**Chapter B8 – Dental Service**

1. **Basic Information**

|  |  |
| --- | --- |
| Name of Service |       |
| Location of Service |       |
| Scope of Service |       |
| Provision of out-patient service | Choose an item. |
| Provision of in-patient service | Choose an item. |
| Operating hours  |       |
| 24-hour emergency service is available | Choose an item. |
| Number of dental beds  |       |
| Number of dental chairs |       |
| Number of recovery beds / chairs |       |
| Age limit of patients  |       |

 Please indicate whether the following anaesthetic procedures will be provided:

|  |  |
| --- | --- |
| **Anaesthetic procedures** | **If yes, please indicate location** |
| General anaesthesia Yes [ ]  No [ ]  |       |
| Major regional anaesthesia Yes [ ]  No [ ]  |       |
| Deep sedation Yes [ ]  No [ ]  |       |

1. **Dentist-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Unit Manager**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Staffing**
	1. Manpower\* (including the unit manager)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident Dentist |       |       |
|  |       |       |
| Visiting Dentist |       |       |
|  |       |       |
|  |       |       |
| Registered Nurse |       |       |
| Dental Hygienist |       |       |
| Dental Surgery Assistant |       |       |
|  |       |       |
| Others |       |       |
|  |       |       |
|  |       |       |

*\* “Proposed manpower” for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. Dental hygienist and dental surgery assistant, where applicable, work under supervision of a dentist
 | Choose an item. |
| 1. Dental surgery assistants receive appropriate training
 | Choose an item. |
| 1. Staffing arrangements for monitoring of patients undergoing procedural sedation are complied with the guidelines on procedural sedation published by the Hong Kong Academy of Medicine
 | Choose an item. |
| 1. Staff who operate irradiating apparatus have received appropriate training and abide by the Radiation Ordinance (Cap. 303) and Radiation (Control of Irradiating Apparatus) Regulation (Cap. 303B) in operating the apparatus
 | Choose an item. |

1. **Physical Conditions**

|  |  |
| --- | --- |
| 1. The ceiling, walls and floors are made from materials that can be easily cleaned and disinfected as needed to meet infection control requirements
 | Choose an item. |
| 1. Zoning is carried out to avoid cross contamination between zones. A one-way dirty to clean traffic flow is designated in the equipment reprocessing area to prevent contamination
 | Choose an item. |

1. **Critical or Major Equipment**
	1. Equipment list *(e.g. dental unit, irradiating apparatus, laser equipment, defibrillator, ultrasound cleaner, washer disinfector, autoclave, portable suction unit)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation
 | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment
 | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment
 | Choose an item. |
| 1. Staff using medical equipment have completed training in the safe and proper use of the equipment
 | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment
 | Choose an item. |

1. **Service Delivery and Care Process**

|  |
| --- |
| 1. There are written policies and procedures on service delivery and care process which include:
 |
| 1. infection control measures
 | Choose an item. |
| 1. cleaning, disinfection and sterilisation, and storage of dental equipment and appliances
 | Choose an item. |
| 1. use of single-use devices
 | Choose an item. |
| 1. protection from radiation and / or laser
 | Choose an item. |
| 1. All relevant staff must be provided with dosimeter to continuously monitor their radiation exposure level according to the Radiation Ordinance (Cap. 303) while engaging in radiation work or handling of radioactive substances
 | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity
 | Choose an item. |