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NORMS, STANDARDS AND PRACTICE GUIDELINES FOR PRIMARY ORAL HEALTH CARE.

EXECUTIVE SUMMARY

This document is divided into five parts, namely

Resource norms for primary oral health care

Basic primary oral health care services

Standards and criteria for primary oral health care delivery

Standards and criteria for quality improvement in primary oral health care and,

Practice guidelines for primary oral health care.

The first part outlines the types and quantities of resources that are required for the delivery of primary oral health care. This includes facilities, personnel, equipment, instruments, transport, finances as well as consumables and essential drugs.

The second part of the document outlines what constitutes basic primary oral health care services.

The third part describes standards and criteria to be met in order to effectively and efficiently manage the delivery of primary oral health care. The standards and criteria were developed for facilities, equipment, transport, finances, communication, health records, management, policies and procedures, as well as for health and safety.

The fourth part deals with standards and criteria that need to be met to improve the quality of care. These were developed on the Utilization of services, Personnel training, Rapid intervention and Service cost-effectiveness.

The last part deals with guidelines that have been developed for oral health personnel to ensure the safe and effective treatment of patients. The guidelines have been developed for infection control, radiation control, medical emergencies, treatment with drugs and medicines, treatment of oral manifestations of HIV and AIDS as well as for the prevention of bacterial endocarditis.

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NORMS, STANDARDS AND PRACTICE GUIDELINES FOR PRIMARY ORAL HEALTH CARE.

INTRODUCTION

The majority of the population of South Africa has inadequate access to health care. In order to address this problem, the district health system has been introduced, which is a vehicle for providing quality primary health care, of which oral health is an integral part, to everybody. Quality primary (oral) health care is characterized by effectiveness, efficiency, accessibility and equitability. However, these characteristics are end products that rely on certain inputs and outputs to come into effect.

All communities should be covered by a basic health unit which offers an essential package of care, including oral health care. This package of care defines minimum primary oral health services that will be common to the whole country.

There needs to be adequate quantities of physical, human and material resources to render the essential package of care. Lists of the required resources (e.g. equipment list) have to be compiled. These resources have to meet certain specifications and standards to be effective and safe for personnel and patients.

Furthermore, we have to strive to do better with minimal resources, which means that we must organize and manage the services and the resources more efficiently and effectively. These activities lead us to the development of standards, as well as the criteria, which will indicate whether the standards are being met.

Finally, certain procedures within oral health services necessitate the establishment of guidelines that will help oral health workers to provide adequate oral health care. They will provide opportunities for monitoring and improving oral health care practices and also support clinical decision-making and the realization of uniformity.

DEFINITIONS

NORMS

Norms are defined as statistical normative rates of provision.

STANDARDS

Standards are defined as statements of what constitutes acceptable levels of health care from the oral health service.

CRITERIA

Criteria accompany standards, and describe and explain what needs to be done or to be in place to meet a standard.

PRACTICE GUIDELINES

Practice guidelines are defined as systematically developed statements which serve as an aid to practitioners to decide on adequate oral health care in specific circumstances, and which are preferably evidence-based or at least based to some extent on consensus within the profession

BASIC PRIMARY ORAL HEALTH CARE SERVICES

Basic primary oral health care services that will “provide substantial returns in health in terms of gains in health outcome” must at least consist of the following:

Promotive and primary preventive oral health services
Basic treatment services consisting of the following:

- An examination
- Bitewing radiographs
- Scaling and Polishing
- Simple (1-3 surface) fillings
- Emergency relief of pain and sepsis

In view of the resource constraints and due to the moral obligation to provide oral health services for the relief of pain and sepsis (emergency services), it is proposed that in addition to the promotive and preventive oral health services, health authorities in the provinces should at this stage at least provide an emergency oral health service to all its inhabitants.

In provinces where it is possible to provide the emergency service and additional capacity exists, services should be expanded to include other services contained in the proposal. The National Policy for Oral Health should be used as a guideline in the implementation thereof.

RESOURCE NORMS FOR PRIMARY ORAL HEALTH DELIVERY

1. FACILITY NORMS

Due to resource constraints, all district hospitals should have oral health facilities over the next five years. These will be followed by community health centres. In areas where there are no fixed oral health clinics or accessibility is poor, mobile/portable dental units should be provided.

2. HUMAN RESOURCE NORMS

Dentists, dental therapists, oral hygienists, dental assistants and health promoters will be the providers of public oral health care services within the district health system. Dental therapists will be used mainly to meet the demand for basic curative services. In each province provision should be made for the employment of one specialist in community dentistry.

The following guidelines will be used for the deployment of oral health personnel for the delivery of Primary oral health care

Level	Institution	Function
Primary	Clinic	<ul style="list-style-type: none"> - health promotion - school oral health programmes - preventive services like fluoride rinsing - basic emergency oral health services - referral to health centre
Primary	Health Centre	<ul style="list-style-type: none"> - health promotion - school oral health programmes - preventive measures including fissure sealants etc. - Basic curative services - referral to district hospital
Primary	District Hospital	<ul style="list-style-type: none"> - referral centre - all procedures that can be carried out by a dentist - referral to regional hospital

To determine the number of oral health personnel needed at provincial level, the following staffing norms, based on the needs as determined by an epidemiological survey, should be used

Dentist: Population	1: 60 000
Oral Hygienist: Population	1: 50 000
Dental Therapist: Population	1: 12 000
Dentist: Dental Therapist	1: 5
Dentist: Oral Hygienist	1: 1,2
Dental Therapist: Oral Hygienist	5 : 1
Clinician: Dental Assistant	1: 1,5
Dentist: Dental Technician/Dental Technologist	6: 1

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Due to financial and other resource constraints, the following practical implementable norms will serve as a guideline over a five-year period in the provinces:

Dentist: Population	1: 60 000
Oral Hygienist: Population	1:100 000
Dental Therapist: Population	1: 60 000
Clinician: Dental Assistant	1: 1,5
Dentist: Dental Technician/ Dental Technologist	15: 1

Oral health and support personnel at dinic level should be determined by using the following norms

		Clinic type	Clinic type	Clinic type	Clinic type	Clinic type
Category	Post class	D1	D2	D3	P	M
Dental	Dentist	0*	0*	1	0*	0*
Total		0	0*	1	0	0
Allied	Dental Therapist	0*	1	2	0*	0*
	Oral Hygienist	0*	0	1	0	0*
	Dental Assistant	0*	2	4	0	0*
Allied total		0	3	7	0	0
Support	Cleaner**	0**	0**	0**	0**	0**
	Driver	0**	0**	0**	0**	0**
Support total		0	0	0	0	0
Grand total		0	3	8	0	0*

* Visiting Dentist/ Dental Therapist/ Oral Hygienist

** From Community Health Centre Pool

Key to codes

D1 1-2 consulting surgeries primarily based in a community dinic or small community health centre which has self-contained ancillary equipment (x-rays)

D2 2-3 consulting surgeries primarily based in a large community health centre which has self-contained ancillary equipment (x-rays)

D3 3-4 consulting surgeries primarily based in a district hospital which has self-contained ancillary equipment (x-rays, laboratory)

P Prison dinic rendering basic primary oral health care services

M Mobile dental surgery operating independently to render dinical and community services at schools or distant communities

ESSENTIAL EQUIPMENT LIST FOR PRIMARY ORAL HEALTH DELIVERY

Portable	Mobile (M)*	Single- fixed(D1)*	Multiple (D2)*	Multiple (D3-D4)*
Generator Dental chair Dental light Mobile suction Instrument trolley Emergency suitcase Operator's stool Assistant's stool Basic oral health education equipment: (Teeth model, Tooth model, Demonstration toothbrush, Flipchart, Education suitcase.)	Amalgamator Autoclave Dental cabinet Dental chair and light Dental unit with complete set of handpieces Emergency suitcase Visible curing light Ultrasonic scaler X-ray unit X-ray developer X-ray view box X-ray patient apron Operator's stool Assistant's stool Vacuum system Compressor Small bar type refrigerator	Amalgamator Autoclave Cabinet dental universal Dental chair complete with light, handpiece unit and handpieces. Endodontic box Instrument trolley Hanging motor + handpiece Visible curing light Ultrasonic scaler X-ray unit X-ray developer X-ray view box X-ray patient apron(lead) Operator's stool Assistant's stool Vacuum system Compressor Refrigerator (small) Basic oral health education equipment Basic emergency equipment Stethoscope Sphygmomanometer Ambubag Airways- child and adult each Generator (emergency power failures)	Single-fixed surgery equipment in quantities matching the number of surgeries. (Two surgeries share one central vacuum system) Education suitcase Flipchart Teeth model Tooth model	Equipment for D2 surgeries in appropriate quantities. Endodontic box

ESSENTIAL INSTRUMENT LIST

Function	Type
Exodontia and oral surgery procedures	Aspirator -surgical Canister (stainless steel) Elevators (various) Forceps -extracting -dressing -dissecting -rongeur -haemostat Handle mouth mirror(serrated) Holder needle Mouth gag Mouth prop Probes dental Retractor -Cheek -Tissue surgical Scissors -surgical Scissors Sphygmanometer Stethoscope Syringes - dental - chip
Conservative and prophylactic procedures	Arkansas stone Bib holder Bur block Bur brush Burnisher Canister stainless steel Carver amalgam Carrier amalgam Cement spatula

	<p> Cidex container and lid Collar and cuff scissors Cotton pellet holder Cotton wool holder Cotton wool waste receiver Dental handpieces Dappen dish Excavators Explorers Flat plastic Forceps dressing Glass slab Handle mouth mirror Hand scalers/curettes Hand shield white light Kidney dish small and large Matrix retainer wide and narrow Plugger amalgam Probe dental Probe periodontal Protective glasses Retainer cellophane strip(crocodile dip) Syringes dental Teflon Thymozin Applicator Tray Sam Dixon </p>
<p>Endodontic procedures</p>	<p> Endodontics excavators Endo root canal explorer Endo root canal plugger Endo root canal plastic plugger Endo root canal spreader Endo root canal ruler </p>

Miscellaneous	Basin on stand Bucket s/steel Cheatle forceps Cheatle forceps holder Jug stainless steel Torch mouth Tray with lid stainless steel Tray without lid stainless steel Tumbler s/s
Dental handpieces	Airotor Amalgam condenser Handpieces Air scaler Handpieces Air motor Handpieces Prophylaxis and Prophylaxis head Handpieces Slow Handpieces Straight
Prosthetic procedures	Bowl alginate Bowley gauge Fox plate Gauge caliper (Figure 8) Gauge finebow compass Impression trays – upper and lower Knife Gritman type Shade guide Side cutter Syringe impregum Wax knife Willis gauge

ESSENTIAL CONSUMABLES LIST

Category	Item
Anaesthetic material	Topical anaesthetic Local anaesthetic <ul style="list-style-type: none"> • with vasoconstrictor • without vasoconstrictor
Exodontia and surgery procedures materials	Blades surgical -shape and size appropriate for oral surgery Cotton wool balls Dry socket alveolar paste Ethyl chloride Haemostat sponge Hydrogen peroxide Hypodermic needles -dental disposable Saline solution Saliva ejectors disposable Sutures surgical
Prophylaxis materials	Bur brushes (polishing) Cups polishing Fissure sealants <ul style="list-style-type: none"> • chemically cured • light cured Floss dental Fluoride preparations- gel or solution Fluoride trays Mouth rinse Plaque disclosing tablets Prophylaxis paste Saliva ejectors disposable- high volume

<p>Conservative procedures materials</p>	<p>Amalgam capsules Band matrix</p> <ul style="list-style-type: none"> • narrow • wide <p>Burs (various) Carrier amalgam (spare points) Cements (various) Cotton wool rolls Etching gel Gingival retractor (gingival cord - knitted) Glass ionomers –various Haemostatic liquid Paper articulating Pellets cotton wool –small, medium Saliva ejectors disposable Strips dental composite -polyester Strips dental abrasive -plastic backed (various) Varnish cavity liner Wedges</p>
<p>Endodontic procedures materials</p>	<p>Broaches barbed Chelating agent paste for root canal preparation Discs for 'pop-on' mandrel -various Filling paste –various Fillers pulp canal –various Gutta Percha points –various Gutta Percha cones –various K-files –various Mandrel RA standard 'Pop-on' Low profile Paper points- absorbent</p>

Protective materials	<p>Glasses – protective (including those worn over ordinary spectacles)</p> <p>Gloves</p> <ul style="list-style-type: none"> • examination • surgical • disposable <p>Masks surgical</p> <p>Paper towels</p> <p>Paper rolls</p>
X-ray material	<p>X-ray films</p> <ul style="list-style-type: none"> • bitewings <p>X-ray film developer – manual/automatic processing</p> <p>X-ray film fixer - manual/automatic processing</p>
Prosthetic material	<p>Alginate – rapid/regular set</p> <p>Resin for denture base and special trays</p> <p>Reliner Kit set</p> <p>Tissue conditioner set</p> <p>Zinc Oxide with Eugenol paste</p>

Cleaning, disinfecting and sterilizing materials	Autodave deaner Autodave packet Autodave tape Alcohol 96% Bibs patient Bacteriostatic detergent Bleaching agent Cleaning and spray solution for mirror head Cleaner suction machine (non foaming) Disinfecting sleeves (handpieces) Disinfectant (general cleaning) Disinfectant (Instruments) Disinfectant surface Distilled water Insecticides Lubricating and deaning oil for handpieces Lubricating oil for compressor Mutton cloth Nailbrush Open weave doth Refuse bags Refuse bags for refuse containers Spirits methylated Soap liquid handwashing Soap liquid (cleaning) Vaseline
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ESSENTIAL DRUGS LIST*

The following drugs shall constitute an essential drugs list for Oral Health Care at primary level:

ANALGESICS	Paracetamol tablets 500mg Paracetamol syrup 120mg/5ml
ANTIBIOTICS	Amoxycillin capsules 250mg Amoxycillin suspension 125mg/5ml Erythromycin capsules/tablets 250mg Erythromycin suspension 125mg/5ml Metronidazole tablets 200mg Metronidazole suspension 200mg/5ml
ANTIFUNGALS	Gentian violet 0.5 aqueous solution Miconazole gel 20mg/g Nystatin oral solution 100 000IU
MOUTHRINSES	Chlorhexidine digluconate 0.2 %
EMERGENCY DRUGS	Adrenaline 1:1000 10% and 50% Dextrose IV Diazepam children: 0,2 – 0,3 mg/kg over 3 minutes Adults 10mg –20mg , 2mg per minute Glucose Drink/tablets Glyceril Trinitrate 0,5 mg Hydrocortisone succinate 100mg (Oxygen) 100% Salbutamol 0,9 Sodium Chloride

*Refer to the Essential Drugs Programme, South Africa, Primary Health Care. Standard Treatment Guidelines and Essential Drugs List 1998.

FINANCE NORMS FOR PRIMARY ORAL HEALTH DELIVERY

Finances will be allocated according to the following guidelines

Item	Allocation
Personnel	65%
Administration	10%
Stores and Livestock	15%
Professional Services	2%
Equipment	8%

COMMUNICATION SYSTEMS NORMS

Effective methods of communication are an essential prerequisite for the optimal functioning of Oral Health Services at its various levels. Such communication can obviously not function in isolation and has to be effectively integrated with new or existing health programmes particularly at the level of Primary Health Care to ensure cost-effectivity. Methods of communication available at a particular institution would in turn be wholly dependent upon factors such as available finances, facilities (electricity etc) and appropriately trained personnel.

The following shows the minimum recommended communication facilities to the primary level of oral health care

Clinic type	Type of communication	Number/facility
D1 (1-2 surgeries)	Telephone	1
D2 (2-3 surgeries)	Telephone	1
D3 (District hospital)	Telephone	1-2

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STANDARDS AND CRITERIA FOR PRIMARY ORAL HEALTH DELIVERY

1. FACILITIES*

STANDARD

The facilities ensure safe and effective operation of oral health services.

CRITERIA

The space provided for the delivery of oral health services complies with the set specifications.*

Where hazardous equipment and substances are used appropriate warning signs are displayed.

There is adequate ventilation, according to set specifications.*

Workstations are arranged to provide adequate space for movement.

Wires or leads are secured

Handwashing facilities comply with infection control policies.

There is office space for personnel.

* REFER TO SPECIFICATIONS FOR ORAL HEALTH FACILITIES AS WELL AS ANNEXURE B
(PRIMARY HEALTH CARE FACILITY DESIGN GUIDE)

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SPECIFICATIONS FOR ORAL HEALTH FACILITIES

DENTAL SURGERY

Room size to be a minimum of 3 metres wide along window wall and 4 metres long.

Floor covering to be of washable vinyl or linoleum tiles.

Walls to be painted in matt finish with washable paint.

Ceramic tiles to be fitted on walls 1 metre wide by 0,5 metre height above washbasin.

One washbasin to be situated in corner as indicated on plan at suitable height for operator to use while seated. To have hot or cold water.

One double bowl sink to be installed in position as indicated for sterilization purposes.

Two 1,5 metre tube fluorescent fittings with diffuser screen to be installed for circumferential lighting.

Double 15 Amp electrical outlet sockets to be supplied in positions indicated.

Low voltage wire, 20mm water supply, 12mm air supply, 220V electrical supply, 40mm PVC vacuum to be supplied in position indicated. These points are to be supplied where chair mounted equipment is required.

Notice board on wall facing the patient.

SPECIFICATIONS FOR A MOBILE DENTAL UNIT

Specifications for trailer

Size: Length: 2,4- 3,6 metres
 Width: 2 metres
 Height: Must not exceed 2,1 metres.
 Total height from the ground must not exceed 3 metres.

Design: The trailer must have two sliding windows fitted with burglar proofing internally.

The trailer must have one left hand side rear door with wide opening and should be fitted with a burglarproof key lock.

The trailer should have a storage compartment for power plant fittings on the A frame the; compartment to be fitted with burglar proof key locks on two side service doors.

The trailer should have a 80-120 litre water tank fitted to the roof in front of the trailer.

The trailer should have rollout canopies on the left and right side.

One wooden cabinet fitted to the rear of the trailer that includes one sink with cold water tap, four to five drawers, an instrument tray unit, two storage units with shelves and locks to prevent opening when in motion.

Two towel racks mounted on the sides.

Floor of trailer should be covered with rubber hospital type matting and should be waterproof with rounded skirtings.

The front outside of the trailer should be rubber coated to protect from rust and stones.

On the jumbo height an adjustable double rubber wheel should be fitted.

Dental equipment to fixed or secured to prevent movement during motion.

The trailer should have two axles

The trailer should have two 16" wheels plus one complete spare wheel fitted on the A frame/back.

The trailer should have two metal drop studs on front corners.

The base of the trailer should be reinforced for rough roads.

The walls and roof of the trailer should be of 1,2 -1,4 mm electro galvanised material covered with antirust primer and polyethylene paint with sign writing.

The trailer should have a Beta 4 with overrun brakes and 50 mm ball coupler and mechanical brake connected to the hydroptic system on hitch.

The trailer should have 12/24 Volt complete taillights and reflectors on the back and sides.

The trailer should have waterproof external light above the entrance door.

The trailer should have one exterior waterproof power plug for TV and VCR.

A set of tools consisting of:

- 1 x Toolbag
- 1 x Hydraulic jack with handle
- 1 x Grease gun
- 3 x Screwdriver set
- 1 x Plier
- 6 x Common spanners
- 1 x Set of Allen keys
- 1 x 25mm water hose

The trailer should be fitted with a hydraulic lift on the A frame to support easy coupling and uncoupling.

The inside walls should be covered with board for insulation.

Two to four overhead lights mounted on the ceiling of the trailer.
Electric main board should be fitted to the side of the trailer for one double plug point and eight single plug points.

A 30-metre electric extension cord should be part of the electrical accessories.

A 4,5- 5,5 KVA generator power plant to fit into storage compartment on the A frame.

Mounted on the exterior front wall, a hot and cold 12000- 16000 BTU air conditioner should be fitted.

B. EQUIPMENT

STANDARD

Equipment utilized ensures the safe and effective operation of the oral health service.

CRITERIA

The equipment utilized is appropriate for oral health care delivery.

Where radiographic equipment is used, this conforms to the regulations concerning the use of electronic products.

Appropriate shielding and protective clothing is provided where hazardous equipment is utilized.

Appropriately trained staff operates equipment.

Equipment conforms to current health and safety regulations.

Equipment is checked regularly to ensure that it is in safe and good working condition, according to health and safety regulations as well as manufacturers' instructions. Records of such checks are kept.

There is an up-to-date inventory of equipment.

C. COMMUNICATION

STANDARD

Oral health care team pursues excellence in all aspects of communication with colleagues, patients/clients, other health care providers and the local community.

CRITERIA

- Staff meets regularly, at least once in 3 months, for discussions to maintain good communication and to review service practices. There is evidence of such meetings. There is an effective system for the dissemination of written communication.
- Staff has access to relevant written communication.
- Personnel are aware of and use the channel of communication for patient's expressions of satisfaction/suggestions/complaints that is available within the whole facility. Patients are informed about this.
- There is an accurate list of referral hospitals and telephone numbers to facilitate communication.

D. HEALTH RECORDS

STANDARD

Health records are maintained for all patients to ensure continuity of care.
The records are protected from unauthorized use.

CRITERIA

The facilities always have all the necessary forms, registers and files for record keeping.

Staff are aware of and comply with regulations governing health records

There are policies and procedures for the management of health records.

Records are stored securely to protect them against loss, damage or unauthorised use.

The facilities have a patient or filing system that ensures continuity of care.

All information of patients attended to is accurately recorded in the registers and files.

E. MANAGEMENT

Oral health services are organized and managed to provide goal directed services and are coordinated with other services in the district.

LEADERSHIP AND PLANNING

- The organizational structure is clearly understood by staff in terms of professional and managerial accountability and is supplemented by a written chart
- An oral health professional manager, qualified by education, training and/or experience is identified with clearly defined responsibilities for all aspects of oral health services.
- There are written objectives, policies and procedures for the activities of the service. These are in line with the local vision and mission.
- A service operational plan is written every year.

PERSONNEL

- All new personnel are subjected to local orientation and induction which as a minimum:
 - prepare personnel for their role and responsibility
 - introduce personnel to the policies and procedures of the service.
- Job descriptions are available for each personnel category and these are filed in the clinic.
- Performance appraisal is carried out for each personnel member each year and record of such is kept.

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- Performance appraisal is based on the job description and work objectives and identifies strengths in performance and areas requiring development and training.
- There is a yearly training plan which includes continuous professional development.
- There is regular in-service training.

FINANCE

Oral health, as a cost-centre, has a budget divided into responsibility, objectives and standard items.

The budget is aligned to set objectives and activities.

The monthly expenditure of each main category is known and documented.

TRANSPORT

The oral health manager plans and submits the monthly/weekly transport schedule to the district transport coordinator.

Where transport is allocated, there is a transport management system that complies with the local transport policy.

SUPERVISORY VISITS

There is a schedule of monthly visits. A record of such visits is kept.

F. POLICIES AND PROCEDURES

STANDARD

There are written policies and procedures, compiled within a professional framework and reflecting current knowledge and practice, which are used to guide personnel in their activities. These are principles of good practice and are consistent with the objectives of the service and relevant regulations.

CRITERIA

Policies and procedures are developed by personnel.

There is evidence that policies and procedures are determined with consideration of statutory regulations, guidelines and codes of ethics.

Personnel compile policies and procedures in a manual that is available within the facilities for use.

Policies and procedures are written in clear, simple style and are

- determined on the basis of sound information and consultation
 - able to guide those making decisions
- subject to review at least every three years: each review is signed and dated.

Policies and procedures refer to at least the following:

- control of substances hazardous to health
- health and safety
- confidentiality of information in accordance with
 - dental records
 - referral
 - consent
 - screening and assessment programmes
- high risk patients
- recall and review
- oral health promotion
- accidents, errors and incidents