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Standard 26: Dental Care

Optional module · applies to dental clinics and independent dental practices

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01	1 November 2026	First draft of the optional dental module, drafted from the v10 Dental Care content (Standard 31) and renumbered. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières **Date:** 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 26 of ASF Health Standards. It sets out how a dental service keeps sterilisation, infection control, radiography, waste, emergency response and sedation safe, keeps records and consent complete, and makes fees and treatment transparent to patients.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 26 protects patients who receive dental care, who may be exposed to infection, radiation, unsafe sedation or a procedure they did not understand. A service that sterilises its instruments, controls its waste and radiation, and records its consent and treatment protects the patient's safety and dignity.

Who should read it. Chief executives, practice managers, dentists, nurses, the practice secretary, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 26 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you are a facility manager or a member of the facilities team, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 26.1 to 26.25, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example DEN-POL-001 (dental care, policy, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL

(policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 26 covers sterilisation and its monitoring, instrument flow, waterlines, aerosol control, radiography, waste, emergency response, sedation and minor surgery, dental records, consent, fees, traceability of materials, and the care of children and people with special needs.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 26 APPLIES

Standard 26 applies to dental care, including oral examination, treatment, surgery and sedation in dental clinics and independent dental practices. It is required by default in dental clinics, optional in hospitals, ambulatory clinics and primary health clinics, and not applicable to long-term care, telemedicine, home care, fitness and wellness, or aesthetic clinics. A criterion is marked N/A for a facility type that does not provide dental care.

Criterion	Applies to
26.1 Reusable Instruments Are Sterilised by a Validated Process	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.2 Sterilisation Is Monitored and the Monitoring Is Recorded	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.3 Instrument Processing Follows One-Way Flow	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.4 Single-Use Items Are Never Reused	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.5 Dental Unit Waterlines Are Managed and Tested	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.6 Between-Patient Turnover of the Dental Chair Is Documented	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.7 Aerosol and Splatter Are Controlled	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.8 Dental Radiography Is Justified and Dose-Optimised	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic

Criterion	Applies to
26.9 Radiation Protection Programme Is Documented	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.10 Dental Amalgam Waste Is Handled to Prevent Mercury Release	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.11 Sharps and Dental Clinical Waste Are Segregated	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.12 Emergency Equipment Is Available and Checked	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.13 Staff Are Trained in Dental Medical Emergencies	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.14 Local Anaesthetic Doses Are Calculated and Recorded	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.15 Sedation Is Offered Only with Competence and Monitoring	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.16 Minor Oral Surgery Is Assessed, Consented and Followed Up	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.17 Dental Records Use Standard Charting and Are Complete	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.18 Consent Is Obtained Before Each Procedure	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.19 Fees Are Transparent and Shown Before Treatment	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.20 Implants and Prosthetic Components Are Traceable	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.21 Dental Laboratory Work Is Specified, Traceable and Disinfected	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic

Criterion	Applies to
26.22 Clinicians Hold Current Licences and Competence	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.23 Children and People with Special Needs Are Cared For Safely	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.24 Referral to Other Specialists Is Documented	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic
26.25 Oral Health Education Is Given and Recorded	Hospital, Ambulatory clinic, Primary health clinic, Dental clinic N/A: Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
AED	Automated external defibrillator
CBCT	Cone-beam computed tomography
FDI	Fédération Dentaire Internationale, the international dental federation whose two-digit tooth numbering is used

Abbreviation	Meaning
IAEA	International Atomic Energy Agency
PPE	Personal protective equipment
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
DEN	Dental care

7 Terms and definitions

Term	Definition
Dental practice	A facility or independent practice that provides dental care, including oral examination, treatment, surgery and sedation.
Validated process	A sterilisation or cleaning process that has been shown, by documented tests, to achieve the required result for the equipment and load used.
Fallow time	The period a treatment room is left after an aerosol-generating procedure before the next patient is treated.
Biological indicator	A test with live spores that shows whether a sterilisation cycle has killed microorganisms.
Chemical indicator	A device that changes colour when exposed to the conditions of a sterilisation cycle, showing that the cycle was run.
Aerosol-generating procedure	A procedure, such as use of a high-speed handpiece or ultrasonic scaler, that produces spray and fine particles.
Sedation	The use of medicines to reduce a patient's awareness or anxiety during treatment, from light to deep sedation.

8 Standard 26 at a glance

Standard 26: Dental Care is a standard of ASF Health Standards for dental care. It is required by default in dental clinics, and each criterion shows the facility types it applies to. It covers sterilisation, infection control, radiography, waste, emergencies, sedation, records, consent and fees.

The standard has twenty-five criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
26.1	Reusable Instruments Are Sterilised by a Validated Process	Minimum	Must	Must
26.2	Sterilisation Is Monitored and the Monitoring Is Recorded	Minimum	Must	Must
26.3	Instrument Processing Follows One-Way Flow	Minimum	Medium	Must
26.4	Single-Use Items Are Never Reused	Minimum	Must	Must
26.5	Dental Unit Waterlines Are Managed and Tested	Minimum	Medium	Must
26.6	Between-Patient Turnover of the Dental Chair Is Documented	Minimum	Medium	Must
26.7	Aerosol and Splatter Are Controlled	Minimum	Medium	Must
26.8	Dental Radiography Is Justified and Dose-Optimised	Minimum	Must	Must
26.9	Radiation Protection Programme Is Documented	Minimum	Medium	Must
26.10	Dental Amalgam Waste Is Handled to Prevent Mercury Release	Minimum	Medium	Must
26.11	Sharps and Dental Clinical Waste Are Segregated	Minimum	Medium	Must
26.12	Emergency Equipment Is Available and Checked	Must	Must	Must
26.13	Staff Are Trained in Dental Medical Emergencies	Minimum	Medium	Must
26.14	Local Anaesthetic Doses Are Calculated and Recorded	Minimum	Medium	Must
26.15	Sedation Is Offered Only with Competence and Monitoring	Minimum	Must	Must
26.16	Minor Oral Surgery Is Assessed, Consented and Followed Up	Minimum	Medium	Must
26.17	Dental Records Use Standard Charting and Are Complete	Minimum	Medium	Must
26.18	Consent Is Obtained Before Each Procedure	Minimum	Medium	Must
26.19	Fees Are Transparent and Shown Before Treatment	Minimum	Medium	Must
26.20	Implants and Prosthetic Components Are Traceable	Minimum	Medium	Must
26.21	Dental Laboratory Work Is Specified, Traceable and Disinfected	Minimum	Medium	Must

No.	Criterion	Humanitarian	Transition	Standard
26.22	Clinicians Hold Current Licences and Competence	Minimum	Medium	Must
26.23	Children and People with Special Needs Are Cared For Safely	Minimum	Medium	Must
26.24	Referral to Other Specialists Is Documented	Minimum	Medium	Must
26.25	Oral Health Education Is Given and Recorded	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
26.1	Reusable Instruments Are Sterilised by a Validated Process	Secretary (ISCO 3344) · Manager (ISCO 1342)
26.2	Sterilisation Is Monitored and the Monitoring Is Recorded	Secretary (ISCO 3344) · Manager (ISCO 1342)
26.3	Instrument Processing Follows One-Way Flow	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.4	Single-Use Items Are Never Reused	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.5	Dental Unit Waterlines Are Managed and Tested	Manager (ISCO 1342) · Secretary (ISCO 3344)
26.6	Between-Patient Turnover of the Dental Chair Is Documented	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.7	Aerosol and Splatter Are Controlled	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.8	Dental Radiography Is Justified and Dose-Optimised	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.9	Radiation Protection Programme Is Documented	Chief executive (ISCO 1120) · Secretary (ISCO 3344)
26.10	Dental Amalgam Waste Is Handled to Prevent Mercury Release	Manager (ISCO 1342) · Secretary (ISCO 3344)
26.11	Sharps and Dental Clinical Waste Are Segregated	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.12	Emergency Equipment Is Available and Checked	Secretary (ISCO 3344) · Manager (ISCO 1342)
26.13	Staff Are Trained in Dental Medical Emergencies	Manager (ISCO 1342) · Nurse (ISCO 2221)

No.	Criterion	Positions responsible or involved
26.14	Local Anaesthetic Doses Are Calculated and Recorded	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.15	Sedation Is Offered Only with Competence and Monitoring	Manager (ISCO 1342) · Nurse (ISCO 2221) · Secretary (ISCO 3344)
26.16	Minor Oral Surgery Is Assessed, Consented and Followed Up	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.17	Dental Records Use Standard Charting and Are Complete	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.18	Consent Is Obtained Before Each Procedure	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.19	Fees Are Transparent and Shown Before Treatment	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.20	Implants and Prosthetic Components Are Traceable	Secretary (ISCO 3344) · Manager (ISCO 1342)
26.21	Dental Laboratory Work Is Specified, Traceable and Disinfected	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.22	Clinicians Hold Current Licences and Competence	Manager (ISCO 1342) · Secretary (ISCO 3344)
26.23	Children and People with Special Needs Are Cared For Safely	Manager (ISCO 1342) · Nurse (ISCO 2221)
26.24	Referral to Other Specialists Is Documented	Nurse (ISCO 2221) · Manager (ISCO 1342)
26.25	Oral Health Education Is Given and Recorded	Nurse (ISCO 2221) · Manager (ISCO 1342)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Chief executive (ISCO 1120)	The board of directors.	Managers and the heads of department.
Manager (ISCO 1342)	The chief executive officer or the practice owner.	Nurses, dental care professionals and staff in the practice.
Nurse (ISCO 2221)	The practice manager.	No direct reports.
Secretary (ISCO 3344)	The practice manager.	No direct reports.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

Course	Subject	Criteria	GMJ Academy course page
Sterilization, Disinfection and Reprocessing (PS-07)	Sterilisation and disinfection	26.1	English · Georgian
Dental Practice: Five Safety Criteria at the Chair (AMB-08)	Dental practice safety at the chair	26.5	English · Georgian
Diagnostic Imaging Safety and Quality Standards (AMB-16)	Diagnostic imaging safety	26.8	English · Georgian
Healthcare Waste Management (PS-08)	Healthcare waste management	26.10	English · Georgian
Emergency Preparedness & Cardiac Event Response (FW-03)	Emergency preparedness and cardiac event response	26.12	English · Georgian
Safe Anaesthesia and Sedation (PS-13)	Safe anaesthesia and sedation	26.15	English · Georgian
პაციენტის უფლებები და მოვალეობები (A-01)	Patient rights and responsibilities	26.18	Georgian Georgian version only
Credentialing, Competence and the Training Matrix (T-14)	Credentialing and competence	26.22	English · Georgian

26.1 Reusable Instruments Are Sterilised by a Validated Process

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every reusable instrument, handpiece and attachment is cleaned, inspected, packaged and sterilised between patients by a process that has been validated for the equipment and load used, and the process is run to the manufacturer's instructions.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: reusable instruments are sterilised by a process validated for the equipment and load.

GUIDANCE

Each instrument type is processed by a sterilisation cycle validated for that type and for the load used. The validation is kept with the cycle records, and the cycle is run to the manufacturer's instructions.

Packs are sealed, and the sterile barrier stays intact until the instruments are used. A pack with a broken seal is reprocessed, not used.

The sterilisation procedure (DEN-SOP-001) sets the validation, load patterns and release steps, and the cycle register (DEN-REG-001) records each run against them.

> **Good practice.** Every instrument is processed by a sterilisation cycle validated for that instrument type and load, packed to a sealed barrier, and released only after the cycle record is checked.

> **Partial because.** Instruments are sterilised, but the cycle has not been validated for some handpieces and attachments, so their processing cannot be shown to be effective.

WHAT GOOD LOOKS LIKE

- Each cycle record shows the instrument type and load, and the validation is kept with it.
- The validation report names each load pattern the steriliser is approved to run.
- Chemical and biological indicators are read before a load is released to storage.
- Pack contents are listed on the cycle record so that each pack can be traced.

COMMON MISTAKES

- Sterilising a handpiece in a cycle that was never validated for it.
- Releasing packs with a broken seal.
- Sterilising a full tray in a cycle validated only for a partial load.
- Storing packs in a damp cupboard that breaks the sterile barrier.

> **Why it matters.** Dental instruments that are not properly sterilised carry blood and infection from one patient to the next. A validated process, applied to every instrument, is what makes them safe to reuse.

WHAT THE ASSESSOR CHECKS

Sample. Review the sterilisation cycle register and the validation records for the last 3 months, with the instruments processed.

1 **Sterilisation uses a validated process for each instrument type.**

Method. Check the validation or load-release record for each cycle type in use.

Evidence to show. Sterilisation cycle and load register (DEN-REG-001).

Pass when. Every cycle type in use has a current validation record.

2 **Packs are sealed and the sterile barrier is intact until use.**

Method. Inspect sampled packs for seal integrity and the use-by date.

Evidence to show. Sterilisation of reusable dental instruments (DEN-SOP-001).

Pass when. Every sampled pack is sealed and in date.

3 **Each instrument is processed as its manufacturer instructs.**

Method. Check the cycle recorded for sampled instruments against the manufacturer instructions.

Evidence to show. Sterilisation of reusable dental instruments (DEN-SOP-001).

Pass when. No instrument is processed outside its manufacturer instructions.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Handpieces processed in a cycle that was never validated for them. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-REG-001	Sterilisation cycle and load register	Secretary	Chief executive	Manager
DEN-POL-001	Single-use items and reprocessing limits	Manager	Chief executive	Chief executive
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Sterilisation cycle and load register	Sterilization, Disinfection and Reprocessing (PS-07); Standard and Transmission-Based Precautions (PS-06) Must
Manager (ISCO 1342)	Maintains the Sterilisation of reusable dental instruments	Sterilization, Disinfection and Reprocessing (PS-07); Standard and Transmission-Based Precautions (PS-06) Must

REFERENCES FOR THIS CRITERION

- ISO 17665-1:2006. Sterilization of health care products — Moist heat — Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices. Geneva: ISO. https://www.iso.org/standard/43187.html
- ISO 11607-1:2019. Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems. Geneva: ISO. https://www.iso.org/standard/70799.html

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.2 Sterilisation Is Monitored and the Monitoring Is Recorded

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each sterilisation cycle is monitored with chemical indicators on every load, and with biological indicators on a defined schedule, and every result is recorded and traceable to the instruments used on each patient.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every sterilisation cycle is monitored and the monitoring is recorded.

GUIDANCE

Chemical indicators are read for every load. Biological indicators are tested on a set schedule, and a failed indicator stops the load and triggers an action that is recorded.

Each cycle record is traceable to the instruments used on each patient.

Indicator results are recorded in the cycle register (DEN-REG-001), and the procedure (DEN-SOP-001) sets the action for a failed indicator.

> **Good practice.** Chemical indicators are used on every load, biological indicators are tested on a set schedule, and each result is linked to the instruments used on each patient.

> **Partial because.** Chemical indicators are used, but biological indicator testing is irregular and failed results do not stop the load.

WHAT GOOD LOOKS LIKE

- Each load has a chemical indicator, and each failed biological test is followed by a recorded action.
- Biological tests run on a fixed day each month, and the date is set in the register.
- Failed loads are quarantined and marked so that they are not used by mistake.
- The register shows the person who read each indicator.

COMMON MISTAKES

- Releasing a load after a failed indicator.
- Testing biological indicators only when a problem is suspected.
- Accepting a chemical indicator that has not changed colour as a pass.
- Relying on a cycle record without checking the indicators.

> **Why it matters.** A sterilisation cycle can run and look correct while the instruments inside are not sterile. Monitoring every load, with chemical and biological indicators, shows the cycle actually worked.

WHAT THE ASSESSOR CHECKS

Sample. Review the monitoring records (biological, chemical and cycle printouts) for 30 sterilisation cycles.

1 **Each cycle is monitored with the required indicators.**

Method. Check each sampled cycle for its indicator results.

Evidence to show. Sterilisation cycle and load register (DEN-REG-001).

Pass when. Every sampled cycle has indicator results recorded.

2 **A failed indicator stops the load and triggers action.**

Method. Check each failed indicator for the load quarantine and the action recorded.

Evidence to show. Sterilisation cycle and load register (DEN-REG-001).

Pass when. Every failed indicator has quarantine and action recorded.

3 **Biological indicators are tested on a set schedule.**

Method. Check the biological indicator log for missed tests.

Evidence to show. Sterilisation cycle and load register (DEN-REG-001).

Pass when. No scheduled biological test is missing.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A load released after a failed biological indicator. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-REG-001	Sterilisation cycle and load register	Secretary	Chief executive	Manager
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager
DEN-POL-001	Single-use items and reprocessing limits	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Sterilisation cycle and load register	Sterilization, Disinfection and Reprocessing (PS-07); Standard and Transmission-Based Precautions (PS-06) Must
Manager (ISCO 1342)	Checks the criterion at each review	Sterilization, Disinfection and Reprocessing (PS-07); Standard and Transmission-Based Precautions (PS-06) Must

REFERENCES FOR THIS CRITERION

- ISO 11138-1:2017. Sterilization of health care products — Biological indicators — Part 1: General requirements. Geneva: ISO. https://www.iso.org/standard/66442.html
- ISO 15883-1:2024. Washer-disinfectors — Part 1: General requirements, terms and definitions and tests. Geneva: ISO. https://www.iso.org/standard/81249.html

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.3 Instrument Processing Follows One-Way Flow

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Instruments move from decontamination to packaging, sterilisation and storage in one direction, through physically separated or clearly defined zones, so that clean and dirty instruments do not meet.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: instrument processing follows one direction, from dirty to clean.

GUIDANCE

The processing route runs in one direction, from decontamination to packaging, sterilisation and storage. Dirty and clean areas are separated, or clearly defined where the room is small.

The daily cleaning check of the decontamination area is recorded.

The cleaning check (DEN-FRM-001) records the daily checks, and the procedure (DEN-SOP-001) sets the route used by the decontamination staff.

> **Good practice.** Instruments move in one direction from dirty to clean, through separated areas, and the daily cleaning check is recorded.

> **Partial because.** The processing room has a set route, but dirty and clean instruments are handled in the same space at the same time.

WHAT GOOD LOOKS LIKE

- The decontamination route is marked on the floor, and the daily check is signed.
- Staff move through the route in one direction, and signage shows the flow.
- The decontamination area has one entry for dirty items and a separate exit for clean items.
- The daily cleaning check is signed by the person who completed it.

COMMON MISTAKES

- Carrying clean instruments through the dirty area.
- Leaving the cleaning check blank.
- Storing clean packs on the dirty side of a bench.
- Using one sink for dirty and clean work during a busy session.

> **Why it matters.** Instruments that go back and forth between dirty and clean areas can be recontaminated at the point where they cross. A one-way flow keeps the clean and dirty steps apart.

WHAT THE ASSESSOR CHECKS

Sample. Observe the decontamination area and review the cleaning check for 10 working days.

1 Processing follows one direction, from dirty to clean.

Method. Observe the layout and the route of a sample of instruments.

Evidence to show. Decontamination area flow and cleaning check (DEN-FRM-001).

Pass when. Instruments move from dirty to clean without backflow.

2 **Dirty and clean areas are physically separated.**

Method. Observe the separation and the barrier or marking used.

Evidence to show. Decontamination area flow and cleaning check (DEN-FRM-001).

Pass when. The separation is in place and used.

3 **The daily cleaning check is recorded.**

Method. Check the daily entries for the sample period.

Evidence to show. Decontamination area flow and cleaning check (DEN-FRM-001).

Pass when. Every working day has a recorded check.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Clean instruments returned to the dirty side of the room. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-REG-001	Sterilisation cycle and load register	Manager	Chief executive	Manager
DEN-POL-001	Single-use items and reprocessing limits	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Decontamination area flow and cleaning check	Sterilization, Disinfection and Reprocessing (PS-07) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Sterilization, Disinfection and Reprocessing (PS-07) Medium

REFERENCES FOR THIS CRITERION

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929
- ISO 15883-1:2024. Washer-disinfectors — Part 1: General requirements, terms and definitions and tests. Geneva: ISO. https://www.iso.org/standard/81249.html

26.4 Single-Use Items Are Never Reused

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Items labelled or designed for single use, including needles, burs, certain files and disposable suction tips, are discarded after one patient and are never reprocessed or reused.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: single-use items are never reused.

GUIDANCE

Items labelled or designed for single use are discarded after one patient. Reprocessing is allowed only where the manufacturer permits it, and every case is recorded.

The list of single-use items is kept with the procedure and reviewed when a new device is bought.

The policy (DEN-POL-001) defines single-use items and the limits on reprocessing, and the procedure (DEN-SOP-001) sets how reprocessed items are handled.

> **Good practice.** Single-use items are labelled, stored separately, used once and discarded, and any reprocessing permitted by the manufacturer is recorded.

> **Partial because.** Single-use items are discarded in most cases, but some items are reprocessed without the manufacturer's permission and without a record.

WHAT GOOD LOOKS LIKE

- Single-use labels are checked before items are opened, and a reprocessing record is kept where allowed.
- Single-use labels are reviewed when a new device is bought.
- Staff are trained to identify single-use items on the shelf.
- Each reprocessing case is linked to the manufacturer statement that allows it.

COMMON MISTAKES

- Reusing a burr or file because it looks undamaged.
- Reprocessing without the manufacturer's permission.
- Cleaning and reusing a single-use item because it looks intact.
- Keeping opened single-use items for the next patient.

> **Why it matters.** A needle, bur or file made for one use that is cleaned and used again can break, transmit infection or fail in the mouth. Single-use items must be discarded after one patient.

WHAT THE ASSESSOR CHECKS

Sample. Review the single-use item stock, purchase records and the reprocessing log for the last 3 months.

1 Single-use items are used once and then discarded.

Method. Observe a sample of sessions for reuse of disposable items.

Evidence to show. Single-use items and reprocessing limits (DEN-POL-001).

Pass when. No sampled session shows reuse.

2 **Items labelled single-use are not reprocessed.**

Method. Check the reprocessing log for any single-use item.

Evidence to show. Single-use items and reprocessing limits (DEN-POL-001).

Pass when. No single-use item appears in the log.

3 **Reprocessing is done only where the manufacturer permits it, and is recorded.**

Method. Check each reprocessed item for the manufacturer permission and the cycle record.

Evidence to show. Single-use items and reprocessing limits (DEN-POL-001).

Pass when. Every reprocessed item has permission and a cycle record.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A disposable bur cleaned and reused on the next patient. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-POL-001	Single-use items and reprocessing limits	Chief executive	Governing body members	Chief executive
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager
DEN-REG-001	Sterilisation cycle and load register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Single-use items and reprocessing limits	Standard and Transmission-Based Precautions (PS-06); Supplier Evaluation and Purchasing (T-13) Must
Nurse (ISCO 2221)	Checks single-use labels before items are opened	Standard and Transmission-Based Precautions (PS-06); Supplier Evaluation and Purchasing (T-13) Must

REFERENCES FOR THIS CRITERION

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.5 Dental Unit Waterlines Are Managed and Tested

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Water delivered through dental unit waterlines and to handpieces is treated and monitored against a documented standard, following the infection control guidance for dental settings, and the facility can show the results of the monitoring.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: dental unit waterlines are treated and tested.

GUIDANCE

Water through dental unit waterlines and to handpieces is treated by a documented regime and tested at set intervals. Each result is acted on and recorded.

Each dental unit has a recorded set-up, so that the waterline treatment can be traced to the unit.

The waterline procedure (DEN-SOP-002) sets the regime, and the test register (DEN-REG-002) records each test and the action taken.

> **Good practice.** Dental unit waterlines have a documented treatment regime, water is tested at set intervals, and every result triggers a recorded action.

> **Partial because.** The waterline treatment is in place, but tests are not done on schedule and results are not acted on.

WHAT GOOD LOOKS LIKE

- Each dental unit has a treatment regime sheet, and the test results are reviewed each month.
- Water is tested after each change of the treatment product.
- Each dental unit has a named person responsible for its treatment.
- Results above the action limit are reported to the manager on the same day.

COMMON MISTAKES

- Testing the water once and not again.
- Leaving the waterline treatment out of the unit set-up record.
- Using untreated mains water for handpieces during a busy period.
- Treating the main reservoir but not the unit lines.

> **Why it matters.** Dental unit waterlines are a known source of bacteria, and the water sprayed in the mouth passes through them. Treating and testing the water keeps it safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the waterline treatment and test records for the last 12 months.

1 **Waterlines are treated with a documented regime.**

Method. Check the treatment product log against the schedule.

Evidence to show. Dental unit waterline management (DEN-SOP-002).

Pass when. Every scheduled treatment is logged.

2 **Water quality is tested at set intervals and results are acted on.**

Method. Check each result above the limit for the action taken.

Evidence to show. Waterline test register (DEN-REG-002).

Pass when. Every out-of-limit result has action recorded.

3 **Each dental unit has a recorded set-up.**

Method. Check each dental unit against its set-up entry.

Evidence to show. Waterline test register (DEN-REG-002).

Pass when. Every dental unit has a set-up record.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Patients treated for months with contaminated unit water and no test. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-002	Dental unit waterline management	Manager	Chief executive	Chief executive
DEN-REG-002	Waterline test register	Secretary	Chief executive	Manager
DEN-SOP-003	Aerosol and splatter control	Manager	Chief executive	Chief executive
DEN-REG-004	Dental emergency equipment and drug check register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Dental unit waterline management	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium
Secretary (ISCO 3344)	Keeps the Waterline test register	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium

REFERENCES FOR THIS CRITERION

- ISO 7494-1:2018. Dentistry — Dental units — Part 1: General requirements and test methods. Geneva: ISO. https://www.iso.org/standard/69100.html
- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.6 Between-Patient Turnover of the Dental Chair Is Documented

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The treatment room and chair are cleaned and disinfected between patients by a documented method, with the cleaning carried out by trained staff and recorded.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the dental chair is cleaned and disinfected between patients, and the turnover is documented.

GUIDANCE

The chair, light handles and surfaces are cleaned and disinfected between patients by a documented method. Barriers are changed for each patient.

A second person checks the turnover at set intervals, and the check is recorded.

The turnover record (DEN-FRM-002) is completed for each patient and checked by a second person at set intervals.

> **Good practice.** The treatment room and chair are cleaned and disinfected between each patient by a documented method, barriers are changed, and a second person checks the turnover at set intervals.

> **Partial because.** The chair is cleaned between patients, but the method is not documented and turnover is not checked.

WHAT GOOD LOOKS LIKE

- A short checklist for each chair turnover is signed by the second person.
- Chair and light handles are covered with barriers that are replaced for each patient.
- The turnover checklist is kept at the chair and signed after each patient.
- The manager reviews the turnover records each month.

COMMON MISTAKES

- Skipping the disinfection step when the room is busy.
- Changing barriers only between sessions, not between patients.
- Wiping surfaces with a cloth used on the previous patient.
- Relying on a chair cover alone without disinfecting the surface.

> **Why it matters.** A dental chair that is not cleaned properly between patients can carry infection to the next. A documented method, followed every time, makes the turnover reliable.

WHAT THE ASSESSOR CHECKS

Sample. Review the chair turnover records for 20 patient appointments.

1 The chair is cleaned and disinfected between patients.

Method. Check each sampled appointment for the turnover entry.

Evidence to show. Between-patient chair turnover record (DEN-FRM-002).

Pass when. Every sampled turnover is recorded.

2 **Barriers are changed between patients.**

Method. Check the record for a barrier change against each appointment.

Evidence to show. Between-patient chair turnover record (DEN-FRM-002).

Pass when. Each barrier change is recorded.

3 **A second person checks the turnover at set intervals.**

Method. Check the audit entries for the second-person check.

Evidence to show. Between-patient chair turnover record (DEN-FRM-002).

Pass when. The checks happen at the set interval.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A chair left with the previous patient's barrier in place for the next patient. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-002	Between-patient chair turnover record	Manager	Chief executive	Manager
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager
DEN-SOP-003	Aerosol and splatter control	Manager	Chief executive	Chief executive
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Between-patient chair turnover record	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium

REFERENCES FOR THIS CRITERION

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.7 Aerosol and Splatter Are Controlled

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Procedures that generate aerosols, spray or splatter are carried out with measures in place to reduce their spread, including high-volume extra-oral suction, appropriate personal protective equipment, and cleaning of surfaces after use.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: aerosol and splatter are controlled during treatment.

GUIDANCE

Procedures that produce aerosol, spray or splatter use high-volume extra-oral suction and, where appropriate, rubber dam. Surfaces are cleaned after each procedure.

The fallow time between patients in the same room is kept and recorded where the room is used for aerosol procedures.

The aerosol and splatter control procedure (DEN-SOP-003) sets the controls, and the fallow time is recorded against each room.

> **Good practice.** High-volume evacuation and rubber dam are used for each aerosol-generating procedure, the fallow time between patients is kept, and surfaces are cleaned after each procedure.

> **Partial because.** High-volume evacuation is used, but the fallow time is not kept between patients in the same room.

WHAT GOOD LOOKS LIKE

- The fallow time for each room is posted, and the high-volume suction is checked at the start of each day.
- Rubber dam is used where the treatment allows it, and the reason is recorded where it is not.
- Staff wear the protective equipment set out for aerosol procedures.
- Air in the room is changed between patients, by ventilation or by a timed period.

COMMON MISTAKES

- Starting the next patient before the fallow time has passed.
- Using a low-volume suction for procedures that generate aerosol.
- Starting a procedure without switching on the extraction.
- Leaving the treatment room open during a high-aerosol procedure.

> **Why it matters.** Dental drills and scalers make a fine spray that carries bacteria and blood into the air and onto staff. Measures such as high-volume suction and protective equipment reduce that spread.

WHAT THE ASSESSOR CHECKS

Sample. Observe 5 treatment sessions and review the aerosol control procedure and the evacuator checks.

1 **High-volume evacuation and rubber dam are used where aerosol is generated.**

Method. Observe sampled procedures for their use.

Evidence to show. Aerosol and splatter control (DEN-SOP-003).

Pass when. The control is used for every sampled procedure that generates aerosol.

2 **The fallow time between patients in a room is kept.**

Method. Check the room log for the fallow time after aerosol-generating procedures.

Evidence to show. Aerosol and splatter control (DEN-SOP-003).

Pass when. The fallow time is kept in every sampled case.

3 **Protective equipment is worn during aerosol-generating procedures.**

Method. Observe sampled procedures for the protective equipment worn by each person present.

Evidence to show. Aerosol and splatter control (DEN-SOP-003).

Pass when. Clinicians and assistants wear the equipment set out in the procedure for every sampled aerosol procedure.

Pass. The criterion is met when every check above is passed.

Immediate fail. . An aerosol-generating procedure in a shared room with no evacuation and no fallow time. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-003	Aerosol and splatter control	Manager	Chief executive	Chief executive
DEN-FRM-002	Between-patient chair turnover record	Manager	Chief executive	Manager
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Aerosol and splatter control	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium
Nurse (ISCO 2221)	Checks the fallow time against the appointment book	Dental Practice: Five Safety Criteria at the Chair (AMB-08) Medium

REFERENCES FOR THIS CRITERION

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.8 Dental Radiography Is Justified and Dose-Optimised

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every dental X-ray, whether intra-oral, panoramic or cone-beam computed tomography (CBCT), is clinically justified before it is taken, uses the lowest dose consistent with a diagnostic image, and is taken by a person trained and authorised to operate the equipment.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every dental radiograph is justified and dose-optimised.

GUIDANCE

Each radiograph is justified before exposure, and the justification is recorded. The lowest dose consistent with a diagnostic image is used, with the right receptor and collimation.

Repeat exposures are reviewed and recorded so that the cause can be corrected.

The justification policy (DEN-POL-002) sets the criteria for each radiograph, and the justification record (DEN-FRM-003) gives the reason in each case.

> **Good practice.** Every radiograph is justified in writing before exposure, the lowest dose for a diagnostic image is used, and repeat exposures are reviewed and recorded.

> **Partial because.** Radiographs are taken for clinical reasons, but the justification is not recorded and repeat exposures are not reviewed.

WHAT GOOD LOOKS LIKE

- The justification is written in the patient record before the exposure is taken.
- Radiographs are reviewed for quality before the patient leaves the chair.
- Exposure settings for each patient type are written in the protocol.
- Lead aprons and thyroid collars are checked for damage at set intervals.

COMMON MISTAKES

- Taking a radiograph as a routine without a recorded reason.
- Repeating exposures without reviewing why.
- Using the adult exposure setting for a child.
- Taking a full-mouth series without a justification.

> **Why it matters.** Dental X-rays give a dose of radiation. A radiograph that is not needed adds risk without benefit, and a dose that is too high can be avoided by setting the machine correctly.

WHAT THE ASSESSOR CHECKS

Sample. Review the radiograph justification and dose records for 30 radiographs.

1 **Each radiograph has a documented justification before exposure.**

Method. Check each sampled radiograph for the justification entry before the exposure.

Evidence to show. Radiograph justification record (DEN-FRM-003).

Pass when. Every sampled radiograph has a justification before exposure.

2 **Dose is optimised with the right receptor and collimation.**

Method. Check the receptor and collimation settings for a sample against the protocol.

Evidence to show. Radiograph justification record (DEN-FRM-003).

Pass when. Settings match the protocol in every sampled case.

3 **Repeat exposures are reviewed and recorded.**

Method. Check repeat-exposure entries against the image review.

Evidence to show. Radiograph justification record (DEN-FRM-003).

Pass when. Each repeat is reviewed and recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Full-mouth radiography on a patient with no clinical reason and no justification. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-003	Radiograph justification record	Manager	Chief executive	Manager
DEN-POL-002	Dental radiography justification and dose optimisation	Chief executive	Governing body members	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-PLN-001	Radiation protection programme for dental imaging	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Radiograph justification record	Diagnostic Imaging Safety and Quality Standards (AMB-16); Patient Assessment and Reassessment (PS-11) Must
Manager (ISCO 1342)	Checks the criterion at each review	Diagnostic Imaging Safety and Quality Standards (AMB-16); Patient Assessment and Reassessment (PS-11) Must

REFERENCES FOR THIS CRITERION

- IAEA (2018). Radiation Protection and Safety in Medical Uses of Ionizing Radiation, Specific Safety Guide SSG-46. Vienna: IAEA. https://www-pub.iaea.org/MTCD/Publications/PDF/PUB1775_web.pdf

- ICRP (2007). The 2007 Recommendations of the International Commission on Radiological Protection, ICRP Publication 103. Ann. ICRP 37(2–4). Ottawa: ICRP. https://icrp.org/docs/icrp_publication_103-annals_of_the_icrp_37(2-4)-free_extract.pdf

26.9 Radiation Protection Programme Is Documented

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has a radiation protection programme that covers shielding, personal dosimetry where required, regular equipment checks, and records of the dose delivered and of any incident.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a radiation protection programme is documented and reviewed.

GUIDANCE

The programme covers shielding, personal dosimetry where required, equipment checks and dose records. It is reviewed on a set schedule.

Any radiation incident is recorded and investigated under the programme.

The radiation protection programme (DEN-PLN-001) sets the checks, and the dose audit register (DEN-REG-003) records each check and its result.

> **Good practice.** A written radiation protection programme covers shielding, equipment checks and dose records, is reviewed, and any incident is recorded and investigated.

> **Partial because.** Shielding is in place, but equipment checks and dose records are missing for the period reviewed.

WHAT GOOD LOOKS LIKE

- The radiation protection programme is reviewed each year and after any change of equipment.
- Staff who take radiographs have documented training in radiation protection.
- Any change of equipment triggers a new risk review.
- Shielding is checked at set intervals and the result is recorded.

COMMON MISTAKES

- Keeping no dose records.
- Not reviewing the programme after a new X-ray unit is installed.
- Keeping the programme in a drawer and not reviewing it.
- Allowing an untrained person to take radiographs unsupervised.

> **Why it matters.** Staff who take X-rays are exposed to radiation every day. A radiation protection programme, with shielding and dose monitoring, keeps that exposure within limits.

WHAT THE ASSESSOR CHECKS

Sample. Review the radiation protection programme, the equipment dose audit register and the staff monitoring records.

1 A written radiation protection programme is in place and reviewed.

Method. Check the programme for the date of its last review.

Evidence to show. Radiation protection programme for dental imaging (DEN-PLN-001).

Pass when. The programme is current and reviewed in the last 12 months.

2 **Equipment is checked for dose and performance on a schedule.**

Method. Check the register for each check date against the schedule.

Evidence to show. Radiation equipment and dose audit register (DEN-REG-003).

Pass when. Every scheduled check is recorded.

3 **Staff exposure is monitored where the programme requires it.**

Method. Check the monitoring records for staff who take radiographs.

Evidence to show. Radiation protection programme for dental imaging (DEN-PLN-001).

Pass when. Every radiographer has a monitoring record where required.

Pass. The criterion is met when every check above is passed.

Immediate fail. . The X-ray unit has not been checked for dose in three years. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-REG-003	Radiation equipment and dose audit register	Secretary	Chief executive	Manager
DEN-PLN-001	Radiation protection programme for dental imaging	Chief executive	Governing body members	Chief executive
DEN-POL-002	Dental radiography justification and dose optimisation	Manager	Chief executive	Chief executive
DEN-FRM-003	Radiograph justification record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Approves the Radiation protection programme for dental imaging	Diagnostic Imaging Safety and Quality Standards (AMB-16) Medium
Secretary (ISCO 3344)	Keeps the Radiation equipment and dose audit register	Diagnostic Imaging Safety and Quality Standards (AMB-16) Medium

REFERENCES FOR THIS CRITERION

- IAEA (2018). Radiation Protection and Safety in Medical Uses of Ionizing Radiation, Specific Safety Guide SSG-46. Vienna: IAEA. https://www-pub.iaea.org/MTCD/Publications/PDF/PUB1775_web.pdf
- ICRP (2007). The 2007 Recommendations of the International Commission on Radiological Protection, ICRP Publication 103. Ann. ICRP 37(2–4). Ottawa: ICRP. https://icrp.org/docs/icrp_publication_103-annals_of_the_icrp_37(2-4)-free_extract.pdf

26.10 Dental Amalgam Waste Is Handled to Prevent Mercury Release

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Waste from dental amalgam is collected, stored and disposed of in a way that prevents mercury release to water and to the environment, in line with the Minamata Convention on Mercury (2013).

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: dental amalgam waste is handled to prevent mercury release.

GUIDANCE

Amalgam waste is collected in a closed, labelled container and is never flushed to drain. A separator or equivalent collection is used and serviced.

Disposal follows the Minamata Convention on Mercury and the national waste rules.

The amalgam procedure (DEN-SOP-004) sets the collection and disposal route, and the waste records show each collection.

> **Good practice.** Amalgam waste is collected in a closed, labelled container, never flushed, and passed through a serviced separator or equivalent collection.

> **Partial because.** Amalgam waste is kept separately, but it is sometimes flushed to drain and the separator is not serviced.

WHAT GOOD LOOKS LIKE

- A labelled amalgam waste container is kept at the chair, and its collection date is recorded.
- The amalgam collection container is kept out of reach of patients and children.
- Staff are trained to handle amalgam and to report spills.
- Removed amalgam is stored in a sealed container until collection.

COMMON MISTAKES

- Flushing amalgam waste to drain.
- Keeping amalgam in an open container with general waste.
- Rinsing amalgam capsules at the sink.
- Storing amalgam scrap with general waste until the bin is emptied.

> **Why it matters.** Dental amalgam contains mercury. Waste from it, if thrown out or washed down a drain, releases mercury into the environment. Collecting and storing it safely prevents that.

WHAT THE ASSESSOR CHECKS

Sample. Review the amalgam waste records and the separator and collection records for the last 12 months.

1 **Amalgam waste is collected in a closed, labelled container and not flushed.**

Method. Observe the amalgam waste containers and check the disposal route for the sample.

Evidence to show. Dental amalgam waste and mercury handling (DEN-SOP-004).

Pass when. No amalgam waste is flushed to drains.

2 **A separator or equivalent collection is in use and serviced.**

Method. Check the service record for the separator.

Evidence to show. Dental amalgam waste and mercury handling (DEN-SOP-004).

Pass when. The separator is serviced on schedule.

3 **Amalgam waste leaves the practice by a recorded route.**

Method. Check the disposal records for the quantity, date and recipient of each collection.

Evidence to show. Dental amalgam waste and mercury handling (DEN-SOP-004).

Pass when. Every collection is recorded with its date, quantity and recipient.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Mercury-containing amalgam waste flushed into the drain. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-004	Dental amalgam waste and mercury handling	Manager	Chief executive	Chief executive
DEN-SOP-009	Sharps and Clinical Waste Management	Manager	Chief executive	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-REG-004	Dental emergency equipment and drug check register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Dental amalgam waste and mercury handling	Healthcare Waste Management (PS-08) Medium
Secretary (ISCO 3344)	Keeps the amalgam disposal records	Healthcare Waste Management (PS-08) Medium

REFERENCES FOR THIS CRITERION

- Minamata Convention on Mercury (2013), Article 4 and Annex A (dental amalgam). Geneva: UNEP. https://www.mercuryconvention.org/
- FDI World Dental Federation. Amalgam (Part 2): Safe Use and Phase Down of Dental Amalgam. Policy statement. Geneva: FDI. https://www.fdiworlddental.org/node/1549

26.11 Sharps and Dental Clinical Waste Are Segregated

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Sharps, contaminated waste, amalgam waste and general waste are separated at the point of use, stored in suitable containers, and collected by an authorised service.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: sharps and clinical waste are segregated at the point of use.

GUIDANCE

Sharps, contaminated waste, amalgam waste and general waste are separated at the point of use, in suitable containers.

Collection is by an authorised service, and the collection records are kept.

The sharps and clinical waste procedure (DEN-SOP-009) sets the segregation and collection, and the collection records are kept with it.

> **Good practice.** Sharps, contaminated waste, amalgam and general waste are segregated at the point of use, stored in suitable containers and collected by an authorised service.

> **Partial because.** Sharps are placed in containers, but contaminated and general waste are mixed in the same bin.

WHAT GOOD LOOKS LIKE

- A colour-coded container system is used at each point of use, and the collection records are kept.
- Colour and label systems are the same in every room.
- Sharps containers are replaced before they are two-thirds full.
- Waste bins are kept lidded and are not overfilled.

COMMON MISTAKES

- Placing sharps in general waste.
- Mixing contaminated and general waste in one bin.
- Overfilling sharps containers so that the lid will not close.
- Using a general bin as a temporary sharps container.

> **Why it matters.** Mixing sharps, infected waste and general waste makes the whole load a hazard. Separating them at the point of use keeps staff and the public safe.

WHAT THE ASSESSOR CHECKS

Sample. Observe sharps and clinical waste segregation at the chairs and the store for 10 working days.

1 Each waste stream is segregated at the point of use.

Method. Observe the treatment rooms and the waste points for each stream in the sample.

Evidence to show. Sharps and clinical waste management procedure (DEN-SOP-009).

Pass when. Sharps, contaminated, amalgam and general waste are kept in separate, labelled containers.

2 **Waste is collected by an authorised service.**

Method. Check the collection contract or authorisation and the collection records for the sample period.

Evidence to show. Waste collection records (DEN-SOP-009).

Pass when. Every collection is by an authorised service and is recorded.

3 **Staff are trained in waste segregation.**

Method. Check the training records for the clinical staff in the sample.

Evidence to show. Sharps and clinical waste management (DEN-SOP-009).

Pass when. Every clinical staff member in the sample has recorded training in segregation.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Used needles recapped and put in an open bin with general waste. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-009	Sharps and Clinical Waste Management	Manager	Chief executive	Chief executive
DEN-SOP-004	Dental amalgam waste and mercury handling	Manager	Chief executive	Chief executive
DEN-FRM-001	Decontamination area flow and cleaning check	Manager	Chief executive	Manager
DEN-REG-004	Dental emergency equipment and drug check register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	Healthcare Waste Management (PS-08) Medium
Nurse (ISCO 2221)	Segregates waste at the point of use	Healthcare Waste Management (PS-08) Medium

REFERENCES FOR THIS CRITERION

- WHO (2014). Safe management of wastes from health-care activities, 2nd edition. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241548564
- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.12 Emergency Equipment Is Available and Checked

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Emergency equipment for managing a medical emergency during dental treatment is available in every treatment room or within immediate reach, is checked on a schedule, and is in working order.

Rating rule. Must in every setting: emergency equipment is available and checked.

GUIDANCE

Emergency equipment is in each treatment room or within immediate reach, and it is checked on a schedule. Emergency drugs are kept in date and stored correctly.

An automated external defibrillator (AED) is available and checked on schedule.

The emergency equipment and drug check register (DEN-REG-004) lists the equipment and drugs, with their checks and expiry dates.

> **Good practice.** Emergency equipment is in each treatment room or within immediate reach, emergency drugs are in date and stored correctly, and an AED is checked on schedule.

> **Partial because.** Emergency equipment is on site, but drugs are out of date or the AED is not checked.

WHAT GOOD LOOKS LIKE

- A checklist of emergency equipment and drugs is signed each day, with expiry dates recorded.
- The emergency kit is kept in one place and clearly marked.
- The storage temperature of emergency drugs is recorded and checked.
- Expiry dates are logged in the register, and out-of-date stock is removed.

COMMON MISTAKES

- Storing emergency drugs in a cupboard without checking the dates.
- Checking the AED only when it is needed.
- Keeping the oxygen cylinder empty because it is not checked.
- Replacing used emergency drugs without recording the change.

> **Why it matters.** A dental patient can faint, have an allergic reaction or stop breathing. The emergency equipment must be in the room and checked, or the team cannot respond.

WHAT THE ASSESSOR CHECKS

Sample. Review the emergency equipment check register and walk through the surgeries for the last 3 months.

1 Emergency equipment is on site and working.

Method. Walk through and check each item against the list.

Evidence to show. Dental emergency equipment and drug check register (DEN-REG-004).

Pass when. Every listed item is present and working.

2 **Emergency drugs are in date and stored correctly.**

Method. Check the expiry dates against the register.

Evidence to show. Dental emergency equipment and drug check register (DEN-REG-004).

Pass when. No drug is out of date.

3 **An AED is available and checked on schedule.**

Method. Check the AED check entries for the last 3 months.

Evidence to show. Dental emergency equipment and drug check register (DEN-REG-004).

Pass when. Every scheduled AED check is recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . An oxygen cylinder empty and no one aware of it during a patient collapse. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-REG-004	Dental emergency equipment and drug check register	Secretary	Chief executive	Manager
DEN-SOP-005	Dental medical emergency response	Manager	Chief executive	Chief executive
DEN-SOP-001	Sterilisation of reusable dental instruments	Manager	Chief executive	Chief executive
DEN-POL-003	Sedation policy	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Dental emergency equipment and drug check register	Emergency Preparedness & Cardiac Event Response (FW-03); Safe Anaesthesia and Sedation (PS-13) Must
Manager (ISCO 1342)	Checks the criterion at each review	Emergency Preparedness & Cardiac Event Response (FW-03); Safe Anaesthesia and Sedation (PS-13) Must

REFERENCES FOR THIS CRITERION

- WHO (2025). The selection and use of essential medicines: 24th WHO Model List of Essential Medicines. Geneva: WHO. https://www.who.int/publications/i/item/9789240119741
- International Liaison Committee on Resuscitation (2020). 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Summary hosted by the American Heart Association. https://professional.heart.org/en/science-news/2020-international-consensus-on-cardiopulmonary-resuscitation-science-with-treatment-recommendations

26.13 Staff Are Trained in Dental Medical Emergencies

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** All clinical staff are trained in basic life support and in the management of medical emergencies specific to dental care, and the training is refreshed on a defined schedule.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: clinical staff are trained in dental medical emergencies.

GUIDANCE

All clinical staff are trained in basic life support and in the medical emergencies that occur in dental care. Training is refreshed on a defined schedule.

Emergency drills are rehearsed at a set interval, and each person knows their role.

The emergency response procedure (DEN-SOP-005) sets the roles and the drill interval, and the training record shows who has been trained.

> **Good practice.** All clinical staff are trained in basic life support and dental medical emergencies, emergency drills are rehearsed, and each person knows their role.

> **Partial because.** Some clinical staff are trained, but drills are not rehearsed and staff are unclear about their role in an emergency.

WHAT GOOD LOOKS LIKE

- Drills are held at set intervals, and the roles are written on a chart in each room.
- Each treatment room has a posted emergency plan with the roles marked.
- Basic life support skills are refreshed on a defined schedule.
- New staff are shown the emergency equipment on their first day.

COMMON MISTAKES

- Training staff once at induction and never again.
- Holding drills without a debrief.
- Assuming a qualified person will always be available in an emergency.
- Treating training as complete after a single course.

> **Why it matters.** A dental emergency happens quickly, and the first minutes decide the outcome. Every clinical staff member, not only the dentist, must be trained to respond.

WHAT THE ASSESSOR CHECKS

Sample. Review the training records for medical emergencies and the rehearsal records for the last 12 months.

1 All clinical staff are trained in dental medical emergencies.

Method. Check the training record for each staff member on the rota.

Evidence to show. Dental medical emergency response (DEN-SOP-005).

Pass when. Every rota member has the training.

2 **Emergency drills are rehearsed at a set interval.**

Method. Check the rehearsal record for the interval.

Evidence to show. Dental medical emergency response (DEN-SOP-005).

Pass when. Rehearsals happen at the set interval.

3 **Staff know their role in an emergency.**

Method. Ask two staff members to describe their role in a sampled emergency scenario.

Evidence to show. Dental medical emergency response (DEN-SOP-005).

Pass when. Both describe their role correctly.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient has a seizure in the chair and no staff member knows the emergency sequence. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-005	Dental medical emergency response	Manager	Chief executive	Chief executive
DEN-POL-005	Practitioner qualification and registration	Manager	Chief executive	Chief executive
DEN-REG-004	Dental emergency equipment and drug check register	Manager	Chief executive	Manager
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Dental medical emergency response	Emergency Preparedness & Cardiac Event Response (FW-03) Medium
Nurse (ISCO 2221)	Runs the drills with the manager	Emergency Preparedness & Cardiac Event Response (FW-03) Medium

REFERENCES FOR THIS CRITERION

- International Liaison Committee on Resuscitation (2020). 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Summary hosted by the American Heart Association. https://professional.heart.org/en/science-news/2020-international-consensus-on-cardiopulmonary-resuscitation-science-with-treatment-recommendations

26.14 Local Anaesthetic Doses Are Calculated and Recorded

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Local anaesthetic doses are calculated for each patient from body weight, age and medical history, do not exceed the maximum safe dose, and are recorded in the patient's notes.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: local anaesthetic doses are calculated and recorded.

GUIDANCE

The dose is calculated for each patient from body weight, age and medical history, and must not exceed the maximum safe dose for the agent.

The agent, dose and volume are recorded in the patient's notes, and any repeat dose is checked against the total already given.

The dose calculation record (DEN-FRM-004) shows the calculation for each injection, and the patient notes carry the agent, dose and volume.

> **Good practice.** The dose is calculated for each patient from weight, age and history, checked against the maximum for the agent, and recorded with the agent, dose and volume.

> **Partial because.** A dose is recorded, but it is not calculated against the patient and repeat doses are not checked against the total given.

WHAT GOOD LOOKS LIKE

- The dose calculation is written in the notes before the injection is given.
- The maximum dose for each agent is posted in each treatment room.
- A weight-based chart is used for children.
- High-risk doses are checked by a second clinician before the injection is given.

COMMON MISTAKES

- Giving a repeat dose without adding up the total given.
- Calculating the dose from memory without the patient's weight.
- Using a dose recorded for a different patient.
- Recording the agent name without its strength.

> **Why it matters.** Too much local anaesthetic can be toxic to the heart and brain. The dose should be worked out for each patient from their weight, age and medical history, and recorded.

WHAT THE ASSESSOR CHECKS

Sample. Review the local anaesthetic records for 20 procedures.

1 **The dose is calculated against the patient and the maximum for the agent.**

Method. Check each sampled record for the calculation.

Evidence to show. Local anaesthetic dose calculation and record (DEN-FRM-004).

Pass when. Every sampled dose is calculated and within the maximum.

2 **The agent, dose and volume are recorded.**

Method. Check each record for the agent, dose and volume.

Evidence to show. Local anaesthetic dose calculation and record (DEN-FRM-004).

Pass when. Every record shows all three.

3 **A repeat dose is checked against the total already given.**

Method. Check the records where a repeat dose was given.

Evidence to show. Local anaesthetic dose calculation and record (DEN-FRM-004).

Pass when. Each repeat dose is checked against the total given.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A child given a full adult dose of local anaesthetic with no calculation. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-004	Local anaesthetic dose calculation and record	Manager	Chief executive	Manager
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-POL-003	Sedation policy	Manager	Chief executive	Chief executive
DEN-SOP-006	Minor oral surgery: assessment, consent and follow-up	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Local anaesthetic dose calculation and record	Safe Anaesthesia and Sedation (PS-13) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Safe Anaesthesia and Sedation (PS-13) Medium

REFERENCES FOR THIS CRITERION

- WHO (2025). The selection and use of essential medicines: 24th WHO Model List of Essential Medicines. Geneva: WHO. https://www.who.int/publications/i/item/9789240119741

26.15 Sedation Is Offered Only with Competence and Monitoring

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Where a facility offers conscious sedation or general anaesthesia, it does so only with appropriately qualified staff, a documented assessment, continuous monitoring and recovery facilities, and declares the service so that it is assessed.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: sedation is offered only with competence and monitoring.

GUIDANCE

Sedation is given only by a clinician competent in the technique. The patient is assessed before the procedure, and the assessment is documented.

Monitoring is continuous through recovery. Emergency equipment for sedation is present and checked.

The sedation policy (DEN-POL-003) sets the competence and monitoring rules, and the monitoring record (DEN-FRM-005) shows them in use.

> **Good practice.** Sedation is given only by a clinician competent in the technique, after a documented assessment, with continuous monitoring through recovery and emergency equipment checked.

> **Partial because.** Sedation is given with monitoring, but the assessment is not documented and emergency equipment is not checked.

WHAT GOOD LOOKS LIKE

- A sedation checklist is completed before, during and after each sedation.
- Each patient is assessed for airway and fasting before the procedure.
- A named clinician is responsible for the patient throughout the sedation.
- Recovery is observed until the patient meets the written discharge criteria.

COMMON MISTAKES

- Sedating a patient without a documented assessment.
- Leaving the patient unmonitored in recovery.
- Discharging a sedated patient alone.
- Sedating a patient outside the scope of the clinician's competence.

> **Why it matters.** Sedation and general anaesthesia in a dental clinic carry the same risks as in hospital. They must be given only by staff with the competence to manage them, with continuous monitoring.

WHAT THE ASSESSOR CHECKS

Sample. Review the sedation records and the competence records for 10 sedated patients in the last 12 months.

1 Sedation is given only by a clinician competent in the technique.

Method. Check each sedation record against the competence register for the clinician.

Evidence to show. Sedation policy (DEN-POL-003).

Pass when. Every sedation is given by a competent clinician.

2 Monitoring is continuous and recorded through recovery.

Method. Check each sedation monitoring record for continuous entries to discharge.

Evidence to show. Sedation monitoring record (DEN-FRM-005).

Pass when. Every record is continuous to discharge.

3 Emergency equipment for sedation is present and checked.

Method. Check the equipment check for the sedation room on the day of each sampled case.

Evidence to show. Dental emergency equipment and drug check register (DEN-REG-004).

Pass when. Equipment is checked before each sedation.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient sedated with no pulse oximeter and no one watching during recovery. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-005	Sedation monitoring record	Manager	Chief executive	Manager
DEN-POL-003	Sedation policy	Chief executive	Governing body members	Chief executive
DEN-SOP-006	Minor oral surgery: assessment, consent and follow-up	Manager	Chief executive	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager

Other records in the criterion: DEN-REG-004 Dental emergency equipment and drug check register

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Sedation policy	Safe Anaesthesia and Sedation (PS-13); Patient Assessment and Reassessment (PS-11) Must
Nurse (ISCO 2221)	Completes the Sedation monitoring record	Safe Anaesthesia and Sedation (PS-13); Patient Assessment and Reassessment (PS-11) Must
Secretary (ISCO 3344)	Keeps the Dental emergency equipment and drug check register	Safe Anaesthesia and Sedation (PS-13); Patient Assessment and Reassessment (PS-11) Must

REFERENCES FOR THIS CRITERION

- WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552

26.16 Minor Oral Surgery Is Assessed, Consented and Followed Up

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Minor oral surgical procedures, such as simple extractions, are performed only within the clinician's competence, after a documented pre-operative assessment, with written aftercare instructions and a plan for complications.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: minor oral surgery is assessed, consented and followed up.

GUIDANCE

Minor oral surgery, such as a simple extraction, is performed only within the clinician's competence, after a documented pre-operative assessment.

Written aftercare instructions are given, and a plan for complications is in place.

The minor oral surgery procedure (DEN-SOP-006) sets the assessment, consent and follow-up steps, and the clinical record shows each one.

> **Good practice.** Minor oral surgery is performed within the clinician's competence, after a documented pre-operative assessment, with written aftercare and a plan for complications.

> **Partial because.** Extractions are performed with an assessment, but aftercare instructions are verbal only and follow-up is not arranged.

WHAT GOOD LOOKS LIKE

- A printed aftercare sheet is given to every patient after surgery.
- A surgical checklist is used before each minor procedure.
- Instruments are counted before and after each extraction.
- A post-operative review is booked before the patient leaves.

COMMON MISTAKES

- Operating without a documented assessment.
- Giving aftercare advice verbally only.
- Discharging a patient without written aftercare.
- Assuming a complication will be reported without a follow-up call.

> **Why it matters.** Simple extractions are minor, but they can cause bleeding, infection or reactions. Assessing the patient, getting consent and following up keep them safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the assessment, consent and follow-up records for 10 minor oral surgery procedures.

1 **Each patient is assessed for fitness and risk before surgery.**

Method. Check each record for the pre-operative assessment.

Evidence to show. Minor oral surgery: assessment, consent and follow-up (DEN-SOP-006).

Pass when. Every sampled procedure has an assessment before it starts.

2 **Follow-up is arranged and documented.**

Method. Check each record for the follow-up appointment and outcome.

Evidence to show. Minor oral surgery: assessment, consent and follow-up (DEN-SOP-006).

Pass when. Every sampled record has follow-up arranged.

3 **A complications plan is in place for each procedure.**

Method. Check the procedure for the plan and the patient record for its use.

Evidence to show. Minor oral surgery: assessment, consent and follow-up (DEN-SOP-006).

Pass when. Each sampled procedure has a written complications plan, and the plan was used when a complication occurred.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A tooth extracted in an anticoagulated patient with no check on the medicine. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-006	Minor oral surgery: assessment, consent and follow-up	Manager	Chief executive	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-POL-003	Sedation policy	Manager	Chief executive	Chief executive
DEN-FRM-011	Consent Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Minor oral surgery: assessment, consent and follow-up	Safe Surgery: Correct Site, Procedure, Patient (PS-04) Medium
Nurse (ISCO 2221)	Gives aftercare and records the follow-up	Safe Surgery: Correct Site, Procedure, Patient (PS-04) Medium

REFERENCES FOR THIS CRITERION

- WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552
- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

26.17 Dental Records Use Standard Charting and Are Complete

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each patient has a dental record that holds the dental charting using the FDI two-digit tooth numbering system, the treatment provided, the medicines and allergies, the consent given, and the radiographs taken, and that record is kept accurately and securely.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: dental records use standard charting and are complete.

GUIDANCE

Each record holds the charting in the FDI two-digit tooth numbering system, the treatment provided, medicines and allergies, consent and radiographs.

Each entry is signed by the clinician who did the treatment, and the record is complete for each visit.

The clinical record (DEN-FRM-006) holds the charting, signatures and visit entries for each patient.

> **Good practice.** Each record holds FDI two-digit charting, treatment, medicines, allergies, consent and radiographs, is complete for each visit, and every entry is signed by the clinician.

> **Partial because.** Charting is recorded, but entries are unsigned and the record is incomplete for some visits.

WHAT GOOD LOOKS LIKE

- The chart is updated during each visit, not written up later from memory.
- The clinical record includes a summary of the patient's medical history.
- Allergies and medicines are recorded at the start of each course of treatment.
- Records are backed up, and access is restricted to authorised staff.

COMMON MISTAKES

- Entries without the clinician's signature.
- Charting with a notation that differs from the FDI system.
- Keeping the chart on loose paper that is never filed.
- Altering an entry without recording the date and the person who changed it.

> **Why it matters.** A dental record that uses different symbols for each tooth, or is incomplete, is hard for the next dentist to read. Standard charting, with the FDI tooth numbering, makes records clear.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 dental clinical records for charting and completeness.

1 Charting uses the standard notation for each tooth and finding.

Method. Check each sampled record for the notation used.

Evidence to show. Dental chart and clinical record (DEN-FRM-006).

Pass when. Every sampled record uses the standard notation.

2 **The record is complete for each visit.**

Method. Check each record for the visit fields completed.

Evidence to show. Dental chart and clinical record (DEN-FRM-006).

Pass when. Every visit field is completed.

3 **Each treatment entry is signed by the clinician who did the treatment.**

Method. Check each entry for a clinician signature.

Evidence to show. Dental chart and clinical record (DEN-FRM-006).

Pass when. Every treatment entry is signed.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A tooth extracted with no entry in the chart. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-FRM-003	Radiograph justification record	Manager	Chief executive	Manager
DEN-FRM-011	Consent Record	Manager	Chief executive	Manager
DEN-REG-006	Dental practitioner register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Dental chart and clinical record	Document Control and Record Management (ISO-04) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Document Control and Record Management (ISO-04) Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

26.18 Consent Is Obtained Before Each Procedure

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Before each procedure begins, the patient is told the diagnosis, the options, the risks and benefits, and the likely cost, and gives consent that is recorded in the record.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: consent is obtained before each procedure.

GUIDANCE

Before each procedure, the patient is told the diagnosis, the options, the risks and benefits, and the likely cost. Consent is then recorded in the record.

Consent is renewed when the plan changes.

The consent record (DEN-FRM-011) holds the information given and the patient's decision for each procedure.

> **Good practice.** Before each procedure the patient is told the diagnosis, options, risks, benefits and likely cost, and gives consent that is recorded in the record.

> **Partial because.** Consent is taken for the main procedure, but the options, risks and cost are not explained before each procedure.

WHAT GOOD LOOKS LIKE

- The consent form lists the procedure, the cost and the alternatives in plain language.
- The patient is given time to ask questions before the form is signed.
- An interpreter is used where the patient does not understand the language.
- Consent for each procedure is kept separate from consent for other procedures.

COMMON MISTAKES

- Taking consent after the procedure has started.
- Recording consent without naming the risks.
- Using a generic consent form for every type of treatment.
- Obtaining consent from a relative when the patient can decide for themselves.

> **Why it matters.** A patient must know the diagnosis, the options, the risks and the costs before each dental procedure begins, not only at the first visit. Consent is a conversation, recorded before the work starts.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 consent records for dental procedures in the last 3 months.

1 Consent is recorded before each procedure.

Method. Check each sampled procedure for a dated consent entry before treatment began.

Evidence to show. Consent record (DEN-FRM-011).

Pass when. Each sampled procedure has a dated consent recorded before treatment.

2 **The diagnosis, options, risks, benefits and cost were explained.**

Method. Check each consent record for the items explained.

Evidence to show. Consent record (DEN-FRM-011).

Pass when. Every consent record lists the diagnosis, options, risks, benefits and cost.

3 **Consent is renewed when the plan changes.**

Method. Check the record for each sampled change of plan for a new consent entry.

Evidence to show. Consent record (DEN-FRM-011).

Pass when. Each sampled change of plan has a new dated consent entry.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Crown and root canal treatment done under a general form only. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-011	Consent Record	Manager	Chief executive	Manager
DEN-SOP-006	Minor oral surgery: assessment, consent and follow-up	Manager	Chief executive	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-POL-004	Fee disclosure and treatment estimate	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	Patient Rights and Responsibilities (A-01) Medium
Nurse (ISCO 2221)	Explains the procedure and records the consent	Patient Rights and Responsibilities (A-01) Medium

REFERENCES FOR THIS CRITERION

- UNESCO (2005). Universal Declaration on Bioethics and Human Rights. Paris: UNESCO. https://webarchive.unesco.org/web/20151230033907/http://unesdoc.unesco.org/images/0013/001394/139460e.pdf

26.19 Fees Are Transparent and Shown Before Treatment

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The fees for treatment are published, and the patient is given a written estimate before treatment begins. No charge is made that the patient has not agreed to beforehand.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: fees are transparent and shown before treatment.

GUIDANCE

The fees are published, and each patient receives a written estimate before treatment begins.

Any change to the estimate is agreed in writing before the extra work is done.

The fee disclosure policy (DEN-POL-004) sets the publication and estimate rules, and the written estimate (DEN-FRM-007) is kept with each patient's record.

> **Good practice.** Fees are published, each patient receives a written estimate before treatment, and any change to the estimate is agreed in writing before the work is done.

> **Partial because.** Fees are published, but estimates are not given in writing and invoices differ from what was agreed.

WHAT GOOD LOOKS LIKE

- The written estimate is signed by the patient before the work starts.
- Estimates show any tax that applies, and the rate is stated.
- Patients are told how and when payment is taken.
- Fee changes are published with the date they take effect.

COMMON MISTAKES

- Adding charges to the invoice that were not in the estimate.
- Giving the estimate only verbally.
- Billing for a service the patient did not agree to.
- Charging for a treatment that was not delivered.

> **Why it matters.** Patients who receive a bill far above what they were told often feel cheated, and may refuse to return. Fees published and a written estimate before treatment prevent surprises.

WHAT THE ASSESSOR CHECKS

Sample. Review the fee schedule and 15 treatment estimates and invoices for the last 3 months.

1 Fees are published and shown before treatment starts.

Method. Check the public fee list and the estimate given before each sampled treatment.

Evidence to show. Fee disclosure and treatment estimate (DEN-POL-004).

Pass when. Fees are shown before treatment in every sampled case.

2 **A written estimate is given for planned treatment.**

Method. Check the estimates for each planned course.

Evidence to show. Written treatment estimate and fee agreement (DEN-FRM-007).

Pass when. Every planned course has a written estimate.

3 **Invoices match the estimate, or a change is agreed in writing.**

Method. Compare each invoice with its estimate.

Evidence to show. Written treatment estimate and fee agreement (DEN-FRM-007).

Pass when. Each difference has a written agreement.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient charged for treatment that was never estimated or agreed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-007	Written treatment estimate and fee agreement	Manager	Chief executive	Manager
DEN-POL-004	Fee disclosure and treatment estimate	Chief executive	Governing body members	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-POL-005	Practitioner qualification and registration	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Fee disclosure and treatment estimate	Governance & Management (H-07) Medium
Nurse (ISCO 2221)	Completes the Written treatment estimate and fee agreement	Governance & Management (H-07) Medium

REFERENCES FOR THIS CRITERION

- United Nations. United Nations Guidelines for Consumer Protection. New York and Geneva: UNCTAD. https://unctad.org/publication/united-nations-guidelines-consumer-protection

26.20 Implants and Prosthetic Components Are Traceable

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Implants, prosthetic components and other dental materials are recorded with their batch or lot number, and their expiry date is checked before use.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: implants and prosthetic components are traceable.

GUIDANCE

Implants, prosthetic components and other materials are recorded with their batch or lot number, expiry date and supplier.

The patient record is linked to the component, so that a lot can be traced to its patients within one working day.

The traceability register (DEN-REG-005) records each component, its lot and its patients, so that a recall can be run.

> **Good practice.** Each implant or prosthetic component is recorded with its batch or lot number and supplier, linked to the patient record, and traceable to its patients within one working day.

> **Partial because.** Components are recorded with their supplier, but lot numbers are not linked to patients.

WHAT GOOD LOOKS LIKE

- The lot number is recorded in the patient notes at the time of fitting.
- The inventory is checked at set intervals against the register.
- Lot numbers are scanned at the point of fitting, where a scanner is used.
- Suppliers are asked to confirm lot recalls in writing.

COMMON MISTAKES

- Recording the supplier but not the lot number.
- Using a component after its expiry date.
- Storing components at high temperature in the treatment room.
- Assuming a lot is safe because the supplier has not issued a recall.

> **Why it matters.** Dental implants and prosthetic parts come with batch or lot numbers. If a batch is found faulty, the clinic can only find the affected patients if it recorded which batch each patient received.

WHAT THE ASSESSOR CHECKS

Sample. Review the implant and prosthetic traceability register for the last 12 months, and 10 placed components.

1 Each implant or component is recorded with its lot and supplier.

Method. Check each placed component against the register.

Evidence to show. Implant and prosthetic component traceability register (DEN-REG-005).

Pass when. Every placed component is recorded with lot and supplier.

2 **The patient record links to the component.**

Method. Check the clinical record for the component reference.

Evidence to show. Implant and prosthetic component traceability register (DEN-REG-005).

Pass when. Every component is linked to the patient record.

3 **A lot can be traced to its patients within one working day.**

Method. Trace one lot to its patients as a test.

Evidence to show. Implant and prosthetic component traceability register (DEN-REG-005).

Pass when. The trace is completed within one working day.

Pass. The criterion is met when every check above is passed.

Immediate fail. . An implant lot recalled and the clinic cannot say which patients received it. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-REG-005	Implant and prosthetic component traceability register	Secretary	Chief executive	Manager
DEN-SOP-007	Dental laboratory work specification, traceability and disinfection	Manager	Chief executive	Chief executive
DEN-FRM-008	Laboratory work order	Manager	Chief executive	Manager
DEN-POL-001	Single-use items and reprocessing limits	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Implant and prosthetic component traceability register	Supplier Evaluation and Purchasing (T-13) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Supplier Evaluation and Purchasing (T-13) Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

26.21 Dental Laboratory Work Is Specified, Traceable and Disinfected

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Work sent to an external dental laboratory is ordered on a written prescription, comes from a qualified and traceable laboratory, and returns with impressions and models disinfected before they are handled, and the facility checks what it receives.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: dental laboratory work is specified, traceable and disinfected.

GUIDANCE

Work sent to an external dental laboratory is ordered on a written prescription that states the specification and material.

Impressions and models are disinfected before they are handled, and only approved laboratories are used.

The laboratory procedure (DEN-SOP-007) sets the specification and disinfection steps, and the work order (DEN-FRM-008) shows them for each case.

> **Good practice.** Each laboratory order is written with the specification and material, the laboratory is approved, and returned impressions and models are disinfected before fitting and recorded.

> **Partial because.** Laboratory orders are written, but the specification is incomplete and returned items are not disinfected before fitting.

WHAT GOOD LOOKS LIKE

- The laboratory order is kept with the patient record, and the returned work is logged.
- The work order is signed by the clinician who wrote it.
- The laboratory confirms receipt of the order in writing.
- Models are labelled with the patient identifier and the date they were sent.

COMMON MISTAKES

- Sending a verbal order without a specification.
- Fitting a returned model before it has been disinfected.
- Accepting a laboratory return without checking it against the order.
- Sending models to a laboratory that is not on the approved list.

> **Why it matters.** Dental laboratories make crowns, dentures and other work that goes in the patient's mouth. The clinic must specify the work on a written prescription, use a quality-assured lab, and disinfect the work on return.

WHAT THE ASSESSOR CHECKS

Sample. Review the laboratory work orders and the disinfection records for 10 laboratory items received in the last 3 months.

1 **Each laboratory order states the specification and material.**

Method. Check each order for the specification and material.

Evidence to show. Dental laboratory work specification, traceability and disinfection (DEN-SOP-007).

Pass when. Every order states specification and material.

2 **Items are disinfected before fitting and the step is recorded.**

Method. Check each item record for the disinfection step.

Evidence to show. Laboratory work order (DEN-FRM-008).

Pass when. Every item shows disinfection before fitting.

3 **Only approved laboratories are used, and their records are kept.**

Method. Check the approved laboratory list and the supplier records.

Evidence to show. Dental laboratory work specification, traceability and disinfection (DEN-SOP-007).

Pass when. Every laboratory used is on the approved list.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Dentures fitted from a laboratory the clinic has never checked. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-007	Dental laboratory work specification, traceability and disinfection	Manager	Chief executive	Chief executive
DEN-FRM-008	Laboratory work order	Manager	Chief executive	Manager
DEN-REG-005	Implant and prosthetic component traceability register	Manager	Chief executive	Manager
DEN-POL-001	Single-use items and reprocessing limits	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Dental laboratory work specification, traceability and disinfection	Supplier Evaluation and Purchasing (T-13) Medium
Nurse (ISCO 2221)	Completes the Laboratory work order	Supplier Evaluation and Purchasing (T-13) Medium

REFERENCES FOR THIS CRITERION

- WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929

26.22 Clinicians Hold Current Licences and Competence

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every dentist and every dental care professional is registered to practise with the body that regulates the profession, holds a current registration, and has documented competence for the procedures they perform.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: clinicians hold current registration and documented competence.

GUIDANCE

Every dentist and dental care professional is registered with the body that regulates the profession, and holds a current registration.

Competence is documented for each procedure the clinician performs.

The practitioner register (DEN-REG-006) and the qualification policy (DEN-POL-005) show the registration and competence of each practitioner.

> **Good practice.** Every dentist and dental care professional holds a current registration with the regulating body and documented competence for each procedure performed.

> **Partial because.** Registration is current for the dentists, but competence for some procedures performed by dental care professionals is not documented.

WHAT GOOD LOOKS LIKE

- A register of practitioners is kept, with the registration number and expiry date for each.
- Practitioners declare any change in registration status promptly.
- Competence records are reviewed when a new procedure is introduced.
- Practitioners on a provisional registration are supervised as the rules require.

COMMON MISTAKES

- Letting a registration lapse without noticing.
- Allowing a procedure without a documented competence.
- Allowing a practitioner to work while registration is suspended.
- Accepting a verbal assurance of registration without checking the register.

> **Why it matters.** A dentist or dental care professional who is not registered to practise is not authorised to treat patients. Checking the registration, and renewing it, confirms every clinician is entitled to practise.

WHAT THE ASSESSOR CHECKS

Sample. Review the licence and competence records for all clinicians in post.

1 Each dentist and dental care professional holds a current registration.

Method. Check the practitioner register against the regulator's current list for each sampled clinician.

Evidence to show. Dental practitioner register (DEN-REG-006).

Pass when. Every sampled clinician has a current registration with the regulating body.

2 **Competence is documented for each procedure performed.**

Method. Check the competence record for each procedure in the sample.

Evidence to show. Practitioner qualification and registration (DEN-POL-005).

Pass when. Each procedure performed is covered by a documented competence.

3 **Registration is rechecked at the set interval.**

Method. Check the register for the date of the last check of each registration.

Evidence to show. Dental practitioner register (DEN-REG-006).

Pass when. Each registration was checked within the set interval.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A clinician performing implant surgery with no training record for it. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-REG-006	Dental practitioner register	Secretary	Chief executive	Manager
DEN-POL-005	Practitioner qualification and registration	Chief executive	Governing body members	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-POL-003	Sedation policy	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	Credentialing, Competence and the Training Matrix (T-14) Medium
Secretary (ISCO 3344)	Keeps the practitioner register up to date	Credentialing, Competence and the Training Matrix (T-14) Medium

REFERENCES FOR THIS CRITERION

- WHO (2010). WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva: WHO. https://www.who.int/publications/i/item/wha6316
- WHO (2016). Global strategy on human resources for health: Workforce 2030. Geneva: WHO. https://www.who.int/publications/i/item/9789241511131

26.23 Children and People with Special Needs Are Cared For Safely

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Dental care for children and for people with disability or additional needs is provided by staff trained in those needs, with suitable arrangements for communication, safeguarding and consent.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: children and people with special needs are cared for safely.

GUIDANCE

Care for children and for people with disability or additional needs is planned for their age, weight and need.

Staff trained in those needs deliver the care, and carers and supports are recorded and involved.

The care procedure (DEN-SOP-008) sets the planning for children and people with special needs, and the patient record shows the plan in use.

> **Good practice.** Care for children and for people with disability or additional needs is planned for their age, weight and need, is delivered by trained staff, and records carers and supports.

> **Partial because.** Children are treated by trained staff, but care is not planned for the patient's specific needs and carers are not recorded.

WHAT GOOD LOOKS LIKE

- Each child's care plan records the communication support and the carer who attends.
- The care plan is reviewed when the child grows or the need changes.
- Visual or communication aids are available in the treatment room.
- Appointments are timed to suit the patient, where that is possible.

COMMON MISTAKES

- Treating a child with the same approach as an adult without an assessment.
- Not involving the carer in consent.
- Restraining a child without a documented plan and consent.
- Delivering care without asking the carer about the patient's needs.

> **Why it matters.** Children, and people with a disability or other needs, may need more time, a different approach or a different setting. Care provided by staff trained for them is safer and more humane.

WHAT THE ASSESSOR CHECKS

Sample. Review the care records and staff preparation records for 10 children and 10 people with special needs in the last 12 months.

1 **Care is planned for the age, weight or need of the patient.**

Method. Check each record for the planning entry.

Evidence to show. Care of children and people with special needs (DEN-SOP-008).

Pass when. Every record shows planned care for the patient's age or need.

2 **Carers and supports are recorded and involved.**

Method. Check each record for the carer or support recorded.

Evidence to show. Care of children and people with special needs (DEN-SOP-008).

Pass when. Every record names the carer or support where needed.

3 **The environment and equipment are adapted for the patient group.**

Method. Observe the treatment room and check the adaptations listed in the procedure.

Evidence to show. Care of children and people with special needs (DEN-SOP-008).

Pass when. The adaptations listed are in place for the sampled patient group.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A child with a disability treated with no adaptation and no carer present. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-SOP-008	Care of children and people with special needs	Manager	Chief executive	Chief executive
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-FRM-011	Consent Record	Manager	Chief executive	Manager
DEN-REG-004	Dental emergency equipment and drug check register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Care of children and people with special needs	Patient Assessment and Reassessment (PS-11) Medium
Nurse (ISCO 2221)	Delivers the adapted care and records the carer	Patient Assessment and Reassessment (PS-11) Medium

REFERENCES FOR THIS CRITERION

- WHO and World Bank (2011). World Report on Disability. Geneva: WHO. https://www.who.int/teams/noncommunicable-diseases/disability-and-rehabilitation/world-report-on-disability

26.24 Referral to Other Specialists Is Documented

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a patient needs care the facility does not provide, such as oral and maxillofacial surgery or medical treatment, the patient is referred in writing, with a record of the referral and its outcome.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: referral to other specialists is documented.

GUIDANCE

When a patient needs care the facility does not provide, the patient is referred in writing, stating the reason and the urgency.

The receipt of the referral and the reply are recorded and acted on.

The referral letter (DEN-FRM-009) records the reason and urgency, and the reply record shows the outcome.

> **Good practice.** Each referral states the reason and urgency, is sent and its receipt recorded, and the reply is recorded and acted on.

> **Partial because.** Referrals are sent in writing, but receipt and the reply are not recorded.

WHAT GOOD LOOKS LIKE

- The referral letter states the urgency, and the reply is filed in the patient record.
- Referral letters are sent by a route that can be tracked.
- A named person follows up referrals that have not been answered.
- The patient is told the outcome of the referral.

COMMON MISTAKES

- Sending a referral without a reason.
- Not checking whether the specialist replied.
- Losing a referral letter because it was not copied to the record.
- Assuming a patient has attended a specialist without asking.

> **Why it matters.** When a dental patient needs a specialist, such as an oral surgeon, the referral must be written, sent and followed up. Otherwise the patient is lost between services.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 referrals to other specialists in the last 3 months.

1 Each referral states the reason and the urgency.

Method. Check each referral letter for the reason and urgency.

Evidence to show. Specialist referral letter and reply record (DEN-FRM-009).

Pass when. Every referral states reason and urgency.

2 **The referral is sent and its receipt is recorded.**

Method. Check each referral for the sent date and the receipt.

Evidence to show. Specialist referral letter and reply record (DEN-FRM-009).

Pass when. Every referral shows the date sent and the receipt.

3 **The reply is recorded and acted on.**

Method. Check each referral for the reply and the action taken.

Evidence to show. Specialist referral letter and reply record (DEN-FRM-009).

Pass when. Every reply is recorded and acted on.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A suspected oral cancer referred verbally and never written down. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-009	Specialist referral letter and reply record	Manager	Chief executive	Manager
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-FRM-010	Oral health education record	Manager	Chief executive	Manager
DEN-REG-006	Dental practitioner register	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Specialist referral letter and reply record	Referral & Care Coordination (PHC-05) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Referral & Care Coordination (PHC-05) Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

26.25 Oral Health Education Is Given and Recorded

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 4 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Dental clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Patients receive oral health advice relevant to their treatment and their risk, given in a form they can understand, and the advice given is recorded.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: oral health education is given and recorded.

GUIDANCE

Patients receive oral health advice that is relevant to their treatment and risk, in a form they can understand.

The advice given is recorded at each relevant visit.

The education record (DEN-FRM-010) shows the advice given and the patient's understanding at each relevant visit.

> **Good practice.** Patients receive oral health advice specific to their treatment and risk, given in a form they understand, and the advice given is recorded at each relevant visit.

> **Partial because.** Advice is given at the chair, but it is generic and is not recorded in the patient's notes.

WHAT GOOD LOOKS LIKE

- Advice is tailored to the patient's own risk factors, and the patient repeats it back in their own words.
- Advice is repeated at the next visit, and the patient's understanding is checked.
- Written materials are available in the languages the patient group uses.
- Staff are trained to give oral health advice in plain language.

COMMON MISTAKES

- Giving the same generic advice to every patient.
- Not recording the advice given.
- Giving advice that is not based on the patient's own risk.
- Relying on a leaflet without a conversation.

> **Why it matters.** Most dental disease can be prevented with simple advice. Giving advice that matches the patient's treatment and their risk, and recording it, helps them keep their teeth.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 patient records for oral health education and the education record.

1 Education is given and recorded at relevant visits.

Method. Check each sampled record for the education entry.

Evidence to show. Oral health education record (DEN-FRM-010).

Pass when. Every relevant visit has an education entry.

2 **The advice is specific to the patient's risk.**

Method. Check each entry for the risk addressed.

Evidence to show. Oral health education record (DEN-FRM-010).

Pass when. Each entry names the risk addressed.

3 **The patient understands the advice.**

Method. Ask a sample of patients to repeat the main advice.

Evidence to show. Oral health education record (DEN-FRM-010).

Pass when. Most sampled patients repeat the main advice.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with severe gum disease sent home with no advice recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
DEN-FRM-010	Oral health education record	Manager	Chief executive	Manager
DEN-FRM-006	Dental chart and clinical record	Manager	Chief executive	Manager
DEN-SOP-008	Care of children and people with special needs	Manager	Chief executive	Chief executive
DEN-POL-004	Fee disclosure and treatment estimate	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Oral health education record	Aftercare & Follow-up: Closing the Loop After Every Visit (AMB-06) Medium
Manager (ISCO 1342)	Checks the criterion at each review	Aftercare & Follow-up: Closing the Loop After Every Visit (AMB-06) Medium

REFERENCES FOR THIS CRITERION

- WHO (2022). Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: WHO. https://www.who.int/publications/i/item/9789240070844

10 Questions and answers

Who does Standard 26 apply to?
It applies to dental care. It is required by default in dental clinics, optional in hospitals, ambulatory clinics and primary health clinics, and not applicable to long-term care, telemedicine, home care, fitness and wellness, or aesthetic clinics. Section 4 shows the detail.

Has this standard been approved?
Yes. It was approved on 1 November 2026.

What do the colours mean for this standard?
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a setting can realistically do. Green means Minimum, the lowest acceptable level.

Does a hospital or clinic that offers no dental care need this standard?
No, unless it provides dental services. If it does, the criteria apply to those services.

Must every sterilisation cycle be monitored?
Yes. Each load has a chemical indicator, and biological indicators are tested on a set schedule. A failed indicator stops the load (criteria 26.2 and 26.1).

Can single-use items be reprocessed?
Only where the manufacturer permits it, and every case is recorded (criterion 26.4).

Is an X-ray justified before it is taken?
Yes. Each radiograph is justified in writing before exposure, and the dose is kept as low as a diagnostic image allows (criterion 26.8).

Must amalgam waste be flushed?
No. Amalgam waste is collected in a closed, labelled container and is never flushed to drain (criterion 26.10).

Is an AED required?
Yes. An automated external defibrillator is available and checked on schedule, and the emergency drugs are kept in date (criterion 26.12).

Is sedation allowed in every dental practice?
Only where the clinician is competent, the assessment is documented, and monitoring is continuous through recovery (criterion 26.15).

Is written consent needed before every procedure?
Yes. Before each procedure the patient is told the diagnosis, options, risks, benefits and likely cost, and consent is recorded (criterion 26.18).

Must fees be shown before treatment?
Yes. Fees are published, and each patient receives a written estimate before treatment starts (criterion 26.19).

Can an implant be traced to a patient?
Yes. Each implant or component is recorded with its lot number, and a lot can be traced to its patients within one working day (criterion 26.20).

Does this standard set requirements for AI?
No. None of its criteria sets a requirement for artificial intelligence.

Which e-learning courses are required?
Most of the criteria require the manager and nurse to complete the course named for them. Dental Practice: Five Safety Criteria at the Chair (AMB-08) covers criteria 26.5 to 26.7. The full list is in the e-learning table in section 9.

What does In development mean?
The course is named in the criteria and may still be in preparation. Where a course is published, the English or Georgian version is linked.

Who is responsible for each criterion?
The criteria assign responsibility to the chief executive, the manager, the nurse and the secretary. Each record should show who wrote and who reviewed it.

Are the e-learning courses compulsory?
Only the courses in the e-learning table marked as must take are required, for the roles named. Other courses are recommended.

How is evidence shown to the surveyor?
The records named in each criterion's documents table, covering the period stated in the criterion.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. Do these answers replace it?
No. These answers summarise the criterion. The criterion text is the authority.

The criterion text is the authority. These answers summarise it.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. One course is published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Sterilization, Disinfection and Reprocessing (PS-07) (PS-07-EN)	Manager, Nurse	None	26.1, 26.2, 26.3	English · Georgian
Standard and Transmission-Based Precautions (PS-06) (PS-06-EN)	Manager, Nurse	Secretary	26.1, 26.2, 26.3, 26.4, 26.5, 26.6, 26.7, 26.10, 26.11	English · Georgian
Supplier Evaluation and Purchasing (T-13) (T-13-EN)	Manager, Nurse	Secretary	26.4, 26.20, 26.21	English · Georgian
Dental Practice: Five Safety Criteria at the Chair (AMB-08) (AMB-08-EN)	Manager, Nurse	None	26.5, 26.6, 26.7	English · Georgian
Diagnostic Imaging Safety and Quality Standards (AMB-16) (AMB-16-EN)	Manager, Nurse	None	26.8, 26.9	English · Georgian
Patient Assessment and Reassessment (PS-11) (PS-11-EN)	Manager, Nurse	Secretary	26.8, 26.14, 26.15, 26.23	English · Georgian
Governance & Management (H-07) (H-07-EN)	Manager, Nurse	Secretary	26.9, 26.17, 26.19, 26.22	English · Georgian
Healthcare Waste Management (PS-08) (PS-08-EN)	Manager, Nurse	None	26.10, 26.11	English · Georgian
Emergency Preparedness & Cardiac Event Response (FW-03) (FW-03-EN)	Manager, Nurse	None	26.12, 26.13	English · Georgian
Safe Anaesthesia and Sedation (PS-13) (PS-13-EN)	Manager, Nurse	Secretary	26.12, 26.13, 26.14, 26.15	English · Georgian
Safe Surgery: Correct Site, Procedure, Patient (PS-04) (PS-04-EN)	Manager, Nurse	None	26.16	English · Georgian
Aftercare & Follow-up: Closing the Loop After Every Visit (AMB-06) (AMB-06-EN)	Manager, Nurse	Secretary	26.16, 26.24, 26.25	English · Georgian
Document Control and Record Management (ISO-04) (ISO-04-EN)	Manager, Nurse	Secretary	26.17, 26.18, 26.20, 26.21	English
Patient Rights and Responsibilities (A-01) (A-01-KA)	Manager, Nurse	Secretary	26.18, 26.19, 26.23	Georgian Georgian version only

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Credentialing, Competence and the Training Matrix (T-14) (T-14-EN)	Manager, Nurse	None	26.22	English · Georgian
Referral & Care Coordination (PHC-05) (PHC-05-EN)	Manager, Nurse	Secretary	26.24, 26.25	English · Georgian

12 References

CITED FOR CRITERIA

1. ISO 17665-1:2006. Sterilization of health care products — Moist heat — Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices. Geneva: ISO. https://www.iso.org/standard/43187.html (criterion 26.1)
2. ISO 11607-1:2019. Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems. Geneva: ISO. https://www.iso.org/standard/70799.html (criterion 26.1)
3. WHO (2016). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: WHO. https://www.who.int/publications/i/item/9789241549929 (criterion 26.1, 26.2, 26.3, 26.4, 26.5, 26.6, 26.7, 26.11, 26.21)
4. ISO 11138-1:2017. Sterilization of health care products — Biological indicators — Part 1: General requirements. Geneva: ISO. https://www.iso.org/standard/66442.html (criterion 26.2)
5. ISO 15883-1:2024. Washer-disinfectors — Part 1: General requirements, terms and definitions and tests. Geneva: ISO. https://www.iso.org/standard/81249.html (criterion 26.2, 26.3)
6. ISO 7494-1:2018. Dentistry — Dental units — Part 1: General requirements and test methods. Geneva: ISO. https://www.iso.org/standard/69100.html (criterion 26.5)
7. IAEA (2018). Radiation Protection and Safety in Medical Uses of Ionizing Radiation, Specific Safety Guide SSG-46. Vienna: IAEA. https://www-pub.iaea.org/MTCD/Publications/PDF/PUB1775_web.pdf (criterion 26.8, 26.9)
8. ICRP (2007). The 2007 Recommendations of the International Commission on Radiological Protection, ICRP Publication 103. Ann. ICRP 37(2–4). Ottawa: ICRP. https://icrp.org/docs/icrp_publication_103-annals_of_the_icrp_37(2-4)-free_extract.pdf (criterion 26.8, 26.9)
9. Minamata Convention on Mercury (2013), Article 4 and Annex A (dental amalgam). Geneva: UNEP. https://www.mercuryconvention.org/ (criterion 26.10)
10. FDI World Dental Federation. Amalgam (Part 2): Safe Use and Phase Down of Dental Amalgam. Policy statement. Geneva: FDI. https://www.fdiworlddental.org/node/1549 (criterion 26.10)
11. WHO (2014). Safe management of wastes from health-care activities, 2nd edition. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241548564 (criterion 26.11)
12. WHO (2025). The selection and use of essential medicines: 24th WHO Model List of Essential Medicines. Geneva: WHO. https://www.who.int/publications/i/item/9789240119741 (criterion 26.12, 26.14)
13. International Liaison Committee on Resuscitation (2020). 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Summary hosted by the American Heart Association. https://professional.heart.org/en/science-news/2020-international-consensus-on-cardiopulmonary-resuscitation-science-with-treatment-recommendations (criterion 26.12, 26.13)
14. WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552 (criterion 26.15, 26.16)
15. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 (criterion 26.16, 26.17, 26.20, 26.24)
16. UNESCO (2005). Universal Declaration on Bioethics and Human Rights. Paris: UNESCO. https://webarchive.unesco.org/web/20151230033907/http://unesdoc.unesco.org/images/0013/001394/139460e.pdf (criterion 26.18)
17. United Nations. United Nations Guidelines for Consumer Protection. New York and Geneva: UNCTAD. https://unctad.org/publication/united-nations-guidelines-consumer-protection (criterion 26.19)
18. WHO (2010). WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva: WHO. https://www.who.int/publications/i/item/wha6316 (criterion 26.22)
19. WHO (2016). Global strategy on human resources for health: Workforce 2030. Geneva: WHO. https://www.who.int/publications/i/item/9789241511131 (criterion 26.22)

20. WHO and World Bank (2011). World Report on Disability. Geneva: WHO. https://www.who.int/teams/noncommunicable-diseases/disability-and-rehabilitation/world-report-on-disability (criterion 26.23)
21. WHO (2022). Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: WHO. https://www.who.int/publications/i/item/9789240070844 (criterion 26.25)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

13 Document register

Every document code used in Standard 26, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
DEN-FRM-001	Decontamination area flow and cleaning check	Form (record)		26.1, 26.2, 26.3, 26.4, 26.6, 26.7, 26.11
DEN-FRM-002	Between-patient chair turnover record	Form (record)		26.6, 26.7
DEN-FRM-003	Radiograph justification record	Form (record)		26.8, 26.9, 26.17
DEN-FRM-004	Local anaesthetic dose calculation and record	Form (record)		26.14
DEN-FRM-005	Sedation monitoring record	Form (record)		26.15
DEN-FRM-006	Dental chart and clinical record	Form (record)		26.8, 26.10, 26.13, 26.14, 26.15, 26.16, 26.17, 26.18, 26.19, 26.22, 26.23, 26.24, 26.25
DEN-FRM-007	Written treatment estimate and fee agreement	Form (record)		26.19
DEN-FRM-008	Laboratory work order	Form (record)		26.20, 26.21
DEN-FRM-009	Specialist referral letter and reply record	Form (record)		26.24
DEN-FRM-010	Oral health education record	Form (record)		26.24, 26.25
DEN-FRM-011	Consent Record	Form (record)		26.16, 26.17, 26.18, 26.23
DEN-PLN-001	Radiation protection programme for dental imaging	Plan		26.8, 26.9

Code	Document	Type	What it is for	Criteria
DEN-POL-001	Single-use items and reprocessing limits	Policy		26.1, 26.2, 26.3, 26.4, 26.20, 26.21
DEN-POL-002	Dental radiography justification and dose optimisation	Policy		26.8, 26.9
DEN-POL-003	Sedation policy	Policy		26.12, 26.14, 26.15, 26.16, 26.22
DEN-POL-004	Fee disclosure and treatment estimate	Policy		26.18, 26.19, 26.25
DEN-POL-005	Practitioner qualification and registration	Policy		26.13, 26.19, 26.22
DEN-REG-001	Sterilisation cycle and load register	Register		26.1, 26.2, 26.3, 26.4
DEN-REG-002	Waterline test register	Register		26.5
DEN-REG-003	Radiation equipment and dose audit register	Register		26.9
DEN-REG-004	Dental emergency equipment and drug check register	Register		26.5, 26.10, 26.11, 26.12, 26.13, 26.15, 26.23
DEN-REG-005	Implant and prosthetic component traceability register	Register		26.20, 26.21
DEN-REG-006	Dental practitioner register	Register		26.17, 26.22, 26.24
DEN-SOP-001	Sterilisation of reusable dental instruments	Procedure (SOP)		26.1, 26.2, 26.3, 26.4, 26.6, 26.7, 26.12
DEN-SOP-002	Dental unit waterline management	Procedure (SOP)		26.5
DEN-SOP-003	Aerosol and splatter control	Procedure (SOP)		26.5, 26.6, 26.7
DEN-SOP-004	Dental amalgam waste and mercury handling	Procedure (SOP)		26.10, 26.11

Code	Document	Type	What it is for	Criteria
DEN-SOP-005	Dental medical emergency response	Procedure (SOP)		26.12, 26.13
DEN-SOP-006	Minor oral surgery: assessment, consent and follow-up	Procedure (SOP)		26.14, 26.15, 26.16, 26.18
DEN-SOP-007	Dental laboratory work specification, traceability and disinfection	Procedure (SOP)		26.20, 26.21
DEN-SOP-008	Care of children and people with special needs	Procedure (SOP)		26.23, 26.25
DEN-SOP-009	Sharps and Clinical Waste Management	Procedure (SOP)		26.10, 26.11