DENTAL OFFICE POLICY AND PROCEDURE MANUAL TEMPLATE
GOOD POLICY IS GOOD BUSINESS

This sample is only a tool/guide to help you develop or revise a dental office manual. Some offices might choose to keep the Employee Manual separate from the operational manual.

Each manual section has separate policies and separate procedures.

Policies should be easily accessible for OHCW reviewing.

Each dental office should have clear policies and procedures that reflect the dental office practice.

**Policies** should succinctly capture the “rules” governing the Dental Office. These rules incorporate laws, regulations and best practices. Where possible, include a concise statement of the rationale for the policy, including reference to external regulations, location of further policy discussion, etc.

**Procedures** represent the “how to” implementation of policy. They evolve over time as new tools and technology emerge, new equipment or processes are designed, and the associated risk changes in response to internal or external environmental changes. Procedures should have enough detail that new OHCWs will understand all relevant office procedures and help the OHCWs in their orientation and learning.

Many policies are based on professional colleges, organizations’ recommendations, best practices or guidelines. Other policies are based on legislation. Those policies might include a statement such as:

This facility adheres to the **[governing body]** Royal College of Dental Surgeons of Ontario for **[topic]**. According to the **[Organization’s / Governing Body]** [Year] **[CSA Standards, Provincial Infectious Disease Advisory Committee Standards and Best Practices, Public Health Ontario Standards position, policy or best practice guidelines]**

You might decide to include this statement and then use the entire recommendation or guideline in quotes.

It is recommended that the authoritative source be used whenever possible. The above statement can be used and simply insert your facility’s name, the topic, the organization, date and type of recommendation in the **bold** sections.

**Original Template:** 2018

**Revised:**
SAMPLE POLICY
AUTHORIZATION FORMAT

[DENTAL FACILITY NAME]
POLICIES AND PROCEDURE MANUAL
Policy/Procedure Type:

☐ Administrative
☐ Clinical Services
☐ Environment of Care
☐ Infection Prevention and Control
☐ Cleaning Disinfection & Sterilization
☐ Preventive Maintenance & Service of Equipment

☐ Waste
☐ Quality Assurance
☐ Community Health
☐ Source References
☐ Glossary
☐ References

Effective Date: ____________________________
Revision Date: ____________________________
Supersedes: ________________________________

Signatures:
__________________________________________  (Date)
__________________________________________  (Date)
__________________________________________  (Date)

POLICY & PROCEDURE STATEMENT

Subject: Policy Name

Effective Date: ____________________________
Revision Date: ____________________________
Supersedes: ________________________________

P&P Number: C 1

Signatures:
__________________________________________  (Date)
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover page</td>
<td>1</td>
</tr>
<tr>
<td>Sample Title Page with Signatures</td>
<td>2</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>3</td>
</tr>
</tbody>
</table>

SECTION A: ADMINISTRATION

A 1 Dental Program Summary
A 1.1 Patient Rights and Public Protection - Our Commitment
A 1.2 Organizational Chart
A 1.3 Dental Program Policies and Procedures
A 1.4 Legislated Mandatory Practices

A 2 Patient Privacy/Confidentiality
A 2.1 Patient Satisfaction
A 2.3 Patient Satisfaction Surveys
A 2.4 Accessibility

A 3 Employment Policies
A 3.1 Initial Offer of Hire and Conditions of Hire
A 3.2 Attestation of Previous Reporting to the College
A 3.3 Background checks
A 3.5 Accommodation
A 3.6 Benefits/Compensation
A 3.7 Hours of Work, overtime pay, posting of jobs
A 3.8 Attendance and Punctuality
A 3.9 Dress Code, Jewelry
A 3.10 Personal Time Off, Leave, Bereavement
A 3.11 Probation
A 3.12 Termination
A 3.13 Policy Enforcement
A 3.14 Illness and Work Restrictions
A 3.15 Professional Licensing and Dues (Dentists, Dental Hygienists, Certified/Licensed Dental Assistants)
A 3.16 Standards of Practice and Ethics
A 3.17 Confidentiality
A 3.18 Ongoing Skill Requirements
A 3.19 Performance Review
A 3.20 Formal Complaints, Investigations and allegation of professional misconduct or incompetence

A 4 Job Descriptions, Positions and Responsibilities
A 4.1 Oral Healthcare Worker (OHCW) Job descriptions
A 4.2 Delegation of Patient Care Functions
A 4.3 Staff Assignments and Duties
A 4.4 Office Opening and Closing Duties
A 4.5 AED Equipment Checks and Maintenance
A 4.6 Employee signature acknowledging commitment to reading and understanding this manual
A 5  Employee Rights
A 5.1  Occupational Health and Safety and WHMIS
A 5.2  Management Duties under the Occupational Health & Safety Act
A 5.3  Compliance with Safety & Health Rules and Regulations

A 6  Occupational Health & Safety (OHS) Workplace Safety and Security
A 6.1  Open-Door Policy for Dealing with Concerns
A 6.2  Oral Healthcare Worker Responsibility and Safety
A 6.3  OHS Communication Board
A 6.4  OHS Manual and Safety Data Sheets
A 6.5  OHS Representative
A 6.6  Illness or Injury and Work Restrictions
A 6.7  Harassment Prevention
A 6.8  Reporting Domestic Violence
A 6.9  Immunization and Serology
A 6.10  Dealing with an Intoxicated Patient
A 6.11  Caring for Patients Receiving Medication for Pulmonary Mycobacterium TB (N95 Mask Policy)
A 6.12  Personal Protective Equipment (PPE) General Considerations
A 6.13  Protective Eyewear - OHCW Protection & Patient Protection
A 6.14  Gloves
A 6.15  Masks
A 6.16  Protective clothing
A 6.17  Eye Wash Stations
A 6.18  Sharps Containers - OHCW and Patient Protection
A 6.19  Latex sensitivity, Contact Dermatitis and Allergies
A 6.20  Post Exposure Management
A 6.21  Radiation Safety
A 6.22  Sharps Safety and Prevention of Exposure to Bloodborne Pathogens
A 6.23  Engineering Controls
A 6.24  Exposure Management and Prophylaxis
A 6.25  Mercury Hygiene and Safety
A 6.26  Radiation Exposure OHCW and Patient Safety
A 6.27  Precious Metal Recovery
A 6.28  Hazardous Communications
A 6.29  Oxygen/Nitrous Oxide System - Safety
A 6.30  Ventilation Safety While Using Chemicals
A 6.31  Handling Biopsy Specimens

A 7  Information Technology (IT) and Devices
A 7.1  Etiquette and Use of Internet Policy
A 7.2  Information Technology Security and Backup
A 7.3  Social Media Policy
A 7.4  IT Training
A 7.5  Patient Records Encryption
A 7.6  Patient Payment Processing Security
A 7.7  Destruction or Deletion of Former Patient Records
A 7.8  Electronic Document Retention
A 8  Emergency Preparedness
A 8.1 Fire Safety Plan
A 8.2 Emergency Plan
A 8.3 Fire Safety Equipment
A 8.4 Power/Utility Interruptions
A 8.4 Severe Weather
A 8.6 Fire Extinguisher & Emergency Lighting Servicing

A 9  Training and Development
A 9.1 Opportunities for OHCW to Continue to Grow (CE)
A 9.2 New Employee Hire and Orientation
A 9.3 New Hire Orientation Checklists
A 9.4 Infection Prevention and Control (IPAC) Education and Training
A 9.5 Theoretical and Practical Training on Reprocessing
A 9.6 Equipment Reprocessing Competency Audits
A 9.7 New Devices/Equipment Training
A 9.8 Dental Anesthesia Assistant National Certification Examination (DAANCE) training or an approved equivalent
A 9.9 WHMIS Training and First Aid Training
A 9.10 OHS Respiratory Protection and Mask Fit Training
A 9.11 Contracted-out Staff Training and Competency
A 9.12 Training Logs

SECTION B: CLINICAL SERVICES

B 1  Office Specific Operations
B 1.1 Schedule of Services
B 1.2 Appointment Procedures
B 1.3 After Hours, Emergency Dental Care and Triage
B 1.4 Referrals
B 1.5 On Call and Contact Information
B 1.6 Broken/_missed Appointments
B 1.7 Billing, Coding and Payment Procedures
B 1.8 Payment for Dental Care Policy
B 1.9 Informed Consent
B 1.10 Standing Orders for Dental Staff
B 1.11 Ordering/Requisitioning Supplies
B 1.12 Office Inventory Management
B 1.13 Storage of Medications Including Locked Narcotics
B 1.14 Emergency Medicine Kit (e.g. Epi-pen, Nitroglycerin spray pump, injectable antihistamine, Bronchodilator, non-enteric coated acetylsalicylic acid, glucose tablets/syrup to manage hypoglycemia)
B 1.15 Preparation Before Patient Arrives in the Operatory

B 2  Patient-Specific Care
B 2.1 Keeping Patients Safe
B 2.2 How to Avoid Complaints
B 2.3 What to do if you get a complaint
C 1.10 Protective Draping
C 1.11 Use of Rubber Dam and High-volume Suction
C 1.12 Additional Precautions
C 1.13 Emergency Treatment of Patients with Mycobacterium TB
C 1.14 Respiratory Hygiene/Cough Etiquette
C 1.15 Lasers and Electrosurgery Equipment
C 1.16 Intraoral Cameras and Other High-Tech Equipment
C 1.17 Prohibition of Eating and Drinking in Non-Designated Areas
C 1.18 Owners’ Manuals
C 1.19 Boil Water Advisories
C 1.20 Water Interruptions

SECTION D: CLEANING, DISINFECTION, STERILIZATION

D 1 General Considerations
D 1.1 Single-Use Devices and Multiple Use Items
D 1.1 Minimizing Contamination

D 2 Reprocessing of Critical Items
D 2.1 Hand Hygiene Sinks and Reprocessing Sinks
D 2.2 Designated Work Areas, Work Flow & Reprocessing Space
D 2.3 Receiving – Cleaning, Decontamination and Drying
D 2.4 Preparation and Packaging
D 2.5 Sterilization
D 2.6 Sterility Assurance Monitoring
D 2.7 Storage of Sterile Items
D 2.8 Immediate Use Sterilization of Items Policy
D 2.9 Reprocessing of Heat-Sensitive Items
D 2.10 Equipment Out of Service Quarantine
D 2.11 Aseptic Technique and Surgical Aseptic Technique
D 2.12 Cleaning Solutions and Disinfectants
D 2.13 Reprocessing Non-Critical Items

D 3 Equipment and Area Specific Cleaning
D 3.1 Clinical Operatories and Clinical Contact Surfaces
D 3.2 Dental Unit Waterlines
D 3.3 Dental Handpieces
D 3.4 Saliva Ejectors
D 3.5 Ultrasonic Cleaners
D 3.6 Washer Disinfectors
D 3.7 Dental Radiography Equipment
D 3.8 Dental Laboratory Asepsis
D 3.9 Linens, Laundry and Uniforms
D 3.10 Dedicated Refrigerators and Cleaning Schedules
D 3.11 General Office Cleaning Considerations
D 3.12 General Housekeeping - Surfaces and Furniture
D 3.13 Washroom/Toilet Cleaning
D 3.14 Janitor Closet and Cleaning Supplies
D 3.15 Cleaning of Toys
SECTION E: PREVENTIVE MAINTENANCE & SERVICE OF EQUIPMENT

E 1 Service Contracts
E 1.1 Radiography Inspection and Equipment Maintenance
E 1.2 Dental Unit Waterlines
E 1.3 Sterilizers, Service and Emergency Repair
E 1.4 Lasers and Electrosurgery Equipment
E 1.5 Manufacturers’ Instructions for Use and Document Retention
E 1.6 Manufacturers’ Equipment Training
E 1.7 Alerts and Product Recalls (Manufacturer and Government)
E 1.8 Other Equipment

SECTION F WASTE MANAGEMENT

F 1 Management of Waste
F 1.1 General Office Waste
F 1.2 Biomedical Waste
F 1.3 Disposal of Amalgam (Mercury), Silver, Lead

SECTION G: QUALITY ASSURANCE

G 1 Continuous Quality Improvement (Clinical)
G 1.1 Risk Management/Program Monitoring
G 1.2 Program Monitoring Tool
G 1.3 Facility Review Audit
G 1.4 Patient Chart/Record Audit
G 1.5 Staff Audit
G 1.6 Patient Satisfaction Survey
G 1.7 Equipment Preventive Maintenance Audit

SECTION H: COMMUNITY HEALTH

H 1 Community Health Promotion/Disease Prevention
H 1.1 Healthy Smiles Program
H 1.2 IPAC for Portable Settings
H 1.3 Oral Health Surveillance
H 1.4 Public Health Ontario

SECTION I

Glossary of Terms
IPAC Terms
WHMIS Terms
Dentistry Terms
APPENDICES

Sample Authorization to Release Patient Records

Sample Informed Consent

Sample Patient Chart / Record Audit

Sample Dental Program Monitoring Tool

Sample Clinic Review Audit Form

Sample Patient Chart / Record Audit Tool

Sample Patient Satisfaction Survey

Sample Adverse Event Reporting Form

Quality Audit - Dental Chart Audit Tool

Sample OHCW Orientation Checklist

Sample IPAC Training Log

Sample Staff Audit Tool

Sample Reprocessing Work Flow Diagram

Sample Reprocessing Competency Audit / Checklist and Training Log

Sample Sterilization Monitoring Log

Sample New Equipment Training Checklist

Sample Equipment Preventive Maintenance Audit Log

Sample Employee Training Tracking Form

Methods for Cleaning, Disinfection and Sterilization of Patient Care Items and Environmental Surfaces

How to Use Chemical Indicators, Biological Indicators and Process Challenge Devices

Potential Causes of a Positive Biological Indicator
Steps to Investigate a Positive Biological Indicator

Hand Hygiene Pictogram

Ten Minute Health and Safety Program Checklist

Post Exposure Prophylaxis –
What to anticipate following an Occupational Exposure Link
SECTION A—ADMINISTRATION

A.1 DENTAL PROGRAM POLICIES AND PROCEDURES

PURPOSE
The purpose of this dental program is to provide quality clinical dental services in a professional and efficient manner to those eligible for care at [Dental Facility Name]. This manual acts as a guide of policies to follow the procedures set by the [Dental Facility Name].

PROCEDURE

Mission Statement
The [Dental Facility Name] is dedicated to the healing and well-being of the individual and family.

Vision Statement
• To provide our dental patients with a positive, respectful, safe, patient-centered dental health care and to support them in their healing process.
• To provide applicable patient dental care-related resources.
• To commit ourselves to continuously improve all that we do in a trustworthy manner.
• To support healthy lifestyle choices and educate on dental health related issues.
• Foster education to oral health care workers (OHCW) on standards of care including Privacy, Professional Obligations, Infection Prevention and Control (IPAC), relevant Occupational Health and Safety (OHS), and specific office and equipment operations.

The [Dental Facility Name] will provide services in the diagnosis, treatment and prevention of oral disease. This treatment may include emergency care, preventive services, oral surgery, restorative procedures, root canal therapy and prosthetics.

Sample Principles: It is the responsibility of all Oral Healthcare Workers (OHCWs) to comply with clinic/office policies as published in this Policies and Procedures Manual and other written and e-mail communication and notices.

Sample Policy Review: Complete annually, a review of procedures and determine a timeline for revisions based on new data, other standards and new laws and regulations. Perform and review audits of patient care practices and medical record audits (daily/weekly/monthly/quarterly/annually).
<table>
<thead>
<tr>
<th>Patient–Dentist interaction</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>1. Dental staff did not talk socially with each other while providing treatment</td>
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<td>2. Dental staff were concentrating on their work</td>
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<td>3. Dentist was friendly with me</td>
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<td>4. Dentist explained the procedures before start of treatment</td>
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<td>5. Dentist gave me advice after treatment</td>
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<td>6. Dentist’s facial expression was cheerful with a smile</td>
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<td>7. Dentist did not criticize my oral condition or compare it with others</td>
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<td>8. Dentist did not ask personal questions when offering care</td>
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<tr>
<td>Technical Competency</td>
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<td>1. Treatment offered for pain control was satisfactory</td>
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<td>2. Procedure was not painful or was tolerable</td>
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<td>3. Thorough dental examination was performed</td>
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<td>4. I received good quality treatment; e.g. filling, hygiene</td>
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<tr>
<td>5. Dental staff noted that instruments used were sterilized</td>
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<tr>
<td>Administrative Efficiency</td>
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<tr>
<td>1. Working hours of the clinic were suitable for me</td>
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<tr>
<td>2. I did not wait for a long time to have an appointment</td>
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<tr>
<td>3. I had a short waiting time to get the treatment</td>
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<tr>
<td>4. I had a complete dental treatment</td>
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<tr>
<td>Clinic Setup</td>
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<td></td>
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<tr>
<td>1. Comfortable waiting area</td>
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<td>2. Chairside was comfortable</td>
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<td></td>
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<tr>
<td>3. Privacy of treatment was ensured</td>
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