

DENTAL DEPARTMENT

STANDARD OPERATING PROCEDURE

500 BED FLEET HOSPITAL

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500 BED FLEET HOSPITAL
STANDARD OPERATING PROCEDURES
DENTAL DEPARTMENT

A. MISSION: To provide services in support of combat related facial injuries and to provide routine dental treatment to Fleet Hospital personnel and patients.

B. FUNCTIONS:

1. Provide routine and emergency dental care to patients and staff

C. PHYSICAL DESCRIPTION OF FUNCTIONAL AREA:

1. Space is very limited.
 - a. Dental Department- Two (2), one half sections
 - b. Dental Operatory- One half section
 - c. Dental Prosthetics- One half section

D. SPECIAL CONSIDERATIONS/HAZARDS:

1. Comprehensive oral surgical cases will be accomplished in the Main Operating Room (OR). Minor oral surgery procedures will be handled in the Dental Department.
2. One field dental chair.
3. An authorization for the performance of any surgical procedure and/or Anesthesia (SF-522) will be obtained when ever possible.
4. Prosthetics laboratory materials and equipment will primarily be Used to manufacture post surgical splints for jaw and facial injuries.
5. Length of stay in this area is contingent upon the patient's condition, surgical priority as well as Operating Room availability.
6. Humidity and temperature control within each module will be difficult to maintain in the optimal ranges. Therefore, these should not be a major focus of the staff.

7. Scrub attire is appropriate for wear by personnel on duty in this area.
8. Personnel from Dental may be tasked to assist in the removal of unexploded ordinances from a casualty. An explosive ordinance team should include one surgeon, one OR tech and one anesthesia staff member. All personnel assigned duty on the Explosive Ordinance Team must be thoroughly trained. This training should occur prior to any deployment. The team will perform ordinance removal in an area away from the FH main body or the Main Operating Room(MOR). The Explosive Ordinance Team must wear protective clothing (min. flack jacket/helmet). Once the ordinance has been removed and transferred to the proper Ordinance Disposal Team, the patient will be transported to the MOR module for any further surgical intervention or treatment.
9. Standard procedures/ routines are located in the MANMED 6600.1; current edition is the reference for Dental procedures in the Fleet Hospital.
10. All personnel assigned duty to the Fleet Hospital Dental Department must be thoroughly familiar with any and all equipment and instruments used during the course of a deployment. This training should occur prior to the deployment, as the demands placed on Dental in theater may not enable the department to train personnel "as they go". Training in theater may be limited to orientation only. It is recommended that the department obtain descriptions of dental instruments, equipment and supplies during pre-deployment to provide familiarization.
11. Tracking of OR backlog time is critical. Estimated times projected for specific casualty conditions or multiple wound situations are found in the DEPMEDS Clinical Guidelines and Treatment Briefs. These guidelines may be obtained from the Universal Data Repository (UDR), which Command Management Information Department (MID) should have. Actual times may vary, but projecting backlog using the DEPMED information provides a guide of anticipated workload and OR time.
12. If accidentally punctured or cut with contaminated sharp:
 - (a) Notify Circulating Nurse or OR Supervisor and follow standard needle stick protocols.
 - (b) Seek first aid.

(c) Complete incident report on NAVMED 6010/14.

**E. DEPARTMENT ORGANIZATIONAL STRUCTURE:
(STAFFING AND JOB DESCRIPTIONS)**

1. Responsibility: The Dental Department falls under the authority of the Director for Surgical Service and it's main function will be to provide surgical services.

Head Dental Department: (Senior Oral Surgeon)

Primary Responsibility:

Advises the Commanding Officer on all matters affecting the dental fitness of patients and staff.

Performs surgery to correct or improve diseased or injured conditions of mouth or related structures including jaws, teeth, and adjacent tissues.

Works in concert with other surgical specialists in treating Maxillofacial injuries and disease.

Oral Surgery Division: (ORAL SURGEON)

Primary Responsibility:

Performs surgery to correct or improve diseased or injured conditions of mouth or related structures including jaws, teeth, and adjacent tissues.

Collateral Responsibilities:

Works in concert with other surgical specialists in treating maxillo-facial injuries and disease.

General Dentistry Division: (COMPREHENSIVE DENTIST)

Primary Responsibility:

Performs routine duties of a Comprehensive Dentist. (i.e. Operative Dentistry, Basic Endodontics, Basic Prosthodontic if necessary)

Administrative Dental Technician:

Primary Responsibility:

Assist Department Head and other Dental Officers in organizing and managing the Dental Department facilities and personnel. Assists in the management and evacuation of mass casualties and training.

Secondary Responsibility:

Perform advanced dental administrative, logistical, and financial duties.

Supervise, coordinate and maintain records management, financial records.

Conducts inspections to determine improve material readiness and dental spaces.

Coordinate and prepare departmental watch bills.

Coordinate departmental activities and resources with those of other command requirements.

Senior Enlisted Leader for all Dental Department enlisted personnel.

Dental Surgical Technician:

Primary Responsibility:

To assist the Oral Maxillofacial Surgeons in the treatment of casualties with combat facial trauma.

Perform procedures and techniques required in the construction of simple dental splints required to stabilize facial injuries.

Collateral Responsibility:

Senior Dental Surgical Technician: Assist in the management and evacuation of mass casualties. Act as Departmental workload coordinator in the absence of the regularly assigned petty officer.

Duties:

1. Assist Oral and Maxillofacial Surgeons in the Main Operating Room and Dental.
 - (a) The OR does not provide staff for Dental Department.
 - (b) Surgery is a 24 hour a day, seven day a week operation that is open and working until all surgical cases have been complete.
2. Fabricate oral splints and stints.
3. Administer equipment user preventive maintenance.

Dental Technician:

Primary Responsibility:

Render dental first aid, perform dental prophylactic treatment under the supervision of a dental officer, perform routine clerical, and clinical duties.

Duties:

1. Prepare overall setups for all phases of dentistry.
2. Watch Bill

In developing the watch bills for Dental Department the following apply:

- (a) The OR does not provide staff for Dental Department.
- (b) Off duty Dental personnel are always on call.

F. WORKLOAD: Variable.

G. TASKS :

1. Update and Initiate Patient Treatment Records.
 - 1.1 The Dental Department maintains the dental records for all Fleet Hospital staff.

- 1.2 Inpatients will report to dental with their Inpatient Treatment Record
2. Conduct Dental Sick call.
 - 2.1 Conduct routine dental sick call and provide non-emergency dental consultations.
 - 2.2 Dental Sick call will be held at the following time: 0730-0830 and 1930-2030 daily
 - 2.3 Dental Emergencies are evaluated and treated at any other time or as needed.
 - 2.4 The Oral Surgeon will evaluate and treat facial trauma (facial fractures and soft tissue injuries) as well as oral pathology at any time.
3. Control and Document Patient Visits.
 - 3.1 Department Day Log will be utilized to log all patient visit.
4. Collect Deliver Contaminated Items to be Sterilized
 - 4.1 All contaminated items to be sterilized will be sent to Central Sterilization Room (CSR) or be sterilized in the Dental Department portable autoclave.
5. Prepare Instrument Tray Assembly Cards
 - 5.1 Determine the particular instrument trays required by both General Dentist and Oral Surgeons.
 - 5.2 Prepare Instrument Tray Assembly Cards for delivery to CSR and assist in the assembly of dental trays.
6. X-ray Patients.
 - 6.1 Prepare equipment IAW manufacturer's manuals.
 - 6.2 Make and verify exposure's IAW manufacturer's manual.
7. Process Films Using manual/ automatic method.

- 7.1 Prepare film processors for use IAW the manufacturer's instruction.
 - 7.2 Prepare solution's IAW manufacturer's instructions.
 - 7.3 Process films in accordance with manufacturer's guidelines.
- 8. Dispose of used solutions.
 - 8.1 Disposed of used solutions as per manufacturer's instruction, local command guidelines or host nations guidelines.
- 9. Perform Radiation Safety Procedures
 - 9.1 Ensure that exposure factors provide the lowest feasible exposure to radiation
- 10. Protect patients and staff from excess radiation
 - 10.1 Ensure Personal Protective Device (PPE) and shielding devices are properly utilized to protect patients and staff from exposure to primary beam or scatter radiation.
- 11. Radiation Safety Program
 - 11.1 A qualified Radiation Officer (may be Enlisted specialist) is appointed to enforce safety measures.
- 12. React to Medical and Dental Emergencies
 - 12.1 Personnel must recognize medical and dental emergencies, to include shock, hemorrhage, pulmonary or cardiopulmonary arrest, partial airway obstruction and or syncope.
 - 12.2 Establish and inspect emergency trays and equipment.
- 13. Perform Dental Services Administrative Functions
 - 13.1 Administrative action supports the provision of clinical services. Adequate staffing within resources is

provided and training must be conducted to assure proper skills are mastered.

13.2 Ensure that reference library and SOP are on hand.

14. Provide Personnel

14.1 Determine staffing needs and post schedule to assure present-in-section or on-call coverage for service at all times.

14.2 Provide supervised on the job training/experience to assure that duty personnel have the right skills to accomplish mission.

15. Maintain Working Levels of Equipment and Supplies

15.1 Identify working levels of supplies and maintain equipment accountability at all times.

16. Perform Operator Maintenance

16.1 Perform operator maintenance for all equipment IAW manufacturer's instruction

16.2 Report maintenance requirements not specified as operator maintenance maintenance to general or medical maintenance personnel.

17. Maintain Departmental Log

17.1 The Leading Petty Officer (LPO) of the watch will maintain the Departmental Log.

18. Perform Oral Surgery Procedures

18.1 The Oral Surgeon will determine the appropriate site for surgical procedures (Operating Room/ Dental Operatory)

**H. STANDARD OPERATING PROCEDURE
(UNIQUE FIELD ENVIRONMENT):**

1. Close communication between the OR and Prep Hold and the Surgical Tracking team is required to promote a steady and appropriate flow of patients.
2. The Surgical tracking team will notify Patient Admin Dept. of OR backlog at the change of each shift, upon request or when there is significant change in the amount of time backlogged.
3. Once OR backlog time begins, very few if any casualties will be sent directly to Prep and Hold. Instead they should be admitted to either ICU or to an Inpatient ward and the OR notified of their location and diagnosis.
4. When an Operating room is available, the OR will notify the area holding the patient to send the patient to Prep and Hold. The area holding the patient will notify Prep and Hold prior to moving the patient.
5. ICU patients requiring anesthesia recovery should be recovered on the ICU. The Prep and Hold staff should recover only patients from the ward as the wards are not staffed or equipped to perform this function.

I. CLINICAL POLICIES AND GUIDELINES:

1. Priorities of surgical treatment:
 - (a) First priority – Patients with injuries resulting in asphyxia or hemorrhage.
 - (b) Second priority – Surgery performed after resuscitative measures are completed.
 - (c) Third priority – Surgery performed after pre-op preparation on wounds, which could cause the patient to expire if left untreated for a prolonged period.
 - (d) Fourth priority – Head injuries with loss of consciousness, brain and spinal cord injuries where decompression is required.

2. Dental Space cleaning:
 - (a) Swab decks with germicidal solutions and wet-vacuum.
 - (b) Wash scrub sinks.
 - (c) Damp dust shelves.
 - (d) Allow surfaces to air dry.
 - (e) Wash down bulkheads with germicidal solution weekly when dental caseload permits.
3. Daily Turn Over:
 - (a) Daily checking and turnover of all equipment within Dental Department will be accomplished before the start of each shift. If the Dental department operates for the entire 24-hour period, equipment will be checked while in operation. Equipment requiring maintenance or repair will be removed from service immediately and sent to Medical Repair. Surgical equipment should be given the highest priority for medical repair attention and returned to service.
4. Equipment Inspection.
 - (a) Check emergency equipment for proper function during each watch or as caseload permits.
 - (b) Report major equipment malfunction to Dental Department supervisor.
5. Nursing care of the patient awaiting surgery.
 - (a) Immediately pre-op efforts are made to provide a calm, professional atmosphere and to promote confidence on the part of the patient.
6. Cardiac arrest.
 - (a) In the event of cardiac arrest, the Circulating Nurse will record time of arrest on Operative Record and on Cardiac Arrest Flow Sheet. Perform CPR as required.
 - (1) If the patient expires, follow the hospital procedure for postmortem care.

(2) Prepare notice of Death (NAVMED 6320/5)

(3) Record in Nursing Notes, the time of death, surgeon making the pronouncement and the name of individual contacted to secure the deceased's personal effects.

7. Release of Information.

(a) OR personnel will not discuss the status of any patient or procedure with personnel outside of the OR area unless specifically directed to do so.

(b) Release of information is governed by Command policy.

J. RESPONSE TO DEPLOYMENT HAZARDS

1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA(S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is

fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. The donning and clearing of the gas mask should be accomplished in a total of **8 seconds**.
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS**. The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.
- **MISCELLANEOUS ITEMS**
- Each FA should denote a supply petty officer that is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

K. PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR

A. PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

B. DEFINITION:

Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

C. EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words “Prisoner of War” or “EPW”).

D. STEPS:

1. Upon presentation of EPW to functional area, notify the Security Department and Patient Admin.
2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.
 - (c) Director of Nursing.
 - (d) Director of Administration.
3. Perform essential life saving care.
4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).
5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.

6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.
7. Movement to another functional area will be reported to Security.
8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

E. RESONSIBILITY:

CMAA/Security.