

# System Guideline

## Oral Health Department

### Clinics



## TABLE OF CONTENTS

i	Administration	3
ii	Acronyms	4
1.0	Introduction	5
2.0	Aim	5
3.0	Parameters of guideline	5
4.0	Appointment System	5
	Front Desk	5
5.0	Dental Fees	6
6.0	Oral Assessment	
	i. Infection Control	6
	ii. Clinical area general assessment	7
	iii. Treatment Planning	8
	iv. Consultation and consent	8
	v. Medical condition	8
7.0	Prosthetic Department	9
	i. Assessment of Prosthetic Patient	9
	ii. Payments	10
	iii. Appointment	10
	iv. Consent	11
	v. Prosthetic Equipment	11
	vi. Prosthetic Material	11
8.0	Criteria for Patients requiring Antibiotics	11
9.0	Conservative Treatment	12
10	Endodontic Treatment	13
	i. Criteria for Endodontic Treatment	14
11.0	Oral Surgery	14
	i. Appointments	14
	ii. Oral Assessment & Investigation	14
	iii. Clinical Area [Surgery]	15
12.0	Referral from District Hospitals and Wards	15
13.0	Root Recovery	15
ii	References	15

## **I ACRONYMS**

DPT	Dental Prosthetic Treatment
FF	Full upper and Full lower dentures
NHN	National Health Number
PATIS	Patient Information System
PDO	Principal Dental Officer
PPE	Personal protective equipment
PP	Partial upper and Partial lower dentures
MMR	Mandibular /Maxillar Registration

## **1. INTRODUCTION**

This guideline provides a framework and guidance on the practice of dentistry in a divisional dental clinic setup. It covers all procedures undertaken on the arrival of the patient at the front desk or reception until completion of treatment and follow up.

## **2. AIM**

The aim of this guideline is to improve the quality of dental services by providing guidance for our clinicians in delivering quality oral health care service within an enabling environment, delivered by adequately trained and skilled personnel for the attainment and maintenance of good oral health.

## **3. PARAMETERS OF THE GUIDELINE**

This provides guidance to all the staff at the Dental Clinic from the front desk to the Clinical practitioners' i.e Dental Officers, Dental Therapists, Dental Hygienists and Dental Technicians.

## **4. APPOINTMENT SYSTEM- FRONT DESK**

### **i. Patients with appointments**

- All patients received must be allocated with a Dental Folder/card
- All appointments must be registered in PATIS
- Patient's cards must be retrieved on the afternoon of the previous day
- All dental appointments are given priority. They must be seen on scheduled time.
- Any default appointment must be updated in the card and PATIS

### **ii. Patients without appointments**

- All patients are registered with PATIS (present NHN cards)
- [Registration is compulsory before treatment.]
- All dental patients must have dental cards.
- Respective dental appointments are to be given and forwarded to the Front Desk Manager for entry.
- Patients with known medical conditions are to be referred to the Assessment area for preliminary assessment and clearance by the Dental Officer.

## **5. DENTAL FEES**

All respective fees must be charged according to the Public Hospitals & Dispensaries Act.

Appropriate fee as stipulated in the Public Hospitals and Dispensary Act must be collected by the revenue clerk after the treatment proper is confirmed and before treatment is done.

All payments must be receipted.

**The following patients are exempted from paying fees**

- Below the age of 15 years except for orthodontic appliances
- Non-commissioned regular Officers from the Disciplinary forces except for dental prosthesis.
- Patients with valid Certificate of Exemption for pain relieving procedures
- All recipients of the Social Welfare Family Assistance
- Prison Inmates for the relieve of pain only
- Public Ward Inpatient
- Handicapped patients

**6. THE ORAL ASSESSMENT**

**i. INFECTION CONTROL PROTOCOL**

Strict compliance to National Oral Health Infection Control guideline and procedures is mandatory

All PPE's provided must be worn

Staff having open cuts or abrasions on their hands must seal such lesion with a water-proof occlusion dressing

All blood-contaminated waste (excluding sharps) is disposed directly into the infectious waste container or yellow plastic bag provided.

Trays and instruments must be properly packed and autoclaved before use.

Accidental needle-stick injury, blood spills or any other mishaps must be reported in the Unusual Occurrence forms

Proper surgical gowns must be worn for all surgical procedures with the recommended open/close gloving technique.

Infection control audit must be done regularly

**ii. CLINICAL AREA – GENERAL ASSESSMENT**

Calling of patients will be done according to the order of registration.

Patients must have thorough intra-oral and extra-oral examination.

All relevant information about the patient must be noted (Medical, Dental and Social) on the card.

Chief complaints must be noted as per word of patients

A proper provisional diagnosis must be determined following thorough investigation of the chief complaint. Provisional diagnosis must be noted if no definite diagnosis is reached.

Treatment options about the chief complaint must be made available and explained to the patient.

Final treatment is to be given only with the consent of the patient.

All adult patients must sign off their consent on the Dental cards. Minors must have the consent of the Parent or Guardian.

Any treatment must merit the nature of presentation of the disease.

### **iii. TREATMENT PLANNING**

Every patient must be provided with a definitive treatment plan.

Patients are to be informed of other treatment needs and encouraged for respective appointment schedules.

Treatment planning must be given in order of priority

- Emergency care and relief of pain
- Preventive care
- Surgical treatment
- Restorative treatment
- Endodontic
- Orthodontic treatment
- Extensive restoration or further surgical management
- Recall and review

If in doubt with diagnosis or treatment option, get a second opinion.

### **iv. CONSULTATION and CONSENT**

Patients are to be consulted on the cost and number of visits required.

Risks to dental treatment may also be discussed prior to treatment.

Consent must be given after treatment plan is confirmed and patient is informed and agree.

Patient below 18 years of age, mentally and physically handicapped must have consent from parent or guardian

Written Consent must be signed in the standard consent form

#### **v. MEDICAL CONDITION**

Patients with known or suspected medical conditions are to be referred to the Dental Officer for preliminary consultation.

Dental Officers have the discretion to certify for treatment or refer for Medical consultation using the standard referral form.

Dental treatment is only given once certified by either a Dental Officer or a Physician.

All medically compromised patients are to be given first priority of treatment whenever possible.

### **7. PROSTHETIC DEPARTMENT**

#### **ASSESSMENT OF PROSTHETIC PATIENTS**

##### ***Complete Dentures*** – Dental Officers only

Thorough oral examination is mandatory using the standard Prosthetic Form.

The condition of the alveolar ridges must favor denture construction.

Unfavorable undercuts must be corrected surgically in consultation with the Dental Officer (Oral Surgery).

All patients for F/F dentures must have formal consultation with the prosthetic officer prior to giving appointments.

Consultation topics include:

- Limitation in dentures
- Number of visits
- Fees
- Meeting patient's expectations
- History of past denture wearers must be noted.
- Any relevant medical conditions must be noted.

##### ***Partial Dentures***

- Thorough oral examination is mandatory.
- Patients must be "dentally fit" before appointments are given.
- Priority for partial dentures will be given to patients who seek dentures for functional reasons.
- Appointments should only be given when "Dentally Fit" criteria is met.

##### ***"Dentally Fit Criteria"***

- All extractions of badly carious and mobile teeth done
- Conservative treatments done on carious teeth (Reversible pulpitis)
- Periodontal Therapy done

- Surgical intervention sorted

A supplementary card must be made for prosthetic records.

**ii. PAYMENTS**

A minimum deposit of \$10.00 FJD must be collected during primary impression stage

For F/F dentures, complete payments must be made by the Try-in stage.

For P/P dentures, complete payments before the insertion if no Try-in.

All DPT letters must be received and updated on the register with the PDO's stamp.

Authorizing of fees that are waived or charged shall bear the stamp of the PDO.

All prosthetic assessment must pay a charge of \$1:00 unless exempted.

**iii. APPOINTMENTS**

All prosthetic appointments are given according to the number of Dental Technicians available.

The Supervising Dental Technician in consultation with the Prosthetic Officer manages all prosthetic appointments.

Daily appointments for the Prosthetic department are 2 F/F and 2 P/P.

Any extra cases will only be accommodated with the approval of the Prosthetic Officer and the Supervising Dental Technician.

District referrals for appointments must meet the assessment criteria.

F/F appointments are given a minimum of 2 procedural appointments for 3 days.

Day1 Primary and Secondary Impression

Day 2 MMR and Try-in

Day 3 Insertion

Replacement of default appointments should be given to the next available case presented.

Cancellation and reappointment of patients may be done by contacting them on the phone.

**iv. CONSENT**

Patients are to be briefed thoroughly on the procedure before signing their consent after the Try-in stage.



**v. PROSTHETIC EQUIPMENT**

All prosthetic equipments must be used according to the manufacturer's specification and operational manual

Maintenance of all prosthetic equipments shall be the responsibility of the Equipment Officer and the Biomedical Department.

Defect equipments shall be referred to the immediate supervisors and respective forms filled.

**vi. PROSTHETIC MATERIAL**

The Supervising Dental Technician is fully responsible for ordering, and storing prosthetic material in the department.

The Supervising Dental Technician must closely monitor the prosthetic material usage and consult the prosthetic Officer accordingly of any issue that may arise.

**8. CRITERIA FOR PATIENTS REQUIRING ANTIBIOTICS**

Refer to the Antibiotic Guidelines in use by the Ministry Of Health for Antibiotic prophylaxis Antibiotic

- All cases that require antibiotic treatment must be determined by the Dental Officer
- Dental Officers must see the patient, assess thoroughly, decide and document the mode of treatment accordingly.
- Localized dental abscess without systemic involvement must have "drainage" as the first choice of treatment. Antibiotic cover is only given when there is systemic involvement or when patients have medical conditions that warrant antibiotic cover.
- Be careful of patients with a history of "Allergy Reaction" and be familiar with alternatives. Proper Pharmacy forms must be filled and reported.
- Thoroughly educate patients on the importance of taking antibiotic and the consequences of being non-compliant.
- Antibiotic must only be considered when an infection is established and a diagnosis is definite. Do not use antibiotic as a blind mode of treatment.
- Consultation and second opinion must be sought in doubtful situations (Consultants, Principal Pharmacist, Microbiology Supervisors etc)

## **9. CONSERVATIVE TREATMENT**

All conservative treatments are given in accordance with the Procedural Manuals of Dental restoration.

All conservative adult appointments are to be assigned officer in charge.

Any on the spot fillings should be done in consideration of the patient's ability to pay, clinic schedule, and time allocation.

It is the duty of every dental clinician to acquire the basic knowledge and information on the nature, manipulation and application of all dental materials being used in the clinic.

Conservative treatment is one of the indicators of quality clinical outcome and every effort must be given towards promoting it to the patient.

Patients must be educated, and encouraged to maintain their natural teeth through restorative treatment over dental extraction.

It is the responsibility of the dental clinician to charge the appropriate conservative fees.

Any defaulted appointments must be entered in the card with the reason. Cancellation or reappointment must be done in advance by phone notice. Appointments are to be given 10 minutes waiting time before declaring default and the next one is called.

Any defect/problem with any Dental material, equipments or instruments must be reported immediately to the Clinical Supervisor. The unusual occurrence form must be filled.

Any incidence occurring during the treatment proper or after must be reported by filling the unusual occurrence form.

Clinical Supervisors are responsible for monitoring and evaluating the quality of the conservative treatments given to the patients.

Dental Hygienists must ensure that the conservative instruments, equipments, and accessories are prepared and available.

## **10. ENDODONTIC TREATMENT**

- Use "Criteria for Endodontic patients" as guideline to performing endodontic treatment. (Listed below)
- Attend to all the patients referred provided they meet the criteria with formal referral format.
- Consult referring officer if having contradicting findings or opinion to that one of the referring officer. A consensus must be reached or second opinion sought

- Attempts must be made to reduce/minimize the number of visits at all times
- All procedures must be written in detail and should be legible.
- Ensure that all instruments are present and missing ones reported immediately. Any defective instruments must be reported for replacement.
- Ensure that all materials and chemicals for endodontic treatment are available and in good use.
- Responsible for the booking of endodontic patients. A maximum of 4 appointments per day.
- Strict infection control procedures should be observed.
- All endodontic patients must go through a consultation process whereby the cost, number of visits, risks etc are explained.
- Endodontic stabilization must be done on the same day it is confirmed for endodontic treatment

#### **i. CRITERIA FOR ENDODONTIC TREATMENT**

- Tooth is confirmed to have irreversible pulpitis, necrotic pulp, and pathologic or iatrogenic exposures. All necessary vitality and sensibility test must be done to confirm need for endodontic treatment.
- Enough tooth structures (Enamel, Dentine) is left to hold or retain the final restoration
- Patients must have good oral hygiene, or the assessor is convinced that the patient is willing or committed to maintain good oral hygiene. Oral Hygiene status must be stabilized before considering endodontic treatment.
- Patients must afford the treatment and must pay a deposit of \$10.00 in the first appointment visit.
- The need for retaining natural dentition as a means of other complex treatments or to avoid medical complications as a consequence of having exodontias.
- Molars are on “selective basis only” and must be determined by the Endodontic Officer. The officer is responsible for the whole treatment on a molar.

### **11. ORAL SURGERY**

#### ***i. APPOINTMENTS***

A minimum of 3 procedural appointments should be given in a day except for Mondays and Friday afternoons.

All appointments must be given in consultation with the Dental Officer rostered in the surgery.

All surgery patients must be registered in PATIS.

Monday morning appointments are for emergency cases only.

#### **ii. ORAL ASSESSMENT & INVESTIGATION.**

All cases referred to surgery must be thoroughly assessed with appropriate investigation carried out using the Oral Surgery Assessment form.

Formal consultation must be carried out before referring the patient to the surgery for treatment (consultation on actual procedure, fees, risks etc)

**iii. CLINICAL AREA (SURGERY)**

All dental personnel entering the surgery must wear proper clinical attire i.e. face masks & gown/coat

The sanctity of the Oral Surgical Theatre must be observed at all times

The Surgery door will be locked when an operation is in progress.

All enquiries must be done through the side door.

**12. REFERRAL FROM SUB DIVISIONAL HOSPITALS & WARDS**

- All referrals must be done in standard referral form.
- All referrals must be arranged with the Senior Dental Officer prior to sending the patient.
- All inpatient referrals must be directed to the Dental Officer (On-Call) for prior arrangements.
- All patients should produce an inpatient referral form from the Wards.

**13. ROOT RECOVERY**

Dental Clinicians must refer patients for root recovery to the surgery section after having attempted for at least 10 minutes.

All referrals must carry a referral note and X-rays taken (if possible)

Proper and effective post-operative advice must be given to the patient after treatment.

**References:**

Antibiotic Guidelines 2<sup>nd</sup> edition 2003/2004

Infection Control Manual for Health facilities -2002

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