



NOT FOR DISTRIBUTION

**MSQH DENTAL CLINIC ACCREDITATION STANDARDS & ASSESSMENT TOOL**

The term Dental Clinics for the purpose of these standards refers to all dental Health facilities registered under the Private Healthcare Facilities and Services Act 1998 and public sector dental clinics. The term 'services' include consultations, investigations, treatment and referrals for outpatient services.

The Dental Clinic Standards were developed with collaboration between the Ministry of Health Malaysia (Oral Health Division), the Ministry of Defence Malaysia (Dental Service Division), and professional organisations representing the dental profession, i.e. Malaysian Association of Oral and Maxillofacial Surgeons (MAOMS), Malaysian Association of Paediatric Dentistry (MAPD), Malaysian Association of Orthodontists (MAO), Malaysian Endodontic Society (MES), Malaysian Dental Association (MDA), Malaysian Oral Implant Association (MOIA), Malaysian Private Dentist Practitioners' Association (MPDPA) and Malaysian Society of Periodontology (MSP), Malaysian Associations for Dental Public Health Specialist, Malaysian Association of Special Care Dentistry.

Development of these standards was based on existing standards from the United Kingdom (UKAS) and Australia (Australian Commission on Safety and Quality in Healthcare – NSQHS Standards Guide for Dental Practices and Services).

The development of these standards followed the principles and philosophies of the ISQua Guidelines and Principles for the Development of Health and Social Care Standards (5th Edition Version 1.0, 2018). The format was based on the standardised MSQH Accreditation program template.

The objective of developing these standards is for the accreditation of dental clinics based on the core principles of safe dental practice, patient safety and the provision of high quality services in dental clinics.

The goal is to provide safe and high quality dental services that are recognised internationally.

The standards cover the following areas:-

Standard 1: Access to Care

Standard 2: Facilities and Equipment

Standard 3: Human Resource

Standard 4: Practice

Addendum: Sedation

Standard 5: Safety

Standard 6: Ethics

Standard 7: Clinical Governance

Standard 8: Quality Improvement Activities

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Criterion No.	Survey Item	SELF RATING	SURVEYOR FINDINGS	SURVEYOR RATING	RISK
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS		

	<b>STANDARD 1: ACCESS TO CARE</b> Comprehensive, holistic patient care is only possible when a range of services are both available and accessible, and all patients are able to obtain timely care and appropriate advice.				
1.1.0	<b>Practice Policy</b> The practice has a system that enables the practitioner to accommodate patients' dental needs.  <b>Criteria for compliance:</b> Practice policies are available.				
	Evidence of Compliance	a) Documentation on practice policies available: i. vision, mission ii. objectives, values and goals iii. in house billing policy			
1.2.0 CORE	<b>Priority of Care</b> The practice has a process for accepting patients for treatment. Urgent cases should be addressed as a priority.  <b>Criteria for compliance:</b> Front desk staff can identify urgent cases.				
	Evidence of Compliance	a) List of conditions defined as urgent is available (the clinic to define based on the services offered). b) Staff able to identify urgent / priority cases			
1.3.0	<b>Appointment System</b> There is an appointment system available in the practice which is designed to minimise waiting time.  <b>Criteria for compliance:</b> A patient appointment system is practiced based on treatment needs.				
	Evidence of Compliance	a) There is an appointment system. b) The duration of appointments is based on treatment procedures with monitored waiting time/ waiting lists.			
1.4.0 CORE	<b>Practice Hours</b> Adequate information as to the practice hours is available.				

	<p><b>Criteria for compliance:</b> Adequate information on practice hours is provided.</p>													
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1.5.0	<p><b>Type of Services</b> Comprehensive and clear information of the services available which will enable the patients to choose the practice that best meets the patient needs.</p> <p><b>Criteria for compliance:</b> a) List of services is displayed. b) Adequate information on types of service is provided.</p>													
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1.6.0	<p><b>Fair and Accessible Care</b> Treatment/services is fair and accessible to all patients.</p> <p><b>Criteria for compliance:</b> Patients are treated without discrimination</p>													
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	<b>STANDARD 2: FACILITIES AND EQUIPMENT</b>													
2.1.0 CORE	<p><b>Physical Structure</b> The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.</p> <p><b>Criteria for compliance:</b> There is valid registration of the practice with the relevant authority. The physical structure of the clinic shall comply with all relevant regulatory requirements.</p>													

	Evidence of Compliance	i) Sufficient and appropriately placed power outlets (no use of extension cord or multiplug)					
2.1.1	Evidence of Compliance	<p><b>Physical Structure</b>                  The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.</p> <p><b>Criteria for compliance:</b>                  There is valid registration of the practice with the relevant authority.                  The physical structure of the clinic shall comply with all relevant regulatory requirements.</p>					
		a) General provisions for standards of dental facility:					
		i. Floor – easy to clean and non-skid					
		ii. Surgery:					
		a. Adequate ventilation					
		b. Instruments and equipment are stored neatly and are well organized.					
		c. Seamless worktop					
		d. Compressor of dental unit and suction unit are adequately housed to minimise noise and heat in the clinic.					
		e. Neat and pleasant atmosphere					
		iii Conducive atmosphere within waiting area:					
		a. Clean and well-ventilated					
		b. Sufficient seating					
		c. Reading material					
		d. Television/ music					
		e. Drinking water available					
	iv Toilet (if available):						
	a. clean						
	b. liquid soap						
	c. paper towels						
	b) Electrical source						
	i Power backup is available in case of disruption in electric supply, commensurate with the level of services provided.						
2.2.0		<b>Equipment</b>					

CORE	<p>All equipment for the provision of the level of services shall be adequate, appropriate and well maintained.</p> <p><b>Criteria for compliance:</b> There is evidence of compliance where appropriate to:</p> <p>i) Certification ii) Scheduled maintenance iii) Calibration</p>																									
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	<p><b>STANDARD 3: HUMAN RESOURCE</b> Appropriate qualification/training is a prerequisite for the delivery of quality patient care. The practice demonstrates support for education and training of staff in order to provide safe and quality patient care.</p>																									
3.1.0 CORE	<p><b>Human Resource Management</b> Appropriate and adequate staffing is available.</p> <p><b>Criteria for compliance:</b> i) Valid Practising Certificate. ii) Number of support staff commensurate with number of practitioners. iii) Job description for staff. iv) Staff employment complies with labour laws</p>																									

	Evidence of Compliance	a) Valid APC for all practitioners displayed.			
		b) Sufficient human resource			
		i. A ratio of at least 1 clinical support staff : 1 operator			
		ii. A ratio of 1 clinical support staff: 1 dental chair.			
		iii. At least 1 administrative staff			
		c) Different categories of staff are identifiable.			
		d) i. The practice complies with current legislation on employment rights and discrimination. Employment is not based on gender, race and religion.			
		ii. All staff have written terms and conditions of employment conforming to or exceeding the statutory minimum.			
		• Job descriptions for staff are available.			
		• Wages			
		• Working hours/ rest time			
		• Annual leave			
		e) Rest area / pantry is available for the staff			
3.2.0 CORE	Human Resource Development Continuing education is provided to all staff.  Criteria for compliance: i) 'On-the-job' training for staff is available. ii) Evidence of Continuing Professional Development (CPD)				
Evidence of Compliance	a) There is appropriate induction training (with written training				
	i. Infection control procedures				
	ii. Waste disposal				
	iii. Radiation safety (where applicable)				
	iv. Handling of amalgam (where applicable)				
	v. Emergency protocol				
	vi. Drug dispensing				
	b) i. Evidence of in-house training, e.g. Continuing Professional Development (CPD)				
	ii. There is support for training, self-improvement and professional development.				

3.3.0 CORE	<b>Appropriate Training for Specific Procedures</b> The Registered Dental Practitioner and other staff providing special services or procedures have the appropriate training for the specific procedures.						
	<b>Criteria for compliance:</b> i) Evidence of training / certification for specific procedures. ii) Where specialist service are provided, appropriate certification is available						
	Evidence of Compliance	a.				Evidence of training / certification for specific procedures including but not limited to infection control and radiation safety.	
		b.				Management of medical emergencies:	
i.			Dental Practitioner is trained				
	ii.	Emergency protocols are available.					
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	Evidence of Compliance	a.				Management of medical emergencies:	
i.		Staff are trained					
3.3.2 CORE	<b>Credentialing and Privileging</b> The appointments of staff are made by the Governing Body or PIC						
	<b>Criteria for compliance:</b> i) Documented evidence of privileges conferred by the Governing Body or PIC is available and accessible to relevant staff at point of care.						
	Evidence of compliance	a.				Credentialing and privileging policies	
		b.				Formal letter of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly.	
c.		Updated list of staff with privileges conferred is made accessible at point of care.					

	<p><b>STANDARD 4: PRACTICE</b>                  The facility shall be organized and managed to provide appropriate care and treatment to the patient.</p>																																																								
<p>4.1.0                  CORE</p>	<p><b>Patient Records</b>                  Patient health records contain sufficient information to identify the patient and to document reasons for visit, assessment, management, progress and outcome.</p> <p><b>Criteria for compliance:</b>                  i) The Registered Dental Practitioner maintains a system of creating and updating Dental information on every patient.                  ii) Each patient has an individual health record containing all relevant clinical information.</p>																																																								
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4.2.0 CORE	<b>Security and Confidentiality of Patient Records</b> Patient information is well secured and confidentiality is maintained. The retention of dental records conforms to statutory requirements.				
	<b>Criteria for compliance:</b> i) Security of records. ii) Only authorised personnel have access to the Dental records.				
	Evidence of Compliance	a) Records are kept secure (including off-site computer back-up).			
		b) i. List of staff who have access to patient records. ii. The practice allows patients access to their dental reports on formal request.			
4.3.0 CORE	<b>Fees</b> Information on fees to be charged is made available to the patient.				
	<b>Criteria for compliance:</b> i) Fee schedule is available and accessible. ii) Patient is informed of the details of fees that will be charged prior to commencement of treatment. iii) A receipt is given for every payment and an itemised bill is given to the patient upon request.				
	Evidence of Compliance	a) i. Fee schedule is available and accessible.			
		ii. Fee schedule is in compliance with relevant Acts.			
		b) Patient is informed of the details of fees that will be charged, prior to commencement of treatment.			
		c) i. Receipt is given for every payment			
ii. Itemised bill is given to the patient upon request.					

4.4.0 CORE	<b>Drugs / Adverse Drug Reaction</b> The Drug Inventory shall be organised and well managed. There is a record of any adverse drug reaction and notification to the relevant authorities.					
	<b>Criteria for compliance:</b> i) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff. ii) Adequate information shall be given to the patient on medication dispensed. iii) Records of drugs dispensed kept. iv) Record of adverse drug reaction shall be maintained.					
	Evidence of Compliance	a)	Standard Operating Procedures for storage and dispensing of drugs			
		b)	Adequate information on medication dispensed is given to the patient			
		c)	There is a detailed record of drugs received and dispensed			
		d)	A mechanism for Adverse Drug Reaction reporting shall be established in compliance to the national ADR guidelines. The incident management system includes:			
		i. patient identification				
	ii. a record of adverse drug reaction shall be maintained					
4.5.0	<b>Clinical Management</b> Diagnosis and management of patient shall conform to current practice.					
	<b>Criteria for compliance:</b> i) Clinical Practice Guidelines (CPG) relevant to the practice should be made available (where appropriate). ii) Written perioperative instructions are available.					
	a)	The practitioners are aware of the existing CPGs which are available and accessible (where appropriate). e.g.:				
		i. Management of Hypodontia				
		ii. Management of Chronic Periodontitis				
	iii. Management of Periodontal Abscess					
	iv. Management of Severe Early Childhood Caries					

	Evidence of Compliance	v. Management of Avulsed Permanent Anterior Teeth in Children			
		vi. Management of Ameloblastoma of the Jaw			
		vii. Antibiotic Prophylaxis against Wound Infection for Oral Surgical Procedures			
		viii. Management of Unerupted Maxillary Incisor			
		ix. Management of Unilateral Condylar Fracture of the Mandible			
		x. Management of Unerupted and Impacted Third Molar Tooth			
		xi. Management of the Palatally Ectopic Canine			
		xii. Management of Anterior Crossbite in the Mixed Dentition			
		xiii. Management of Acute Orofacial Infection of Odontogenic Origin in Children			
		xiv. Management of Unerupted Maxillary Incisor			
		xv. Orthodontic Management of Developmentally Missing Incisors			
	b)	Patients received written pre and post-operative advice for surgical procedures			
4.6.0 CORE	<b>Quality of Care</b> Patient assessment shall be appropriate, comprehensive and documented.				
	<b>Criteria for compliance</b> i) Appropriate assessment is conducted to support care of the patient. ii) Appropriate reassessment of patient is carried out to ensure continuity of care.				
	a)	<b>Mechanism for incident reporting shall be established, documented and acted upon to prevent recurrences.</b>			
4.6.1	<b>Quality of Care</b> Patient assessment shall be appropriate, comprehensive and documented.				
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	a)	Evidence that service delivery is planned and monitored.			
	b)	Patients are reminded of their appointment			

	Evi Com	c) Patients are reassessed at appropriate intervals			
4.7.0	<b>Referral System and Feedback</b> There shall be an appropriate referral system in the practice. Where cases have been referred to the practice, there should be a system of feedback to the referring practitioner.  <b>Criteria for compliance:</b> i) There is a list of specialists for referral available. ii) Referral letters shall be comprehensive and legible.				
	Evidence of Compliance	a) The facility cooperates with other health care agencies to ensure timely and appropriate referrals. There is a list of specialists for referral with operating hours and contact details.			
		b) Referral letters shall be comprehensive and contain relevant information for continuity of care.			
4.8.0	<b>Oral Health Promotion and Prevention</b> Health promotion and preventive services shall be available to the patients.  <b>Criteria for compliance:</b> i) Availability / display of health education information. ii) Evidence of health promotion and disease prevention activities.				
	Evidence of Compliance	a) Educational and health promotion resources available for patients.			
		b) Evidence of involvement in corporate social responsibility.			
		<b><u>STANDARD 5: SAFETY</u></b> Service shall be provided safely and effectively through knowledgeable and skilful staff in line with current legislation and guidelines. The practice is safe for staff, patients and public.			

5.1.0 CORE	<b>Infection Control</b> The facility designs and implements a coordinated programme to reduce the risks of facility acquired infections in patients and staff. Responsibility for infection control is undertaken by the Person In-Charge (PIC).  <b>Criteria for compliance:</b> i) Compliance to Infection Control Policies ii) Strict adherence to sterilisation protocol iii) Sharps disposal adheres to guidelines. iv) Usage of Personal Protective Equipment where appropriate. v) Staff education on Infection Control procedures.																					
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	e) Records of refresher/updates in prevention and control of infection are conducted for the staff.																					

5.2.0 CORE	<b>Occupational Safety</b> The facility provides a safe and healthy environment.					
	<b>Criteria for compliance:</b> i) Occupational Safety and Health programme protocol is adhered to. ii) The Position Statement of the Use of Dental Amalgam is complied with. iii) The Guidelines on Radiation Safety in Dentistry is complied with. iv) Disaster management system in place. v) Availability of Safety Signage vi) Safety in the dental laboratory					
	100	<b>a) Occupational safety and health measures:</b>				
		i. All staff comply with the protocol for management of spillage of blood and other body fluids.				
		ii. Policy on safety and health available (OSHA 1994, sec 16)				
		iii. Mechanism for reporting of accidents, dangerous occurrences, occupational poisonings and occupational diseases and investigation (where necessary) [OSHA 1994, part VIII, Sec 32(i)] in place.				
		iv. Clinical staff immunised against hepatitis				
		v. Hazardous materials are labelled.				
		<b>b) Mercury Hygiene Practice (where applicable)</b>				
		i. Only encapsulated amalgam used				
		ii. Waste amalgam stored dry in a closed non- fragile container				
		<b>c) Radiation Safety (where applicable)</b>				
		i. Warning sign / light during x-ray operation				
		ii. Protective equipment (lead apron with thyroid shield for conventional radiography) is used and in good condition				
		iii. Protective equipment for operator is available and in good condition				
iv. Precautionary signages for antenatal mother displayed						
v. Reports on radiographs are included in clinical notes.						
vi. Valid licence for X-ray equipment						

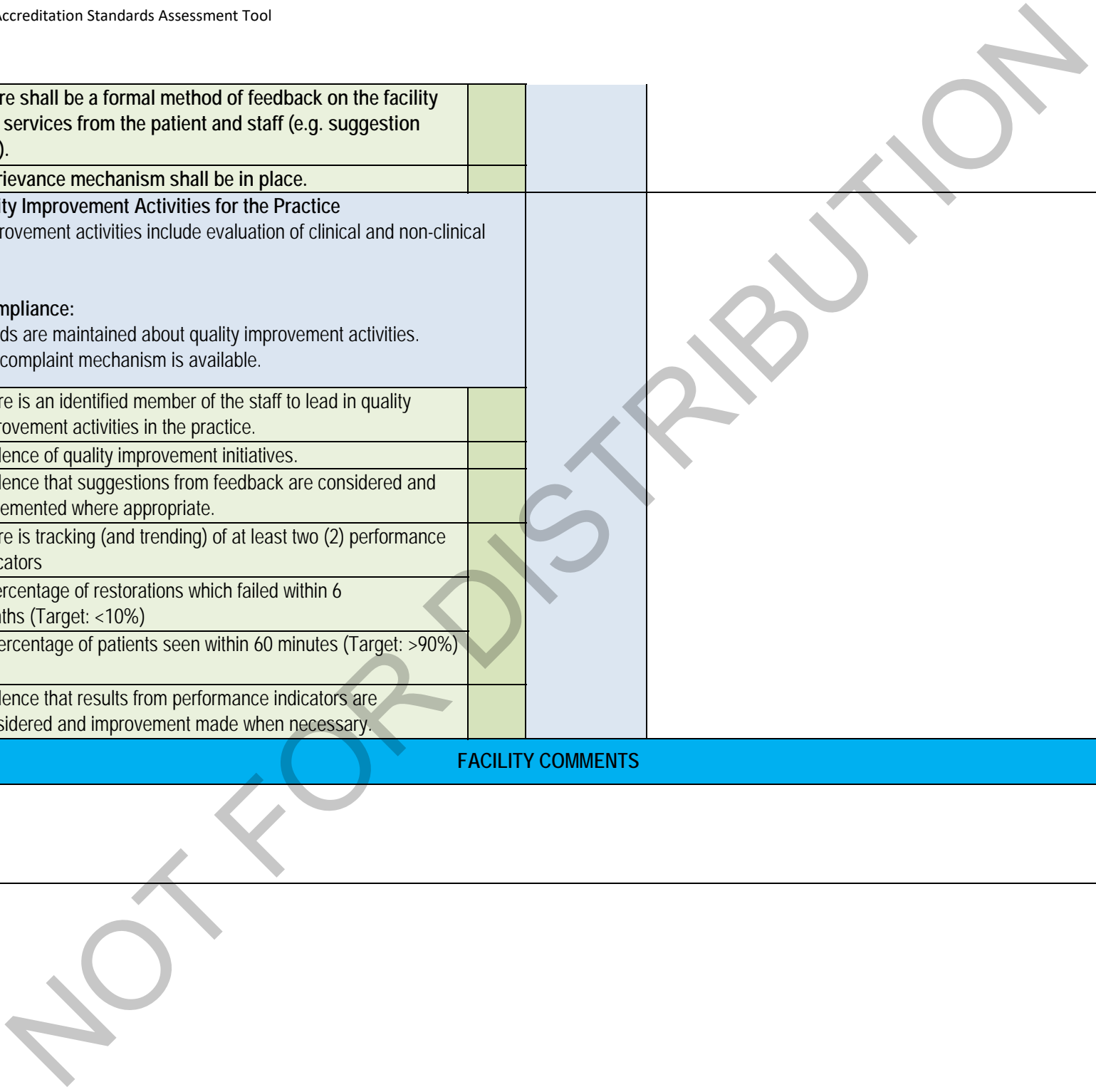
Evidence of Compliance	vii. Film rejection rate is monitored		
	d) There shall be a disaster (eg: fire, flood) management system that supports safe practice and a safe environment:		
	i. Disaster plan and procedures available.		
	ii. Emergency exit door with exit sign unblocked and free from obstruction.		
	iii. Fire extinguisher available and located in accessible position.		
	iv. Fire extinguisher maintained in good working condition.		
	v. Evacuation plan with safety equipment and emergency exits clearly and prominently displayed.		
	vi. Flammable liquids and other hazardous chemicals stored safely and away from source of heat.		
	vii. All staff need to be able to manage fire and other disaster situations.		
	viii. Emergency evacuation drills held at least once a year		
	c) Relevant safety signages displayed		
	d) Dental Laboratory (where applicable)		
	i. Gas tank placed in a designated safe area.		
	ii. Machines used for polishing prosthesis/ appliance have a vacuum system and safety protector.		
	iii. Material and equipment for disinfection process available.		
	iv. Fume cupboard is available where acrylic work is carried out.		
	v. Laboratory staff wear appropriate personal protective equipment during laboratory work.		

5.3.0 CORE	<b>Waste Management</b> The facility practices appropriate waste management					
	<b>Criteria for compliance:</b> i) Clinical waste management protocol adheres to relevant regulations and guidelines. ii) General waste management protocol available. iii) Chemical waste management protocol adheres to where appropriate					
	Evidence of Compliance	There shall be a waste and environmental management policy that supports safe practice.				
		a)	Controls are implemented to cover identification, handling, separation of clinical, chemical, general waste and scheduled waste.			
		b)	Waste is managed in accordance with relevant legislation, codes of practice, standards and guidelines.			
c)		Waste amalgam is collected from the amalgam trap in the spittoon, the separator at suction unit and all instruments used.				
d)	Waste amalgam and extracted teeth with amalgam restorations disposed of as scheduled waste.					
<b><u>STANDARD 6: ETHICS</u></b>						
<i>The practice has a responsibility to protect the privacy and confidentiality of patients through the physical set up of the practice and through processes that protect their personal and health information.</i>						
6.1.0 CORE	<b>Patient Confidentiality</b> There is evidence of patient's confidentiality and privacy.					
	<b>Criteria for compliance:</b> i) Patients records are safely stored ii) Appropriate protocols for release of patient records are available.					
	Evidence of Compliance	a)	Compliance to Data Protection Act.			
b)		Policy for release of patient records in line with professional guidelines.				

6.2.0	<b>Patient's / Guardian's Rights</b> There is evidence of adequate information given to the patients.				
	Evidence of Compliance a) i. Adequate information about patient's dental condition is given. b. Information on procedure, possible complication, cost and duration of treatment is given. c. Appropriate written consent should be taken. b) Dental report provided upon request and payment of fees				
6.2.1	<b>Patient's / Guardian's Rights</b> There is evidence of adequate information given to the patients.  <b>Criteria for compliance:</b> i) Informed consent is obtained. ii) A dental report is provided to the patient upon request and payment of fees. iii) The patient is given the opportunity to have a second opinion pertaining to his dental condition / treatment.				
	Evidence of Compliance a) i. The patient is given the opportunity to have a second opinion pertaining to patient's dental condition / treatment.				
6.3.0 CORE	<b>Patient Privacy</b> Care provided is respectful of the patient's need for privacy during clinical consultation, examination and procedures.  <b>Criteria for compliance:</b> Patient's need for privacy during examinations and treatment is respected.				
	Evidence of Compliance a) There is evidence that the patient's needs for privacy during examinations and treatment is respected.				
6.4.0 CORE	<b>Doctor- Patient Relationship</b> The Dental Practitioner shall maintain a strictly professional relationship with all patients.  <b>Criteria for compliance:</b> The Code of Professional Conduct is observed.				
	Evidence of Compliance a) Code of Professional Conduct is observed.				

	Evid o Com	b) A chaperon should be present at all times.			
	<b><u>STANDARD 7: CLINICAL GOVERNANCE</u></b>				
7.1.0 CORE	<p><b>Legal Requirements</b> The clinical practice conforms to relevant statutory regulations. Current guidelines are available and accessible to all staff.</p> <p><b>Criteria for compliance:</b> i) There is evidence of compliance to the guidelines issued by the regulatory body. ii) There is a clear delineation of authority.</p>				
	Evidence of Compliance	a) The following documents are available and accessible:			
		i. Dental Act 2018			
		ii. Private Healthcare Facilities and Services Act 1998 / Fee Act and Fee Order (Medical) 1982.			
		iii. Guidelines on Infection Control in Dental Practice			
		iv. Position Statement on the Use of Dental Amalgam			
		v. Guidelines on Radiation Safety in Dentistry (where applicable)			
		vi. Guidelines and Provisions for Public Information			
		vii. Guidelines for Oral Healthcare Practitioners Infected with Blood-borne Viruses			
		viii. Guideline for Dental Record Keeping and Dental Charting			
		ix. Methods of Disposal of Hypodermic Needles			
		x. Position Document Use of Fluoride in Malaysia			
		b) Organisation chart with line of authority and responsibilities			
	<b><u>STANDARD 8: QUALITY IMPROVEMENT ACTIVITIES</u></b>				
	The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.				
8.1.0 CORE	<p><b>Effective Quality Improvement Activities for the Practice</b> The quality improvement activities include evaluation of clinical and non-clinical services.</p>				

	Evidence of Compliance	a) There shall be a formal method of feedback on the facility and services from the patient and staff (e.g. suggestion box).					
8.1.1		<b>Effective Quality Improvement Activities for the Practice</b> The quality improvement activities include evaluation of clinical and non-clinical services.  <b>Criteria for compliance:</b> Adequate records are maintained about quality improvement activities. An appropriate complaint mechanism is available.					
	Evidence of Compliance	a) There is an identified member of the staff to lead in quality improvement activities in the practice.					
		b) Evidence of quality improvement initiatives.					
		d) Evidence that suggestions from feedback are considered and implemented where appropriate.					
		f) There is tracking (and trending) of at least two (2) performance indicators					
		i. Percentage of restorations which failed within 6 months (Target: <10%)					
		ii. Percentage of patients seen within 60 minutes (Target: >90%)					
		g) Evidence that results from performance indicators are considered and improvement made when necessary.					
<b>FACILITY COMMENTS</b>							



SEDATION IN DENTAL PRACTICE

Sedation during dental procedures is no longer uncommon. When it is used judiciously, sedation can be a useful adjunct to many dental procedures.

When performed by non-anaesthesiologists, the level of sedation should be kept at mild to moderate. Deep sedation should be avoided unless an anaesthesiologist or a physician with expertise in airway management is present throughout the procedure.

The objective of sedation dental is to reduce the discomfort and relieve anxiety of the patient, to facilitate the performance of the procedure. However, even mild sedation can carry major risks and there have been cases of morbidity and mortality occurring in such patients.

The objective of developing this standard related to sedation is for used in the accreditation of dental clinics that carry out the practice of sedation. The standard is based on the core principles of safe dental practice, patient safety and the provision of high quality services in dental clinics.

Criterion No.	Survey Item	SELF RATING	SURVEYOR FINDINGS		SURVEYOR RATING	RISK																	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS																				
	<p><b>STANDARD 1: SEDATION</b></p> <p>The aims of procedural sedation and/or analgesia are to enhance patient comfort whilst facilitating completion of the planned procedure.</p>																						
1.1.1 CORE	<p><b>Practice Policy</b></p> <p>The practice must declare their services regarding sedation.</p> <p><b>Criteria for compliance:</b></p> <p>Practice policies are available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; vertical-align: middle;">Compliance</td> <td colspan="2" style="text-align: center;"><b>Non IV Sedation</b></td> </tr> <tr> <td style="text-align: center;">a)</td> <td>Documentation on practice policies regarding sedation and anaesthesia is available, and includes the following:</td> <td style="width: 20px;"></td> </tr> <tr> <td></td> <td>i. Patient must be accompanied by a competent adult.</td> <td></td> </tr> <tr> <td></td> <td>ii. The patient has to remain in the facility for at least 1 hour post-sedation.</td> <td></td> </tr> <tr> <td></td> <td>iii. Patient must have a safe, 4-wheeled mode of transport home.</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><b>IV Sedation</b></td> </tr> </table>	Compliance	<b>Non IV Sedation</b>		a)	Documentation on practice policies regarding sedation and anaesthesia is available, and includes the following:			i. Patient must be accompanied by a competent adult.			ii. The patient has to remain in the facility for at least 1 hour post-sedation.			iii. Patient must have a safe, 4-wheeled mode of transport home.			<b>IV Sedation</b>					
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Evidence of Com	a)	License/Certificate of registration issued by the Medical Practice Division, MOH is displayed.				
	b)	Documentation on practice policies regarding sedation and anaesthesia is available, and includes the following:				
	i.	Formal agreement with a nearby hospital;				
	ii.	Patient must be accompanied by a competent adult.				
	iii.	The patient has to remain in the facility for at least 1 hour post-sedation.				
	iv.	Patient must have a safe, 4-wheeled mode of transport home.				
<b>STANDARD 2: FACILITIES AND EQUIPMENT</b>						
2.1.1 CORE	<b>Physical Structure</b> The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.  <b>Criteria for compliance:</b> There is valid registration of the practice with the relevant authority. The physical structure of the clinic shall comply with all relevant regulatory requirements.					
	Evidence of Compliance	a)	Electrical source			
		i.	Sufficient and appropriately placed power outlets			
		ii.	Power backup is available in case of disruption in electric supply			

2.1.2	<p><b>Physical Structure</b> The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.</p> <p><b>Criteria for compliance:</b> There is valid registration of the practice with the relevant authority. The physical structure of the clinic shall comply with all relevant regulatory requirements.</p>																				
2.2.1 CORE	<p><b>Equipment</b> All equipment for the provision of the level of services shall be adequate, appropriate and well maintained.</p> <p>a) Availability b) Planned preventive maintenance</p> <p><b>Criteria for compliance:</b> a) The appropriate equipment is available in the facility, based on the level of sedation practised.</p> <p>b) There is evidence of compliance where appropriate to: i) Certification ii) Scheduled maintenance iii) Calibration</p>																				
	<table border="1"> <tr> <td data-bbox="255 1121 315 1406" rowspan="4">Evidence of Compliance</td> <td colspan="2" data-bbox="315 1121 999 1158"><b>Non IV Sedation</b></td> <td data-bbox="938 1121 999 1158"></td> </tr> <tr> <td colspan="2" data-bbox="315 1158 999 1195"><b>The equipment should include the following :</b></td> <td data-bbox="938 1158 999 1195"></td> </tr> <tr> <td data-bbox="315 1195 360 1232">a)</td> <td data-bbox="360 1195 938 1232">a pulse oximeter</td> <td data-bbox="938 1195 999 1232"></td> </tr> <tr> <td data-bbox="315 1232 360 1300">b)</td> <td data-bbox="360 1232 938 1300">a sphygmomanometer or other blood pressure monitoring device</td> <td data-bbox="938 1232 999 1300"></td> </tr> <tr> <td data-bbox="315 1300 360 1406">c)</td> <td data-bbox="360 1300 938 1406">a supply of oxygen and suitable devices for administration of oxygen to a spontaneously breathing patient.</td> <td data-bbox="938 1300 999 1406"></td> </tr> </table>	Evidence of Compliance	<b>Non IV Sedation</b>			<b>The equipment should include the following :</b>			a)	a pulse oximeter		b)	a sphygmomanometer or other blood pressure monitoring device		c)	a supply of oxygen and suitable devices for administration of oxygen to a spontaneously breathing patient.					
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	b)	a sphygmomanometer or other blood pressure monitoring device																			
c)	a supply of oxygen and suitable devices for administration of oxygen to a spontaneously breathing patient.																				

Evidence of Compliance	d) an Automatic External Defibrillator (AED) is available	
	e) ready access to an ECG	
	IV Sedation	
	The equipment should include the following :	
	a) a pulse oximeter	
	b) a sphygmomanometer or other blood pressure monitoring device	
	c) a supply of oxygen and suitable devices for administration of oxygen to a spontaneously breathing patient.	
	d) an Automatic External Defibrillator (AED) is available	
	e) ready access to an ECG	
	f) Availability of resuscitation trolley with appropriate drugs and equipment for cardiopulmonary resuscitation	
	<b>INSTRUMENTS</b> in the Resuscitation Trolley must include the following for IV and oral sedation :	
	i. Syringes and needles of various sizes	
	ii. Intravenous cannula of various sizes	
	iii. IV administration sets	
	iv. Oropharyngeal airways, nasopharyngeal airways of various sizes	
	v. Laryngoscopes and blades of various sizes	
	vi. Endotracheal tubes of various sizes	
	vii. Self-inflating bags with face masks (e.g. Ambu bag)	
	viii. Oxygen supply and means of delivery via flowmeters	
	ix. Suction equipment	
	x. Pulse oximeter, Non-invasive blood pressure monitor (NIBP), ECG	
xi. Defibrillator		
The <b>DRUGS</b> in the Resuscitation Trolley must include the following for IV and oral sedation:		

	i. Adrenaline			
	ii. Atropine			
	iii. Frusemide			
	iv. Lignocaine			
	v. Sodium Bicarbonate 8.4%			
	vi. Calcium chloride			
	vii. Nitroglycerine			
	viii. Naloxone			
	ix. Flumazenil			
	x. Hydrocortisone			
	g) a range of equipment for advanced airway management (e.g. a self-inflating bag, masks, oropharyngeal airways, laryngeal mask airways, laryngoscopes, endotracheal tubes) for IV and oral sedation			
	h) a means of summoning emergency assistance			
	<u>Planned preventive maintenance</u>			
	i) Evidence of scheduled maintenance and calibration of equipment and appliances [OHSA, Sec 15(2)(a)]			
	j) Where specialised equipment is used:			
	i. ensure appropriately qualified staff operate such equipment			
	ii. when inhalation sedation is used, a scavenging system is mandatory			
	<p><b>STANDARD 3: HUMAN RESOURCE</b>            Appropriate qualifications/training is a prerequisite for the delivery of quality patient care. The practice ensures that suitably qualified staff are employed for the level of services offered and demonstrates support for education and training of staff in order to provide safe and high quality patient care.</p>			

<p>3.1.1 CORE</p>	<p><b>Human Resource Management</b> Personnel with relevant training is available.</p> <p><b>Criteria for compliance:</b> i) The practitioner administering oral or inhalation sedation must have appropriate training and be certified in Basic Life Support (BLS);</p>				
Evidence of Compliance	Non IV Sedation		a) Valid BLS certificate		
	IV Sedation		a) Valid BLS certificate		
	a) Valid BLS certificate		b) Proof of training in administration of oral and/or inhalation sedation		
	b) Proof of credentialing for person in administering IV sedation and privileged by PIC				
	<p><b>STANDARD 4: PRACTICE</b> The facility shall be organized and managed to provide appropriate care and treatment to the patient.</p>				
<p>4.1.1 CORE</p>	<p><b>Patient Records</b> Patient health records contain sufficient information to identify the patient undergoing treatment under sedation and to document the reasons for the visit, assessment, management, progress and outcome.</p> <p><b>Criteria for compliance:</b> The Registered Dental Practitioner maintains a system of creating and updating Dental information on every patient undergoing treatment under sedation.</p>				
Evidence of Compliance	Each record must include the following:		a) Pre-procedural preparation by the practitioner administering the sedation		
	b) Pre-operative instructions are available		c) Intra-procedural monitoring – efficient record keeping, ensuring comprehensive and accurate information is recorded throughout the procedure until patient is fit for discharge.		

	d) Post-operative instructions are available				
<b>STANDARD 5: CLINICAL GOVERNANCE</b>					
5.1.1 CORE	<p><b>Documentary Requirements and Compliance</b> The clinical practice conforms to relevant recommendations and guidelines. Current documents are available and accessible to all staff.</p> <p><b>Criteria for compliance:</b> i) There is evidence of compliance to the guidelines issued by the regulatory body.</p>				
Evidence of Compliance	<b>Non IV Sedation</b>				
		The following documents are available and complied with:			
	a)	Guideline for conscious sedation in dentistry for adult patients - Oral Health Program 2023			
	b)	Recommendations for sedation and analgesia by non-anaesthesiologists - College of Anaesthesiologists Academy of Medicine 2012			
	<b>IV Sedation</b>				
a)	Protocols for Day-care Anaesthesia				
FACILITY COMMENTS					

NOT FOR DISTRIBUTION