

Dental Clinic Guidelines Regulation Ministry of Health

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Glossary

ACLS : Advanced Cardiac Life Support CPR : Cardiopulmonary Resuscitation

DA : Dental Assistant
DM : Dubai Municipality

PALS : Paediatric Advanced Life Support

MOH : Ministry Of Health RN : Registered Nurse UAE : United Arab Emirates

Introduction

This guideline is not intended to be all-inclusive, but outlines fundamental policies and procedures that should be in place to ensure public protection in Dental clinic settings.

Definition

Is specialized facility in the "evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body". For the purpose of this document, Dental Clinic includes general dental clinic, specialized dental clinic or dental clinic in polyclinic setup.

1. Dental Clinic licensing procedures

Health facility licensing procedures are described in Ministry Of Health (MOH) website www.MOH.gov.ae please visit the website for further details regarding procedure and requirements.

2. Facility Ownership

Health Regulation Department in MOH receives application to operate Dental Clinic in the following cases:

- a) Applicant is United Arab Emirates (UAE) citizen in any legally permitted form
- b) Applicants are United Arab Emirates (UAE) citizens in partnership with a licensed specialist dentist (for specialty clinics only)

For further information regarding the facility ownership issue please visit Ministry Of Health website www.MOH.gov.ae

3. Administration of Dental Clinic

- 3.1 Dental clinic should be administered in a manner to ensure high-quality health services while recognizing patient rights. All dental clinics should have policies describing organizational structure, including lines of authority, responsibilities, accountability and supervision of personnel. All such facilities should have a Medical Director that establishes policies and is responsible for the activities of the facility and its staff. Each facility shall maintain a written policy with regard to the qualifications of its Medical Director. He/she shall assure that all procedures are carried out by or under the direction of qualified, skilled and experienced licensed dentist.
- 3.2 Administrative policies should be implemented so as to provide quality healthcare in a safe environment and ensure that the facility and personnel are adequate and appropriate for the type of procedures performed. Policies and procedures governing the orderly conduct of the facility should be in writing and should be reviewed annually. All applicable regulations must be observed.

4. Qualified Personnel

- 4.1 All healthcare professionals should have appropriate licensure by MOH and necessary training and skills to deliver the dental services provided in the facility. All personnel assisting in the provision of healthcare services must be appropriately trained, qualified, supervised, and sufficient in number to provide appropriate care. Functional responsibilities of all healthcare professionals and personnel should be defined and delineated. Policies and procedures for oversight of healthcare professionals and personnel should be in place. Clinical information relevant to patient care should be kept confidential and secure. Dental staff ratio shall be based on the dental clinic activity. In general for each licensed dentist providing dental services to a patient at least one Dental Assistant (DA) or Registered Nurse (RN) or Assistant Nurse shall be available with the dentist.
- 4.2 All medical personnel, at a minimum, should maintain training in basic cardiopulmonary resuscitation (CPR). If the facility providing dental sedation services, It is mandatory that the dentist and his/her assistant (monitoring the patient) to be trained with Advanced life support (ACLS) if treating adults under sedation or Pediatric Advanced life support (PALS) if treating children under sedation. Nurses/dental assistants should be trained in Basic Life Support (BLS), insertion of IV lines and monitoring and assessing patients under sedation
- 4.3 There should be a program of on-going in-service training to all staff providing healthcare services. Such training may include case studies and staff presentations provided within the facility or may be obtained through participation in continuing education courses offered outside the facility.
- 4.4 Short training courses should be adapted by the facility for dental nurse's education in good general conducts, proper patient handling, instrument handling and sterilization, personal and general hygiene, and physical and chemical hazard control in dental practice.

5. Patients' Privacy and Rights

- 5.1 Patients should be treated with respect, consideration, and dignity. Patient has the right to privacy and confidentiality. Patient or a designated person when appropriate should be provided information concerning diagnosis, evaluation, treatment options, and prognosis.
- 5.2 Patients should be given the opportunity to participate in decisions involving their healthcare when such participation is not contraindicated. Patients have the right to refuse any diagnostic procedure or treatment and be advised of the medical consequences of that refusal. Patients have the right to request information about the treating dentist's scope of practice and license. Dental clinics must comply with all MOH guidelines related to patient's rights.
- 5.3 The patient has the right to request his/her information through requesting medical reports, or a copy of the previous reports. No fees shall be charged by a healthcare professional for patient records request received from another healthcare professional solely for the purpose of providing continuing medical care to the patient.

6. Quality of Care

Dental clinics should develop a system of quality assessment that effectively and efficiently strives for continuous quality improvement.

6.1 Credentialing:

Credentials, including delineation of privileges, of all healthcare professionals should be established by written policy, periodically verified, and maintained on file.

6.2 Patient Evaluation:

A history and basic physical examination should be performed by the treating dentist or his/her designee. The history should be current and reassessed by the dentist on each patient visit. The patient or the responsible adult shall be informed with the proposed treatment plan, risks and benefits of the dental procedure or surgery shall be discussed with alternative methods or treatment options.

6.3 Informed Consent:

Informed consent for the nature and objectives of the procedure to be performed should be in writing and obtained from patients before the procedure is performed, by the treating dentist. Informed consent should only be obtained after a discussion of the risks, benefits and alternatives and should be documented in the patient record. All consents should conform to federal laws and MOH regulation in this regards. For further details regarding informed consent. Check the Federal Law No. (10) of 2008 concerning Medical Liability

6.4 Patient Records:

- 6.4.1 A legible, complete, comprehensive, and accurate patient record must be maintained for each patient.
- 6.4.2 A record should include a recent history, physical examination, any pertinent progress notes, operative reports, laboratory reports, imaging reports. Records should highlight allergies and untoward drug reactions. Specific policies should be established to address retention of active records, retirement of inactive records, timely entry of data in records, and release of information contained in records.
- 6.4.3 All information relevant to a patient should be readily available to authorized healthcare professionals any time the office facility is open to patients or in the event that a patient is transferred to another facility. Patient information should be treated as confidential and protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure.
- 6.4.4 Records should be organized in a consistent manner that facilitates continuity of care. Discussions with patients concerning the necessity, appropriateness and risks of dental procedure, as well as discussion of treatment alternatives, should be incorporated into a patient's patient record as well as documentation of informed consent. For further information regarding Patient Records Guideline, visit MOH website www.moh.gov.ae

- 6.5 Emergency & Transfer Protocols:
- 6.5.1 Written policy and procedures must be in place to ensure necessary personnel, equipment, and procedures to handle emergencies that may arise in connection with dental services provided in the facility.
- 6.5.2 All personnel should be appropriately trained to provide basic cardiopulmonary resuscitation in emergency case. Adequate equipment and medications for cardiopulmonary resuscitation should be immediately available. Such equipment and medications must be available in order to stabilize patient before transfer to the nearest hospital. For further details regarding the emergency and medication list visit MOH website www.MOH.gov.ae
- 6.6 Reporting and Data Collection Requirements:
- 6.6.1 Reporting should be structured in a manner to consistently encourage a free flow of information Reporting requirements should be consistent with relevant patient confidentiality laws and regulations implemented in Dubai.
- 6.6.2 Health Regulation Department shall develop a set of clinical performance indicators which will enable it to measure the Dental clinic performance in various clinical aspects. Even more, dental clinic shall submit data consistent with e-Health guidelines and standards set by the MOH.

7. Facilities & Equipment

7.1 Facility Physical Environment:

The Dental facility should be clean and properly maintained and have adequate lighting and ventilation. The space allocated for a particular function or service should be adequate for the activities performed. The Health Facility Guidelines: Planning, Design Construction and Commissioning, which is available in MOH website www.MOH.gov.ae is adopted by the MOH for evaluating design submissions for new and renovated healthcare facilities in Dubai, including dental clinics.

- 7.1.1 In general Dental clinic shall comprise at least the following:
 - 1- Dental room with space area not be less than 14 square meters with washbasin and taps water
 - 2- Reception area/Nursing station viewing the waiting area
 - 3- Separate waiting area for males and females
 - 4- Toilet (minimum of two) one for males and the other for females
 - 5- Dedicated area for storing patient's records
- 7.1.2 The physical layout of dental clinic should be arranged to assure its easy cleaning. Floor, walls and ceiling of the dental room should be made from smooth nonporous material that doesn't support the harbor of dirt, micro and macro organisms. Junction between floor and wall in the dental room shall be smooth curved lines without angles. Toilet doors for patient use shall open outward
- 7.1.3 Prefabricated warehouse type building is not suitable as dental facility, this type of building dose not support a smooth curved lines and angles, and possible cracks and gapes that can be infested with different species of pests.

7.2 Handicapped Accessibility:

- 7.2.1 In compliance with the Federal Law number (29) for 2006 regarding Special Needs Rights, each dental clinic facility shall be made accessible and accommodate disabled individuals. The following handicapped requirements are mandatory:
 - a) Handicapped parking near the dental clinic premises (mandatory for new dental clinics or when changing location of facility),
 - b) Wheelchair ramps shall be available within the building
 - c) Elevators, doors and dental room shall permit access and accommodate handicapped wheelchair.
 - d) Handicapped-accessible toilet room within the dental clinic or in the building, Toilet room doors shall swing outward or be double acting.
- 7.2.2 Special arrangements shall be made by existing dental clinics to see patients if the facility cannot be made handicapped-accessible.

7.3 Ventilation:

There must be good ventilation inside dental procedure room and inside the dental facility in general. Ventilation should be enough to removes odors, fumes, condensation and keeps the facility cool and comfortable to work in. Ventilation may be natural or mechanical

7.4 Dental Equipment:

- 7.4.1 The facility should be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide the dental services and resuscitation services if required.
- 7.4.2 All equipment used in patient care, testing, or emergency situations should be inspected, maintained, and tested on a regular basis and according to manufacturers' specifications. The facility should have appropriate fire-fighting equipment, signage, emergency power capabilities, lighting, and an evacuation plan. Dental clinic equipment shall include, but not limited to the following:
- 1. Dental unit
- 2. Dentist stool
- 3. Assistant stool
- 4. Adequate Halogen light
- 5. Heavy Duty Suction apparatus
- 6. Three way syringes
- 7. Saliva Ejector
- 8. Scaler Unit either Ultrasonic or Air
- 9. Amalgamator (optional)
- 10. Standard dental x-ray unit (optional) if available there shall be
 - a) Simple dental X-Ray viewer
 - b) Lead Appron
- 11. Autoclave machine
- 12. Light Cure Machine
- 13. Stethoscope with sphygmomanometers

- 14. Doctor desk with two chairs for patient his/her companion.
- 15. Sufficient amount of linen or disposable medical towel paper.
- 16. Refrigerator to keep vaccine and drugs.
- 17. Medical prescription book, Patients records, referral book, etc
- 18. Instrument cabinets with drawers
- 19. Instrument Trolley (minimum of one)
- 20. Kidney Shape dishes or equivalents (minimum of three)
- 21. Plastic Aprons/Bibs (preferably disposable type) (minimum of three)
- 22. Hand Disinfectant e.g. Hibiscrub dispense or equivalent (minimum of two)
- 23. Sharp needles Dispenser (minimum of three)

7.5 Medical Emergencies:

The facility should have the necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services provided. Appropriate emergency equipment and supplies should be readily accessible to all patient service areas.

8. Hazard in Dental Practice

The principles of hazards awareness and preventions in dental practice should be part of the good dental practice; it should grow deeper and richer to persist and to improve the safety and performance of clinical dental practice. The principles of hazards are preventive rather than corrective steps.

Universal steps and procedures for control of hazards in clinical dental practice are compulsory factors that must be implemented and may not be directly related to actual clinical procedures but they support the hazards concept in dental clinics

The hazards in clinical dental practice might be physical, chemical and/or biological hazards. Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma should be eliminated.

9. Radiation in Dental Practice

X rays examinations are important tool that help dentists to diagnose, plan treatments and monitor both treatments and lesion development. There are four types of dental radiological procedure:

- 1) intraoral (bitewing, periapical and occlusal) radiography
- 2) panoramic radiography
- 3) cephalometric radiography and
- 4) cone-beam CT (CBCT)

The dosage of X-ray radiation received by the dental patient is depend on radiology procedures model, typically intraoral radiography has small radiation dose. Panoramic, cephalometric radiography radiography and cone-beam CT procedures are conducted with high dose radiography. There are three main concepts in protecting staff/patient from radiation. They are:

a) Time: The amount of radiation exposure received is proportional to time. Minimize the time spent handling radioactive substances or with radiation producing equipment.

- b) Distance: The intensity of radiation drops rapidly the further away from the source. So maximize distance from sources of radiation at all times. This includes for example, using tongs instead of bare hands to handle radioactive samples.
- c) Shielding: Increasing shielding around a radiation source will reduce exposure.

These three concepts use the ALARA (As Low As Reasonably Achievable) principle for limiting exposure to radiation and this principle should be considered at all times where risk of exposure exists In dental practice incidental exposure to high dose radiation can reduced by the use of a lead shield, lead apron, sometimes with a lead thyroid collar. Dentist and assistance exposure is reduced by stepping out of the room, or behind adequate shielding material, when the X-ray source is activated. For further details regarding dental radiation and requirements kindly contact Radiation Protection Unit in Dubai Hospital telephone number 04- 2195000 (Ext. 5065 / 5522), Fax: 04-2719340, E-mail: azitouni@MOH.gov.ae

10. Good Clinical Dental Practice

Here you will find practical instructions regarding good dental clinic practice:

- 10.1 Dental stone cast and models must not be displayed in the dental room and should be stored in a cabinet in different place.
- 10.2 All heat sensitive dental materials must be stored inside refrigerator, No food shall be kept in such refrigerator.
- 10.3 Dental cabinet shall be made of smooth nonporous material that doesn't support the harbour of dirt, micro and macro organisms. Wooden cabinets and shelves are not permitted inside the dental room.
- 10.4 At least three scalar tips should be available for each dental unit
- 10.5 Root canal instrument (files, remmers,) must individualize as a full seat inside sterile pouches for each patient. (Metal box style to keep the root canal instrument must not be permitted).
- 10.6 Dental trays must be washed and sanitized after each patient.
- 10.7 Good Dental Practice should adapt protective steps whether directly or indirectly relate to dental treatment...Exp:
- 10.8 Dental needle preferably not be used in more than tow insertion on same patient.
- 10.9 Use protective goggles.
- 10.10 Ansthetic dental cartridge must be disposed even after minimal use.

- 10.11 Use a preloaded amalgam capsules only. (The possibility of mistakes in accurate measurement of un dosed powder and mercury may lead to heavy metal intoxication and room contamination from mercury)
- 10.12 In each dental unit there must be built-in separator for environmental issue.
- 10.13 As a preventive measures dentist has the right to ask the patient for a specific medical test for safety.
- 10.14 Plastic instruments, dental composite tubes, cement containers...must be wiped with medicated sanitizing solution after each use.
- 10.15 Arsenical products should not permit in dental practice.
- 10.16 It is good practice to use to use eye loops.
- 10.17 All sterilization, sanitization and cleaning procedure must be evaluated, monitored and verified by the dentist in charge.
- 10.18 All dentists must have sound and solid knowledge and practice in life saving measures for immediate intervention during emergency in dental practice; therefore it is the responsibility of department of health to adopt short training courses for dental practitioners.

11. Infection Control

- 11.1 Procedures should be implemented to minimize the sources and transmission of infections and maintain a sanitary environment. A system should be in place to identify, manage, handle, transport, treat, and dispose of hazardous materials and wastes whether solid, liquid, or gas.
- 11.2 There must be an active program for the prevention, control, and investigation of infections and communicable diseases. At this stage, MOH Dental Infection Control Guideline is considered as reference guideline for all dental facilities in issues related to infection control policies and procedures.

12. Dental Clinic Hygiene

Here you will find practical tips regarding dental clinic hygiene:

- a) Use of approved surface sanitizing agent is a must inside the dental room to clean up the dental unit and working surfaces after each patient.
- b) Dental chair head ret cap and patient apron must be changed after each patient.
- c) For general purpose cleaning of dental premises, use commercial antiseptic cleaning solution (must be always available inside the clinic).
- d) Instruments sterilization and cleaning must not be executed inside the surgery room
- e) There must be good supply of clean water, through a quality piping that support good water hygiene according to Dubai Municipality (DM) requirements and standards.

- f) All general purpose cleaning equipment and agents should be stored in a separate part of the premises
- g) There must be a specific space (not less than 1.5 sq. meter) for cleaning and sterilisation of dental instruments and should not be used other than above.
- h) Cleaning and sterilization must not be carried inside the surgery room.
- i) Use stainless trash bin lined with commercial plastic bag for the medical waste inside the surgery room.
- j) Use commercial plastic bags in all other trash bins, and must be daily changed with a new one.
- k) Non-wooden storage cabinet shall be used for storing cleaning equipment and agents
- 1) There must be an ample space to keep cleaning equipment always in a very clean condition before use; type of floor sanitizing and cleaning agents must be approved for clinical use.
- m) There should be no cotton or wool fabric curtains in dental clinics.
- n) In door pets and natural plant inside the surgery room should be not permitted.
- o) Use liquid soap (no soap bar), disposable C-fold towels, and toilet tissue roll.
- p) Toilet must be frequently cleaned and sanitised with commercial sanitizer.

13. Smoking Policy

Smoking inside the dental facility is strictly prohibited for all professionals, visitors, and patients. The dental facility management is responsible to implement this policy. Signboards should be fixed in the main entrance, patient, and visitors waiting area and other areas of the facility alerting individuals regarding this policy.

14. Dental Clinical Services

Dental procedures should be provided by licensed and qualified professionals in an environment that ensures patient safety. Issues related to oversight of dental clinics evolve with the new technologies and procedures affect public demand. Specific dental guidelines are available in the MOH website www.MOH.gov.ae

Appendix 1

SN	Description	QTY. (pcs.)	
(a) H	and Instruments		
	Diagnostic		
1.	Mouth Mirrors With handles	6	
2.	Tweezers	6	
3.	Probes	6	
Oral Surgery			
1.	Cartridge syringes	3	
2.	Elevators	1 (set)	
3.	Forceps (adults and children) complete set	1 (set)	
4.	Needle Holder	2	
5.	Scissors Straight and Curved	1 (each)	
6.	Bone Rongeur	1	
7.	Bone files	1	
Conservation			
1.	Amalgam Carrier (straight, and right angle)	1 (each)	
2.	Matrix Bands and Holder (one ivory No.1, one Ivory No.8 or Universal)	2	
3.	Glass slab	1	
4.	Spatula (stainless Steel)	1	
5.	Amalgam Carver	2	
6.	Amalgam condensers	2	
7.	Burnishers	1	
8.	Plastic Instruments	3	
9.	Excavators (different sizes)	3	
10.	Scrub Brush/sponge	1	
11.	Wire Brush steel	1	
12.	Cheatle Forceps	1	
13.	Instrument Trays (stainless steel/plastic)	4	
(b) Root Canal Instruments			
	Full set of Endo Box		
1.	Root Canal files No.8, 10 90	20	
2.	Root Canal Reameners No.8, 10 90	20	
3.	Root Canal Plugger/Spreader	2	
Scaling and Oral Hygiene Instruments			
1.	Hand Scalers:	5	
	Anterior - 3 Pieces		
	Posterior - 2 Pieces		
2.	Ultra Sonic Scaler or Air Scaler	1	
3.	Curettors of different sizes	3	