

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



NOTE: Single Title Page
to cover all policies

[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



NOTE: Header for each
individual policy

Subject: *Policy Name*

Effective Date: _____

Revision Date: _____

Supersedes: _____

P&P Number: **C 1**

Signatures:

Date

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Potential Causes of a Positive Biological Indicator
Steps to Investigate a Positive Biological Indicator
Hand Hygiene Pictogram
Ten Minute Health and Safety Program Checklist
<https://www.pshsa.ca/products/10-minute-health-and-safety-program-check/>
Post Exposure Prophylaxis – What to anticipate following an Occupational Exposure Link
<http://www.catie.ca/fact-sheets/prevention/post-exposure-prophylaxis-pep>



SAMPLE

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).



NOTE:

A Cover page signature will denote a completed section review



DENTAL PATIENT SATISFACTION SURVEY

	Agree	Neutral	Disagree
Patient–Dentist interaction			
1. Dental staff did not talk socially with each other while providing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dental staff were concentrating on their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dentist was friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dentist explained the procedures before start of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dentist gave me advice after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dentist’s facial expression was cheerful with a smile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dentist did not criticize my oral condition or compare it with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dentist did not ask personal questions when offering care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Competency			
1. Treatment offered for pain control was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedure was not painful or was tolerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thorough dental examination was performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received good quality treatment; e.g. filling, hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dental staff noted that instruments used were sterilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Efficiency			
1. Working hours of the clinic were suitable for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not wait for a long time to have an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I had a short waiting time to get the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I had a complete dental treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Setup			
1. Comfortable waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chairside was comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Privacy of treatment was ensured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>