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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  |  | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Health Care Services | | **4. Civil Service Position Code Description** | **10. Division** | | Dental Hygienist-E |  | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Dental Hygienist |  | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | VACANT | Dental Clinic | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | ; Dentist Manager-2 18 | Various Facilities / 80 hours per pay period | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | This position provides dental prophylaxis, including calculus removal and related oral hygiene, to prisoners at the assigned Correctional Facility. The position may be assigned to perform duties at dental clinics in other facilities. The position assists in the operation of the dental clinic, including providing chairside assistance to dentists.   This is a test-designated position (DART).  This position has direct contact with prisoners for more than 50% of work time.  This position is located 100% within the secure perimeter of a Correctional Facility | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **65** | | Dental cleaning. | | | | **Individual tasks related to the duty:** |  |  | | * Removes supra- and subgingival deposits. * Polishes teeth. * Documents current oral hygiene and periodontal conditions. * Examines oral cavity for signs of possible cancerous or other serious lesions. * Informs the dentist of abnormalities when indicated. * Performs other duties as assigned,  including working at other facilities as needed and providing chairside assistance to the dentist as directed. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **10** | | Patient education | | | | **Individual tasks related to the duty:** |  |  | | * Instructs prisoners on correct oral hygiene techniques. * Explains the causes and methods of preventing the spread of oral disease. * Develops individual methods of care for problem areas with each prisoner/patient. * Demonstrates proper oral hygiene techniques on a tooth model and in the patient’s mouth. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **10** | | Assist with dental procedures. | | | | **Individual tasks related to the duty:** |  |  | | * Takes radiographs. * Takes impressions and pours models. * Assists with other lab procedures and clinic operations. * Maintains daily, monthly, and other forms and reports as directed. * Documents procedures in the dental record. * Assists dentist with procedures as needed. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **10** | | Maintenance of dental records and clinic. | | | | **Individual tasks related to the duty:** |  |  | | * Screens, develops and maintains recall patient files. * Maintains dental and medical records. * Maintains and makes minor repairs to dental equipment. * Obtains dental health history for each patient treated. * Cleans, sterilizes and sharpens dental hygiene and other dental instruments. * Cleans dental units and clinic. * Maintains appropriate infection control. * Maintains caustic/toxic/flammable logs and records. * Processes kites, call outs, supply orders, equipment repair orders and other dental clinic needs. * Restocks operative and sterilization areas. * Appropriate instrument accountability. * Maintains prosthetic tracking system. * Schedules patients and maintains appointment list. | | | | **Duty 5** | | | | **General Summary:** | **Percentage:** | **5** | | Professionalism and Training | | | | **Individual tasks related to the duty:** |  |  | | * Provides high quality health care with sensitivity and understanding toward patients and staff. Maintains professionalism and serves as a role model. * Completes all Department of Corrections training. * Completes continuing education requirements and maintains current registered dental hygienist license | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | Priority of scheduling and providing teeth cleaning. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Questionable health problems. Antibiotic coverage prior to performing dental prophylaxis.  Questionable soft or hard tissue lesions which may need additional dental and/or medical care. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | Physical Activities:  Sitting, standing, excessive walking, stooping, kneeling, reaching, lifting, carrying and bending.  Condition Hazards:  Noise including high-pitched hand piece noise, odors, chemicals, fumes, contaminated waste, air, sharps and instruments, body fluid and blood contamination, radiation and exposure to biologic hazards (TB, HIV+ , HBV, and other infectious disease) and chemical hazards such as disinfectants and other dental materials | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | |  | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | |  | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | |  | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | |  | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | |  | |  |  |  | |  | |  | | --- | |  | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | |  | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | |  | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | |  | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | |  | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Yes | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | To provide dental hygiene care for prisoners in keeping with the dental health care policies of the Michigan Department of Corrections. . | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | New | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | Provides general and emergency dental services to prisoners. The dental hygienist is an integral part in dental clinic operation. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of an associate's degree in dental hygiene. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Dental Hygienist E11** Two years of experience as a dental hygienist. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Demonstrated competence in role, performance and duty of Registered Dental Hygienist, maturity and emotional stability, satisfactory communication skills, and ability to relate with difficult patients. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Licensure as a registered dental hygienist by the Michigan Board of Dentistry | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*** | | | |  | |  | |  | | --- | |  | |  | |  | | --- | |  | |  | |  |  |  |  |  | |  | |  | | --- | | **Supervisor** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | n/a | |  | |  |  |  | | | |  |
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|  |  |  |  |  |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the entries on these pages are accurate and complete.*** | | | |  | |  |  |  |  |  | |  | |  | | --- | | PAUL DEAN | |  | |  | | --- | | 1/13/2022 | |  | |  |  |  |  |  | |  | |  | | --- | | **Appointing Authority** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | |  |
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