

Working Group QUALITY

Bangkok september 2015

I. Infrastructure of the dental practice

1. Access
2. Means of communication
3. Information about the structure of the dental practice
4. Waiting room
5. Treatment room
6. Lavatories
7. Access for disabled patients ????

II. Hygiene in the dental practice

1. 19 criterias corresponding to recommendations that must be observed to ensure treatment quality and safety.
2. Hand disinfection
3. Medical devices (single use and reusable)
4. Maintenance of premises
5. Waste management
6. Protection of practitioner and staff

III. Safety in the dental practice

1. Fire safety
2. Safety of the premises
3. Emergency situations
4. Equipment maintenance
5. Traceability and Vigilance
6. Dental prosthesis
7. Radiation protection
8. Occupational risk assessment
9. Psychosocial risks for the practitioner (burn-out)
10. Safety of the practitioner and practice staff (assaults)

IV. Patient pathway

1. Greeting of patients on the phone
2. Appointment scheduling
3. Greeting of patients at the practice
4. Physician-patient privilege/patient confidentiality
5. Patient rights and dignity
6. Patient information and consent
7. Out-of-hours care
8. Continuity of care
9. Patient records

V. Quality and constant improvement

1. Patient, correspondent, and collaborator satisfaction
2. Knowledge update and implementation of recommendations
3. Human resources management
4. Practice meetings and internal communication

II. Hygiene in the dental practice

2. Hand Disinfection

Goal: to prevent hand-transmitted infections

2.1 The nails of all care providers (the practitioner and his/her collaborators) should be short

Hands and forearms should be bare (no rings, wedding rings, bracelets or watches).

only short-sleeved garments should be worn.

II. Hygiene in the dental practice

2.2 Hands are systematically disinfected before and after each treatment/examination.

It is helpful to use posters or other training materials in the office.

2.3 The practitioner and his/her team should perform “surgical hand disinfection” prior to any surgical procedure (endodontic surgery, tooth extraction with bone milling, implant placement ...).

It is helpful to use posters or other training materials in the office.

II. Hygiene in the dental practice

2.6 The single-use gloves worn by the care team are changed systematically between each patient and each time the care procedure is interrupted (to answer the phone, welcome another patient...)

II. Hygiene in the dental practice

4. Maintenance of Premises

Goal: To limit the risk of transmission of micro-organisms **from** the environment

4.1 The surfaces near the dental unit are cleaned with a detergent/disinfectant between each patient.

4.2 In the treatment rooms and the areas dedicated to the processing of medical devices, the floor, wall and worktop coating materials must be smooth, washable and non-porous (**wood, carpeting and carpets are strictly excluded**).

II. Hygiene in the dental practice

- 4.3 Floors and furniture and equipment surfaces should be cleaned at least once a day.**
- 4.4 The requirements for the maintenance of the premises (techniques, detergents, frequency, monitoring, schedule), in particular the biocleaning technique (damp wiping to eliminate dust and use of a detergent or detergent-disinfectant are described in a written protocol.**

II. Hygiene in the dental practice

- 4.5 The members of staff in charge of maintaining the premises are trained in biocleaning techniques and in the use of the cleaning products.
- 4.6 Maintenance staff should wear appropriate protective clothing (cleaning gloves and protective apron or gown).

II. Hygiene in the dental practice

6. Practitioner and Staff Safety in the Dental Surgery

6.1 The single-use gloves worn by the care team are changed systematically between each patient and each time the care procedure is interrupted (to answer the phone, welcome another patient...).

6.2 The care team systematically wears surgical masks during treatment procedures.

6.3 Protective eyewear is available to all the members of the care team.

1.8 The equipment is purged before first use for at least **2 minutes** at the beginning of each session.

1.9 The equipment is purged between each patient for 20 to 30 seconds.

II. Hygiene in the dental practice

Goal 1. To reduce the incidence of blood exposure incidents

- 6.4 Needles and any other sharps should be sorted directly by the person performing the procedure.
- 6.5 Needles should never be recapped using two hands – a recapping device must be used.
- 6.6 The management procedure for the management of blood exposure incidents is available _____
- 6.7 The Blood Exposure Incident management protocol should be rehearsed once a year (simulation with the surgery staff and recap of dedicated phone numbers).

II. Hygiene in the dental practice

Goal 2. To prevent risks of infection to the healthcare professionals and, indirectly, to their patients

- 6.8 The practitioner should wear specific clothing (short-sleeved gown or tunic, trousers, work shoes) and change every day and/or immediately their outfit is soiled.
- 6.9 The practitioner and the staff must be up-to-date with their vaccinations (hepatitis B, diphtheria, tetanus, polio and influenza).
- 6.10 The surgery staff should undergo routine medical examinations as part of occupational health schemes.

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Chapter 4 Patient pathway

4. Dentist-Patient privilege, Patient confidentiality and responsibility of the dental team

- 4.1** All information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of personal kind must be kept confidential.
- 4.2** Employees at all levels are required to maintain confidentiality.
- 4.3** All identifiable patient data must be protected.
- 4.4** The patient data are only transferred to third parties with the consent of the patient.
- 4.5** The transfer of patient data is done according to national standards and regulations.

6. Patient information and consent

6.1 Patients have to be fully informed about their health status, including the medical facts about their condition.

6.2 Patients have to be informed about the proposed procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment.

6.3 Patients must be informed about the costs of the planned therapy and the possible alternatives.

6.4 The patient is given sufficient time to think about the received information. If possible several days except in emergency cases.

6.5 The informed consent of the patient is a prerequisite for any intervention, as well as the sharing of the decision.

10. Patients records

- 10.1 The patient records are stored in closed rooms in locked furniture and are only accessible to the practitioner himself and authorized staff working under his responsibility.
- 10.2 The patient records are updated at each consultation or treatment.
- 10.3 If patient records are stored electronically, differentiated access, according to their function, must be given to the staff members, with each a personal password that is changed periodically and a regular back up must be assured.

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Chapter 5

Quality and constant improvement

- 1.2** Members of the dental team are encouraged to make comments and proposals regarding the practice's work.
- 1.3** The gathered information is regularly reviewed by the dentist and other members of the dental team, assessed and, when applicable, changes are implemented.
- 1.4** Complaints regarding the practice are dealt with without delays, a response is always given to the person making the complaint.

2. Knowledge update and implementation of recommendations

2.1 Provision of high quality dental care is based on possession of required professional qualifications by members of dental team obtained after completion of specific training; for a dentist it should be an academic training of a minimum of 5000 hours/5 years full time, like in the requirements laid down in EU directive 2005/36/EC on recognition of professional qualifications.

2.2 Continuing professional development is an essential part of dental practice, following and supplementing basic professional training.

2.3 The dentist's obligation is to upgrade professional knowledge and skills in accordance with domestic recommendations and/or legal requirements.

2.4 Other healthcare professionals working at the practice are also subject to continuing professional development. The dentist makes sure that this obligation is duly fulfilled.

2.5 All members of the dental team are aware of the new recommendations, new treatment methods implemented at the practice – to the extent required for each employee's tasks.

4. Practice meetings and internal communication

- 4.1 **The dental team meets regularly** to discuss information from patients, correspondents, collaborating people, new recommendations, indicators, reporting of undesirable events, complaints, and to propose improving actions.

- 4.2 **Internal communication within the practice,** regardless by what means, should be clear, easily understandable, unambiguous and respectful.