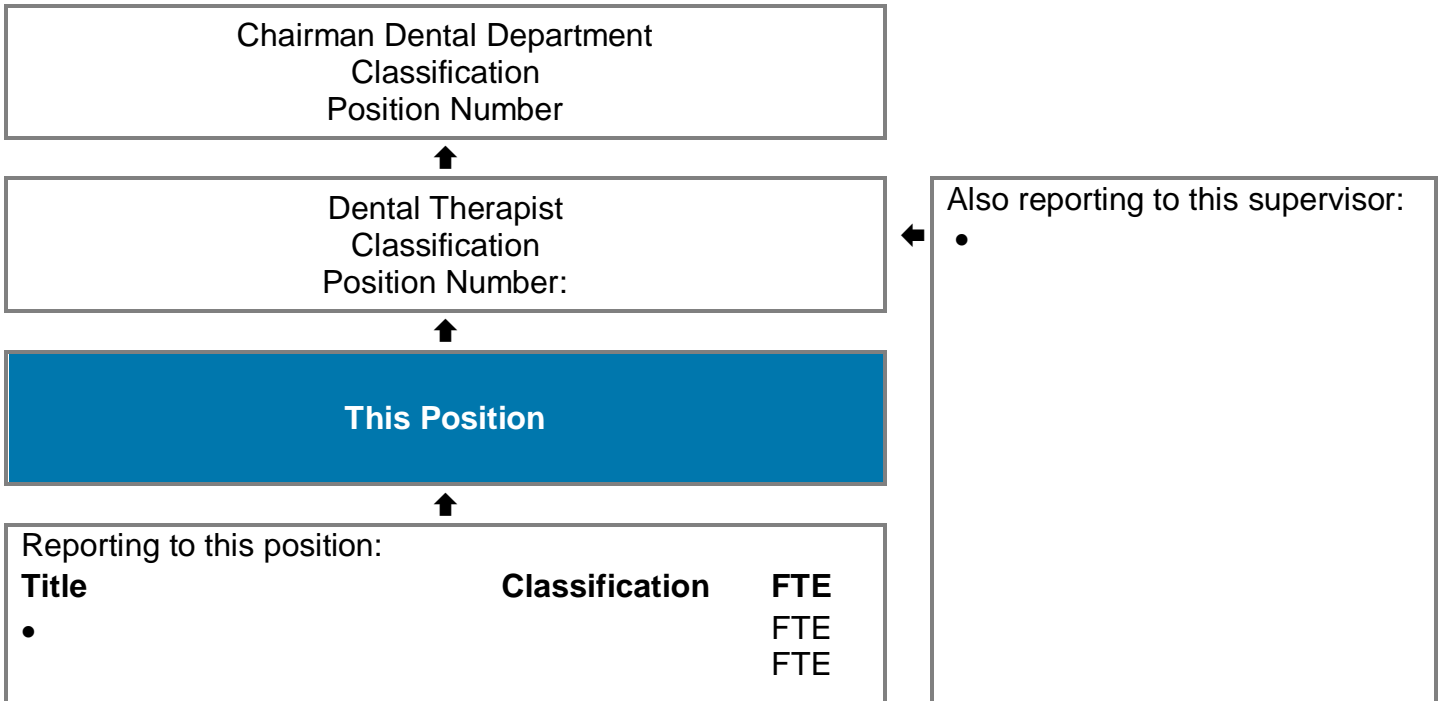




HCN to enter JDF registration details here

**Dental Assistant**  
**Health Salaried Officers Agreement; HSO Level G1/2**  
**Position Number: 00012545**  
**Dental Services**  
**Perth Children’s Hospital / QEII Nedlands**

**Reporting Relationships**



**Key Responsibilities**

Assist in the achievement of safe and effective care for paediatric dental patients attending the Outpatient Dental Clinic and Dental Theatre.

### Brief Summary of Duties (in order of importance)

1. Provide clinical assistance for the dentist.
2. Maintains infection control according to hospital protocols
3. Prepare patients for dental procedures by making them feel comfortable and providing any instructions.
4. Assist the Dentist in conducting dental health education with clients and their care-givers.
5. Maintain clinic equipment, furniture and fittings in good order and hygienic condition.
6. Maintain stock and equipment at appropriate levels.
7. Obtain and maintain patient's dental records.
8. Identify areas of work practice that could be improved and propose solutions and procedural modifications to the Clinic Manager (Dental Therapist) for consideration.
9. Assist with the production of clear, concise, and informative clinical documentation that facilitate patient care.
10. Assist with the orientation of new staff.
11. Participate in Staff Development Programs.
12. Actively acquire knowledge of new materials, clinical equipment and techniques as introduced into the Hospital in order to optimise clinical care and minimise Occupational Health and Safety issues.
13. Provide and organise client support for as needed (or directed) to facilitate efficient delivery of care.
14. Be involved in the administration of the Department by answering telephones, making appointments, maintaining patient records, ordering supplies, and coordinating accounts.

#### 4. CAHS Governance, Safety and Quality Requirements

- Performs duties in accordance with Government, WA Health, Child and Adolescent Health Service and Departmental/ Program Specific Policies and Procedures.
- Performs duties in line with the National Safety and Quality Health Services Standards and within best practice.
- Participates in a continual process to monitor, evaluate and improve patient safety and ensuring that services are family centred.
- Performs duties in accordance with the relevant Occupational Safety and Health and Equal Opportunity Legislation and WA Health Code of Conduct.
- Undertakes other duties as directed.

## Work Related Requirements

### Essential Selection Criteria

1. Certificate III in Dental Assisting or recognised equivalent.
2. Previous experience as a Dental Assistant.
3. Knowledge of four-handed dentistry.
4. Sound organisation skills and ability to work as part of a team.
5. Good communication and interpersonal skills, including the ability to communicate effectively with children.

### Desirable Selection Criteria

1. Demonstrated previous experience in an operating theatre setting
2. Previous experience with paediatrics.
3. Previous experience in Orthodontics.
4. Previous experience with specialist dental practice.
5. Current knowledge and commitment to equal opportunity and disability services in all aspects of service delivery.

### Appointment Prerequisites

Appointment is subject to:

- Working with Children (WWC) Check, compulsory check for people who carry out child-related work in Western Australia.
- Completion of 100 point identification check.
- Successful Criminal Record Screening Clearance.
- Successful Pre-Employment Integrity check.
- Successful Pre-Employment Health Assessment.

## Certification

The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the position.

\_\_\_\_\_  
**Manager / Supervisor Name      Signature      or      HE Number      Date**

\_\_\_\_\_  
**Directorate/ Dept. Head      Signature      or      HE Number      Date**

As Occupant of the position I have noted the statement of duties, responsibilities and other requirements as detailed in this document.

\_\_\_\_\_  
**Occupant Name      Signature      or      HE Number      Date**  
**Effective Date** \_\_\_\_\_

**HCN Registration Details** (to be completed by HSS)

**Created on** \_\_\_\_\_ **Insert date** \_\_\_\_\_ **Last Updated on** \_\_\_\_\_ **July 2017**