for nonactive duty personnel. | P | F |

REFERENCES:

Required

NONE

Related

**AR 40-15
AR 40-35
AR 40-66
AR 50-5
TB MED 250**

CHAPTER 4
DUTY POSITION TASKS

081-840-0055

INSPECT A PATIENT'S ORAL CAVITY

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: a mouth mirror, an explorer, gauze sponges, SF 603, and a probe.

STANDARDS

Any abnormalities in the patient's oral cavity are identified and recorded on the patient's dental health record without error.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures	Results
1. Inspects the lip and vestibule and notes abnormalities on the patient's SF 603.	P F
a. Visually inspects the lips and mucobuccal fold, using the mouth mirror as needed.	
b. Palpates the lips and mucobuccal fold.	
2. Notes any abnormalities of the labial frena found by visual inspection.	P F
3. Notes any abnormalities of the inner surfaces of the cheeks found by palpation.	P F
4. Notes any abnormalities of the parotid papilla found by visual inspection.	P F
5. Notes any abnormalities in the mouth proper.	P F
a. Visually inspects the hard palate.	
b. Palpates the hard palate to detect tori.	

STP 8-91E15-SM-TG

Performance Measures

Results

- c. Palpates and visually inspects the floor of the mouth.
 - d. Visually inspects the soft palate.
 - e. Visually inspects the tonsillar arches and the oral pharynx, using the mouth mirror as needed.
 - f. Grasps the tongue with gauze, pulls it forward, and visually inspects all of the tongue to include the lateral borders.
 - g. Visually inspects the gingiva for periodontal disease, and measures the depth of the gingival sulcus with a periodontal probe to determine the severity of any periodontal pockets.
6. Makes appropriate SF 603 entries for the tooth inspection.
- a. Examines the teeth, in numerical order, for carious lesions and makes appropriate entries on chart #16 of the SF 603 in pencil.
 - b. Records the absence of teeth in chart #15 in ink.

P F

7. Informs the dental officer of the findings.

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0056

APPLY FLUORIDE GEL USING THE TRAY METHOD**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: fluoride gel, disposable foam trays, a saliva ejector, cotton rolls, and an air/water syringe.

STANDARDS

Fluoride gel is applied using the tray method to all of the patient's teeth without injury to the patient.

TRAINING/EVALUATION*Evaluation Guide*

Performance Measures	Results	
1. Observes the size of the patient's arches, and selects maxillary and mandibular trays of sufficient size to accommodate the patient's arches.	P	F
2. Fills both trays about one-third full of fluoride gel.	P	F
3. Places cotton rolls between the upper gums and the teeth and in the floor of the mouth to absorb saliva, if necessary.	P	F
NOTE: This is only necessary for patients with excessive saliva.		
4. Air dries both of the patient's arches with the air/water syringe, and instructs the patient not to rewet the teeth with the tongue.	P	F
5. Places the gel-containing trays on each arch, seating them on the teeth.	P	F
6. Turns on the saliva ejector, and places it in the patient's mouth between the trays.	P	F
NOTE: The saliva ejector must be curved for maximum effectiveness.		
7. Has the patient lean his or her head forward with the chin tilted down.	P	F
8. Instructs the patient to bite together lightly for 4 minutes and to chew intermittently to facilitate interproximal penetration of the fluoride gel.	P	F
9. Removes the trays from the patient's mouth, and suctions the excess gel out.	P	F

STP 8-91E15-SM-TG

Performance Measures

10. Instructs the patient not to eat or drink for 30 minutes.

Results

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0057

**REMOVE CALCULUS AND STAIN DEPOSITS UTILIZING
DENTAL HAND SCALING INSTRUMENTS**

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, eye protection, and an apron or gown. Necessary materials and equipment: a mouth mirror, an explorer, an air/water syringe, and assorted dental hand scaling instruments.

STANDARDS

All calculus and stained deposits are removed without injury to the patient.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | | |
|--|---|---|
| 1. Inspects for calculus deposits by proceeding systematically around the patient's teeth using a mouth mirror, explorer, and air syringe. | P | F |
| 2. Selects the appropriate instruments for scaling. | P | F |
| 3. Grasps the instrument using the modified pen grasp. | P | F |

NOTE: The modified pen grasp differs from the normal pen grasp in that the scaler is grasped as close as is practical to the working tip.

- | | | |
|---|---|---|
| 4. Controls the instrument by bracing the ring finger and the last finger of the hand against the occlusal surface of the adjoining teeth to provide support while scaling. | P | F |
|---|---|---|

CAUTION

The working edge of the scaling instrument must not penetrate more than 3 mm below the gingival level unless the tissues are distended.

- | | | |
|---|---|---|
| 5. Removes deposits by using firm strokes which are directed away from the gingiva. | P | F |
|---|---|---|

STP 8-91E15-SM-TG

Performance Measures

Results

- | | | |
|--|---|---|
| 6. Utilizes a scaling sequence that is consistent and ensures no missed areas. | P | F |
| 7. Inspects the work to ensure that all deposits have been removed. | P | F |

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0058

**REMOVE CALCULUS AND STAIN DEPOSITS
UTILIZING ULTRASONIC EQUIPMENT**

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, eye protection, and an apron or gown. Necessary materials and equipment: ultrasonic equipment with appropriate tips, a mouth mirror, an explorer, a saliva ejector, and a plastic drape.

STANDARDS

All accessible calculus and stain deposits are removed without injury to the patient.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

- | | |
|---|--------|
| 1. Prepares the ultrasonic equipment for use. | P F |
| a. Ensures the unit is plugged in. | |
| b. Verifies the water flow through the handpiece. | |

NOTE: The handpiece must be flushed 3 minutes daily; 5 minutes after a weekend or holiday.

- | | |
|--|--------|
| c. Tunes the unit by adjusting the frequency tuning dial until the water flow becomes a fine spray and the frequency reaches a high pitch. | |
| 2. Prepares the patient. | P F |
| a. Seats and drapes the patient with a plastic drape. | |
| b. Briefly explains the treatment to the patient. | |
| 3. Removes deposits by lightly touching the tip to the surface. | P F |

CAUTION

The tip must be kept moving along the tooth surface to prevent injury to the patient.

STP 8-91E15-SM-TG

Performance Measures

Results

- a. Removes deposits in a systematic manner to ensure no areas are missed.
- b. Continuously monitors the temperature of the tip to prevent tissue damage.
- 4. Inspects the teeth to ensure all accessible deposits have been removed. P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

Performance Measures

Results

CAUTION

Excess pressure or speed will cause a heat buildup which could damage the restoration or injure the patient.

e. Removes overhangs with a hand or rotary instrument. Radiographs may be helpful to access any overhangs.

3. Smooths all contoured surfaces with very fine sandpaper discs and strips.

P F

4. Polishes the restoration.

P F

a. Uses flour pumice mixed with water applied with rubber cups to further smooth the restoration.

b. Applies a thin mix of tin oxide and alcohol with a rubber cup until a shiny, mirrorlike finish appears on all accessible surfaces.

5. Records the procedure IAW local SOP.

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0060

INSERT A TEMPORARY RESTORATION**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. The restorative material has already been prepared. Necessary materials and equipment: 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 is inserted without injury to the patient.

TRAINING/EVALUATION*Evaluation Guide*

Performance Measures	Results
1. Inspects the cavity preparation to ensure that it is dry and free of debris.	P F
2. Places the restorative material, using either a condenser or the fingers.	P F
3. Packs the material into the cavity with a condenser.	P F
a. Ensures the material is tightly condensed against all of the inner surfaces.	
b. Condenses a sufficient amount of material to reestablish adequate contours and proximal contacts.	
c. Ensures that no voids remain after packing.	
4. Contours and trims the temporary restoration after it has reached the initial set stage.	P F
a. Creates the primary anatomy with a large round excavating bur.	
b. Uses a carver to remove excess material along the gingiva and to establish functional occlusion.	
c. Uses dental floss to remove excess material from interproximal areas.	
5. Checks the occlusion of the restoration with articulating paper, and reduces any high spots with a slow-speed bur or carver.	P F

STP 8-91E15-SM-TG

Performance Measures

Results

6. Instructs the patient in the proper care of the temporary restoration and makes a reappointment for a permanent restoration.

P F

7. Records the procedure IAW local SOP.

P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0063

POLISH A PATIENT'S TEETH UTILIZING THE PROPHYLAXIS ANGLE HANDPIECE**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, eye protection, and an apron or gown. Necessary materials and equipment: a slow-speed handpiece, a prophylaxis angle handpiece attachment, rubber cups, abrasive paste, and an air/water syringe.

STANDARDS

All of the patient's teeth are polished without injury to the patient.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

1. Prepares the equipment for use.
 - a. Mixes the polishing abrasive paste.
 - b. Attaches the prophylaxis angle handpiece to the slow-speed handpiece.
 - c. Screws, clockwise, the rubber cup to the prophylaxis handpiece.

P F

CAUTION

The selector switch must be set on the clockwise position to prevent the rubber cup from coming unscrewed and falling into the patient's mouth.

2. Polishes the patient's teeth.
 - a. Polishes all of the teeth in a systematic and orderly manner.
 - b. Applies the abrasive paste to the teeth with the rubber cup, when needed.
 - c. Uses light pressure and does not allow the cup to remain in one area when running.
 - d. Does not injure the gingiva with the rubber cup.

P F

STP 8-91E15-SM-TG

Performance Measures

Results

- e. Rinses the work area with water, when needed, to improve visibility.
- 3. Ensures all accretions have been removed from the clinical crown. P F

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0064

TAKE PRELIMINARY IMPRESSIONS**CONDITIONS**

The dental specialist is wearing sterile gloves, a mask, and eye protection. Necessary materials and equipment: assorted impression trays, a spatula, a rubber mixing bowl, alginate impression material, petrolatum, and an air/water syringe.

STANDARDS

An impression is taken of the patient's arch which includes all of the teeth. The finished impression must contain no more than a minimal number of small air bubbles.

TRAINING/EVALUATION*Evaluation Guide***Performance Measures****Results**

- | | |
|--|--------|
| 1. Selects impression trays for both arches (each type of tray is available in several different sizes). | P F |
| 2. Prepares the patient. | P F |
| a. Positions the patient in an upright position. | |
| b. Removes any removable appliances from the patient's mouth. | |
| c. Has the patient rinse. | |
| d. Coats the patient's lips and surrounding areas with petrolatum. | |
| 3. Takes preliminary impressions, one arch at a time. | P F |
| a. Fills the tray with premixed alginate until it is level with the top of the tray edges in front and beveled down slightly in the rear arms of the tray. | |

NOTE: The alginate material is mixed IAW task 081-840-0010.

- b. Inserts the filled tray into the patient's mouth.

Performance Measures

Results

c. Positions the tray over the arch and presses the tray onto the teeth, ensuring that all teeth are immersed into the alginate.

<p>CAUTION</p> <p>The teeth must not come into contact with the tray.</p>
--

d. Remains at the chairside until the alginate sets.

- | | | |
|--|---|---|
| 4. Removes the tray by lifting the impression straight off. | P | F |
| 5. Inspects the impression to ensure that there are no air bubbles large enough to distort the impression and that it includes all the teeth required. | P | F |
| 6. Has the patient rinse out any alginate particles. | P | F |
| 7. Records the procedure on the patient's SF 603. | P | F |

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0065

TREAT ACUTE NECROTIZING ULCERATIVE GINGIVITIS (ANUG)

CONDITIONS

The dental specialist is wearing sterile gloves, a mask, eye protection, and an apron or gown. Necessary materials and equipment: ultrasonic equipment, dental hand scaling instruments, hydrogen peroxide rinse, prophylaxis polishing paste, rubber polishing cups, and a prophylaxis angle handpiece.

STANDARDS

ANUG treatment is performed without injury to the patient.

TRAINING/EVALUATION

Evaluation Guide

Performance Measures

Results

1. Questions the patient about personal habits that may be causing ANUG: excessive smoking and drinking, poor oral hygiene, emotional stress and fatigue, poor nutrition, pre-existing gingivitis, periodontal pockets, and plaque accumulation. P F

NOTE: If possible causes can be identified, educates the patient on minimizing the causal factors.

2. Debrides the gingival tissue with ultrasonic equipment. P F

NOTE: The patient may need local anesthetic and/or antibiotic therapy.

3. Flushes out the periodontal pockets with a 50/50 mixture of 3% hydrogen peroxide and water. P F

a. Uses a disposable syringe.

b. Has the patient rinse the mouth for 30 seconds with the peroxide mixture.

4. Gives the patient home care instructions. P F

a. Tells the patient to irrigate the mouth every 3 hours until the next visit.

b. Reminds the patient to take medication when prescribed.

c. Instructs the patient to brush and floss after each meal.

Performance Measures

Results

d. Schedules a follow-up appointment for hand scaling and any other necessary follow-up treatment.

(1) Within 24 to 48 hours for the second treatment (or until acute symptoms subside).

(2) Within one week from the initial appointment for the third treatment (or 24 to 48 hours until acute symptoms subside).

(3) Within one week from the initial appointment for the fourth treatment.

(4) Within one month for the fifth treatment.

REFERENCES:

Required

Related

NONE

TC 8-20-1

081-840-0073

PREPARE A PROPHYLAXIS PROCEDURE SETUP**CONDITIONS**

The dental specialist is wearing a mask, sterile gloves, and eye protection. Instruments for basic examination have been laid out. Necessary materials and equipment: a tray, sterile towel, a patient drape, prophylaxis paste, a toothbrush, dental floss, disclosing solution, 2 X 2 gauze pads, cotton tipped applicators, a slow-speed saliva ejector, sickle scalers, Gracey curettes, universal curettes, a prophy angle handpiece, a rubber polishing cup, petrolatum, a model of the teeth, and a large toothbrush.

STANDARDS

Instruments are set out for the appropriate procedure without error.

TRAINING/EVALUATION*Evaluation Guide*

Performance Measures	Results	
1. Covers the tray with a sterile towel.	P	F
2. Places the items on the tray.	P	F
a. Exam setup.		
b. Prophylaxis paste for polishing teeth.		
c. Toothbrush.		
d. Dental floss for interproximal and subgingival cleaning.		
e. Disclosing solution for staining bacteria plaque.		
f. 2 X 2 gauze pads.		
g. Cotton tipped applicators.		
h. Petrolatum.		
3. Selects scalers and curettes.	P	F
4. Covers the tray with a patient drape.	P	F

STP 8-91E15-SM-TG

Performance Measures

Results

- | | | |
|---|---|---|
| 5. Places the saliva ejector. | P | F |
| 6. Attaches the prophylaxis handpiece with rubber cup. | P | F |
| 7. Sets out the model of teeth and a large toothbrush to demonstrate brushing techniques. | P | F |

REFERENCES:

Required

Related

NONE

TC 8-20-1

GLOSSARY

SECTION I

DEFINITION OF TERMS

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.

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.

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.

Critical task. A collective or individual task determined to be essential to wartime mission, duty accomplishment, or survivability. Critical individual tasks are trained in the training base and/or unit, and they are reinforced in the unit.

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.

Drill. A disciplined, repetitious exercise to teach and perfect a skill or procedure; for example, fire, man overboard, abandon ship, lifeboat, and damage control drills on Army watercraft.

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.

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 skill level in their career management field.

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).

STP 8-91E15-SM-TG

Performance measures. Those behaviors/product characteristics which the trainer observes/checks to determine if the soldier has performed the task correctly.

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.

Self-development test. A written test that allows NCOs to measure and guide their growth in skills and competencies they will need as they continue to develop as leaders.

Shared task. A critical task performed by soldiers from two or more MOS.

Sustainment training. The provision of training to maintain the minimum acceptable level of proficiency required to accomplish a critical task.

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.

Unit training. Training (individual, collective, and joint or combined) conducted in a unit.

SECTION II

ACRONYMS AND ABBREVIATIONS

AD	active duty
ACCP	Army Correspondence Course Program
AIDS	acquired immune deficiency syndrome
ANUG	acute necrotizing ulcerative gingivitis
ARTEP	Army Training and Evaluation Program
ASI	additional skill identifier
BI	biological indicator
CAT	catalyst
CI	chemical indicators
CPR	cardiopulmonary resuscitation
CTT	common task testing

EPA	Environmental Protection Agency
F	Fahrenheit
HIV	human immunodeficiency virus
IAW	in accordance with
IRM	intermediate restorative material
kVp	kilovoltage peak
LCN	load control number
ma	milliampere
mm	millimeter
mm Hg	millimeters of mercury
METL	mission essential task list
MOS	military occupational specialty
MOSC	military occupational specialty code
MTP	MOS training plan
NCO	noncommissioned officer
PAN	panoramic
psi	pounds per square inch
SDT	self-development test
SL	skill level
SM	soldier's manual
SMCT	soldier's manual of common tasks
SOP	standing operating procedure
SSN	social security number

STP 8-91E15-SM-TG

TG	trainer's guide
UNI	universal
XCP	long cone
ZPC	zinc polycarboxylate cement

REFERENCES

New reference material is being published all the time. Present references, as listed below, may become obsolete. To keep up-to-date, see the DA Pam 25-30 (FICHE) publications and Extension Training Materials (ETM) catalog DA Pam 350-100. If referenced documents are not available through your unit, borrow them from your post learning center or library.

Related Publications

Army Regulations (AR)

AR 40-15	Medical Warning Tag & Emergency Medical Identification Symbol
AR 40-35	Preventive Dentistry
AR 40-61	Medical Logistics Policies and Procedures
AR 50-5	Nuclear and Chemical Weapons and Materiel-Nuclear Surety
AR 640-10	Individual Military Personnel Records

Army Training and Evaluation Programs (ARTEP)

ARTEP 8-026-30	Mission Training Plan for Headquarters and Co A/Support Company, Medical Battalion, Light Infantry, Airborne, and Air Assault Divisions
ARTEP 8-027-30	Mission Training Plan for the Forward Support Medical Company, Medical Battalion, Light Infantry, Airborne, and Air Assault Divisions
ARTEP 8-057-30	Mission Training Plan for the Medical Company, Main Support Battalion, Heavy Division
ARTEP 8-058-30	Mission Training Plan for the Medical Company, Forward Battalion, Heavy Division
ARTEP 8-457-30	Mission Training Plan for the Area Support Medical Company
ARTEP 8-478-30	Mission Training Plan for the Medical Company/Detachment (Dental Services)
ARTEP 8-705	Mission Training Plan for the Combat Support Hospital
ARTEP 8-715	Mission Training Plan for the Field Hospital
ARTEP 8-725	Mission Training Plan for the General Hospital

Department of the Army Pamphlets (DA Pam)

DA Pam 351-20	Correspondence Course Program Catalog
---------------	---------------------------------------

Field Manuals (FM)

FM 8-38	Centralized Materiel Service/Section
FM 8-230	Medical Specialist
FM 25-100	Training the Force
FM 25-101	Battle Focused Training

STP 8-91E15-SM-TG

Soldier Training Publications (STP)

STP 21-1-SMCT	Soldier's Manual of Common Tasks (Skill Level 1)
STP 21-24-SMCT	Soldier's Manual of Common Tasks (Skill Levels 2/3/4)

Technical Bulletins Medical (TB MED)

TB MED 266	Disinfection and Sterilization of Dental Instruments and Materials
TB MED 521	Management and Control of Diagnostic X-ray, Therapeutic X-ray, and Gamma-Beam Equipment

Training Circular

TC 8-20-1	Dental Specialist
-----------	-------------------

Required Publications

Army Regulations (AR)

AR 40-66	Medical Record and Quality Assurance Administration
----------	---

DA Forms

DA Form 2028	Recommended Changes to Publications and Blank Forms
DA Form 3444-Series	Terminal Digit File for Treatment Record
DA Form 5570	Health Questionnaire for Dental Treatment

DA Labels

DA Label 162	Emergency Medical Identification Symbol
--------------	---

DD Forms

DD Form 877	Request for Medical/Dental Records or Information
-------------	---

Optional Forms (OF)

OF 23	Charge-Out Record
-------	-------------------

Standard Forms (SF)

SF 603	Health Record--Dental
SF 603A	Health Record--Dental Continuation

Technical Bulletins Medical (TB MED)

TB MED 250

Recording Dental Examinations, Diagnosis, and Treatment

STP 8-91E15-SM-TG
23 DECEMBER 1993

By Order of the Secretary of the Army:

Official:


MILTON H. HAMILTON
*Administrative Assistant to the
Secretary of the Army*

05473

GORDON R. SULLIVAN
*General, United States Army
Chief of Staff*

DISTRIBUTION:

USAR: To be distributed in accordance with DA Form 12-11E,
requirements for STP 8-91E15-SM-TG, Dental Specialist (Qty rqr
block no. 3106).