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Draft  
Jamaican Standard  
Specification

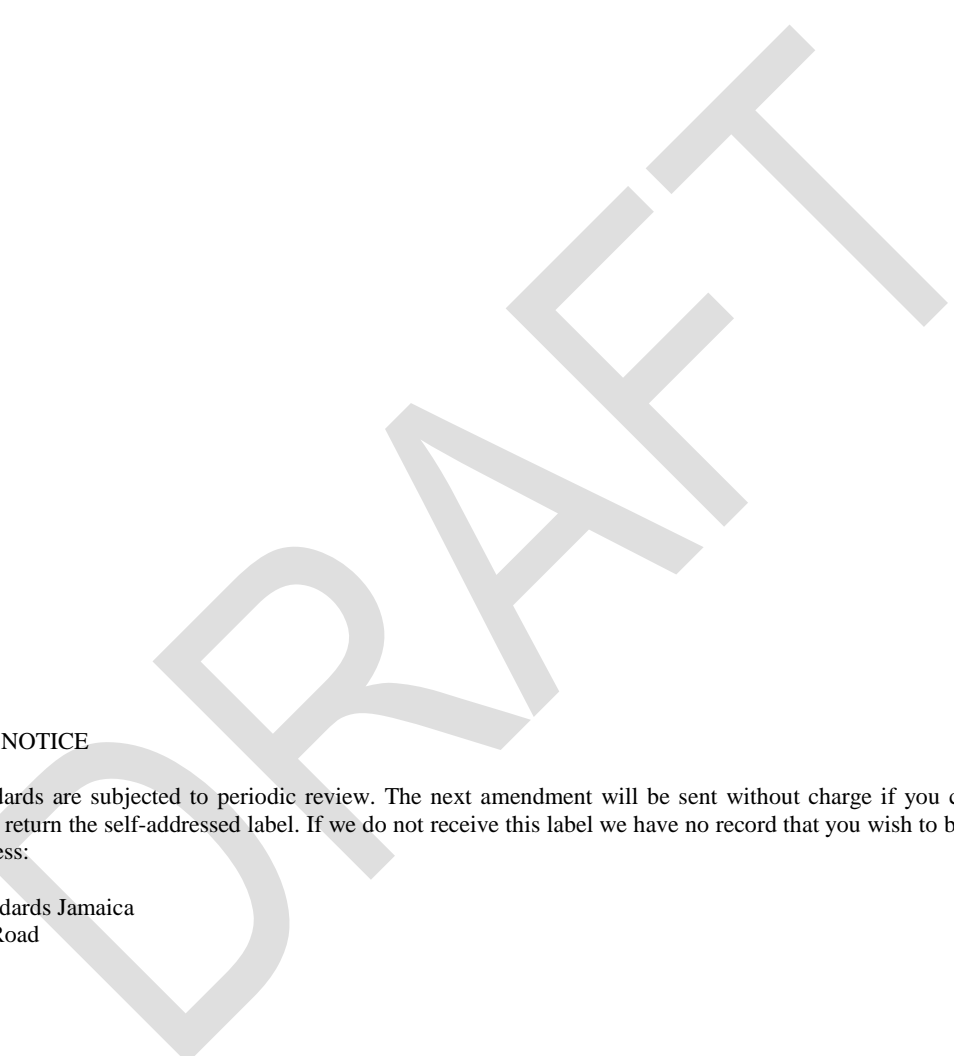
for  
Dental facilities

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**BUREAU OF STANDARDS JAMAICA**

**PUBLIC COMMENTS PERIOD JULY 14 TO SEPTEMBER 12, 2020**



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JS 353: 2020

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The general policies of the JBS Certification Mark Programme are as follows:

- The JBS provides certification services for manufacturers participating in the programme and licensed to use the gazetted JBS Certification Marks to indicate conformity with Jamaican Standards.
- Where feasible, programmes will be developed to meet special requirements of the submitter.
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Further information concerning the details of JBS Certification Mark Programme may be obtained from the Bureau of Standards, 6 Winchester Road, Kingston 10.

### CERTIFICATION MARKS



Product Certification Marks



Plant Certification Mark



Certification of Agricultural Produce (CAP) Mark



Jamaica-Made Mark

**Draft Jamaican Standard Specification**

**for  
Dental facilities**

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Month 2020



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ISBN XXX XXX XXX XXX X

Declared by the Bureau of Standards to be a standard specification pursuant to section 7 of the Standards Act 1969.

First published , 2020

This standard was circulated in the draft form for comment under the reference DJS 353: 2020  
Jamaican Standards establish requirements in relation to commodities, processes and practices, but do not purport to include all the necessary provisions of a contract.

The attention of those using this standard specification is called to the necessity of complying with any relevant legislation.

Amendments

No.	Date of Issue	Remarks	Entered by and date

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## Foreword

This standard sets out the requirements for dental facilities operating in Jamaica. This dental standard has been developed to address the level of risk according to the type of services provided to clients. While most of the criteria included in this standard apply to all facilities offering any level of sedation, some criteria apply only to those facilities providing deep sedation and/or general anaesthesia services.

Dental Standards provide a framework that protects the public from harm, ensures the highest level of patient safety and quality of care, and protects the dental healthcare team before, during and after delivering dental treatment. Standards are critical in outlining core ethical principles of the practice of dentistry, set out what patients can expect of the dental team, ensure what is to be done to meet patient expectations, and provide guidance as to how the standards are to be met. This standard aims to ensure that all stakeholders are on the same page by setting standards of conduct and performance that provide guidance to the practice of dentistry in a particular setting. Dental standards are also internal quality assurance parameters that provide dental offices with a benchmark for their certification of the treatment of patients, and meeting the dental standards are akin to meeting accreditation standards. By having standards for their recruitment, appointment, and treatment, patients will know that once offices have been certified, they can expect the same standards of patient safety and quality dental care.

This standard has been prepared by the Bureau of Standards Jamaica Technical Standard Committee. The committee was composed of persons from the various dental stakeholder bodies to include the Ministry of Health, the Jamaica Dental Association, the Jamaica Association of Public Sector Dental Surgeons, and non-associated dental surgeons.

## Committee representation

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## 1 Scope

This Jamaican Standard applies to facilities where dental services are provided. This includes private dental offices, educational institutions' dental clinics, public sector primary, secondary and tertiary care dental clinics, and non-governmental dental surgeons dental clinics that provide a range of dental services including dental hygiene, surgical services, restorative dentistry, orthodontics, paediatric dentistry, and prosthetic dentistry. These services include procedures performed with or without the administration of anaesthesia.

## 2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document.

- 2.1 The Dental Act of Jamaica
- 2.2 The Dental Regulations of Jamaica
- 2.3 The Bye-Laws of the Jamaica Dental Association
- 2.4 The Constitution of the Jamaica Dental Association

## 3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

- 3.1 **Client.** Also known as a patient is the recipient of care.
- 3.2. **Scope of practice.** Defines the dental procedures, actions, and processes that are permitted for a specific health care provider.
- 3.3 **Team.** A group of health care professionals that work together to meet the complex and varied needs of clients, families and the communities in which they live.
- 3.4 **Team leader.** Responsible for operational management of a multidisciplinary team
- 3.5 **Sentinel/Unintended event.** An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services.
- 3.6 **Major and enduring loss of function.** Refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began.
- 3.7 **An adverse event.** Can be defined in one of three ways:
  - 1. An unexpected and undesirable incident directly associated with the care or services provided to the patient.
  - 2. An incident that occurs during the process of providing health care and results in patient injury or death.
  - 3. An adverse outcome for a patient, including an injury or complication.

## Requirements

### 4.0 Patient Recruitment

- 4.1 The dental surgeon shall plan and design dental services based on the needs of clients.
- 4.2 Dental surgeons, with input from clients and staff, shall develop and implement a plan to collect information on the needs of clients.
- 4.3 Dental surgeons shall analyse the information collected about clients to decide which services will be provided directly by walk-in, through referral, and by contracted service providers.
- 4.4 Dental Surgeons shall analyse the information collected about clients to plan for the number and mix of staff, space, supplies and equipment and other resources needed to deliver services.
- 4.5 Dental surgeons shall analyse information collected about clients to identify healthcare professionals needed to coordinate services across the continuum of care.
- 4.6 Dental surgeons shall analyse the information collected about clients to determine if there are gaps in services and identify the resources needed to fill them.
- 4.7 Dental surgeons shall work with their clients to develop the treatment plan to include emergency, preventive, restorative, and maintenance procedures.
- 4.8 Dental surgeons shall work with their clients to implement treatment plan to include emergency, preventive, restorative, and maintenance procedures.

### 5.0 Resources

- 5.1 The team shall have access to the space, equipment and other resources needed to provide dental services.
- 5.2 Dental surgeons and their dental team members shall work together to ensure there is an appropriate mix of skill level and experience within the team.
- 5.3 The team shall have a physical space that is accessible to clients using mobility equipment such as wheelchairs, walkers, and crutches.
- 5.4 The team shall have private spaces to protect the privacy and confidentiality of its clients and their families.
- 5.5 The team shall have sufficient workspace for team discussions about clients and team planning.
- 5.6 The team shall have personal protective equipment (gloves, mask, and gown) that is appropriate to the task and properly maintained.
- 5.7 The team shall have the supplies and equipment needed to deliver dental services that are maintained and stored according to manufacturer's instructions.
- 5.8 The team shall have written information on where the equipment are stored, how they are to be used, and if they require regular preventive maintenance.

5.9 The dental surgeon shall manage equipment in a way that protects client and staff safety

## 6.0 Safety

6.1 The team shall promote safety in the service environment.

6.2 The physical environment shall support safe and effective service delivery.

6.3 The team shall identify, reduce, and manage risks to client and staff safety.

6.4 The dental surgeon shall manage equipment in a way that protects client and staff safety

6.5 The dental surgeon's client-monitoring equipment shall be specific to the services offered.

6.6 The dental surgeon's physical environment shall provide separate areas for key functions.

6.7 The physical environment shall be design to allow for easy access for an ambulance and stretcher for transfer of emergency cases to the hospital.

6.8 The dental surgeon team shall have and follow policies to promote safety and limit exposure to radiology equipment.

6.9 The dental surgeon shall label and restricts access to high-risk areas.

6.10 The procedure room shall be designed to safely accommodate the staff and equipment necessary for the range of services provided.

6.11 The team shall implement and evaluate a fall prevention strategy to minimize the impact of patient falls.

### Test(s) for Compliance

6.11.1 The team has implemented a fall prevention strategy.

6.11.2 The strategy identifies the populations at risk for falls.

6.11.3 The strategy addresses the specific need of the populations at risk for fall.

6.11.4 The team evaluates the fall prevention strategy on an on-going basis to identify trends, causes, and degree of injury.

6.11.5 The team uses the evaluation information to make improvements to its fall prevention strategy.

6.12 The team shall conduct regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.

6.13 The team shall follow standardized verification processes for high-risk activities.

6.14 The team shall follow standardized policy and procedure to disclose adverse events to clients and families.

6.15 The team shall record all sentinel events, near misses, and adverse events in its files

and the client record, as applicable.

6.16 The team shall monitor, learn from, and address rates of sentinel events, near misses, and adverse events.

## **7.0 General Anaesthesia**

7.1 The team shall conduct safe and effective dental procedures with the use of general anaesthesia.

7.1 The physical environment shall support safe and effective service delivery of general anaesthesia.

7.2 The procedure room shall include appropriate equipment for the administration of intravenous fluids.

7.3 The dental surgeon's client monitoring equipment shall include a pulse oximeter, EKG monitor, non-invasive blood pressure, and means to monitor end-tidal carbon dioxide.

7.4 The dental surgeon shall have emergency resuscitation equipment that is easily accessible.

7.5 The team shall have a designated area for services that require general anaesthesia.

7.6 The dental surgeon shall have a recovery room that is separate from the procedure room.

7.7 The dental surgeon's medical gas pipeline systems, including low-pressure connecting assemblies, pressure regulators, and terminal units, shall be certified and checked regularly.

7.8 Connections in medical gas systems shall be non-interchangeable between different gases.

7.9 The designated team member shall monitor and maintain airflow and air quality in the operating room(s) according to standards applicable for the type of surgical procedures performed.

7.10 Operating rooms shall have at least 20 complete air exchanges per hour.

7.11 Ducts shall have microbic filters wherever sterile fields are required.

7.12 The dental surgeon shall have a back-up electrical power system.

7.13 The operating room shall have a back-up electrical power source (e.g. a generator or battery-powered inverter) with sufficient capacity to operate adequate monitoring, anaesthesia, surgical equipment, cautery, and lighting for a minimum of two hours.

7.14 In case of a power failure, the operating room's back-up electrical power source shall begin generating ample power to operate all essential electrical equipment being used in the operating room within 30 seconds.

7.15 The back-up electrical power source shall be checked and documented weekly to ensure functionality.

7.16 Each client shall be assigned a classification level based upon an assessment of their physical status before anaesthesia services are provided.

7.17 Professionals who administer general anaesthesia shall have a designation as a specialist in anaesthesia or recognition as an anaesthesiologist by the Medical Council of Jamaica.

7.18 The oral and maxillofacial surgeon shall provide on-going, effective training for the registered nurses on all infusion pumps.

Test(s) for Compliance

7.18.1 There is documented evidence of ongoing, effective training on infusion pumps.

7.19 The preoperative assessment shall include processes to evaluate and manage the client's postoperative signs and symptoms, e.g. Post-Operative Nausea and Vomiting (PONV).

7.20 Clients with significant comorbidities, including sleep apnoea, shall be referred for a consultation with an anaesthesiologist if sedation is required for their procedure.

7.21 Each client who is undergoing a major regional or a general anaesthetic, or who is being sedated and monitored by an anaesthesiologist, shall have a documented, dated, and signed preoperative anaesthetic assessment completed no more than two weeks before, and the day before the procedure.

7.22 The team shall conduct safe and effective dental procedures with the use of general anaesthesia.

7.23 The anaesthesiologist shall conduct a pre-anaesthetic assessment before beginning the procedure.

7.24 Before admission, the dental surgeon shall confirm that the client will be accompanied to a safe place by a responsible adult following discharge.

7.25 The team shall monitor the client's vital signs before, during and after the procedure.

7.26 Immediately before the procedure, the team shall conduct a preoperative pause/time out to confirm the client's identity, and the nature, site, and side of the procedure.

7.27 The team shall document the preoperative pause/time out.

7.28 The client's pulse, blood pressure, and oxygen saturation shall be documented at least once every five minutes.

7.29 The anaesthesiologist shall remain with the client until client care is transferred to recovery staff.

7.30 The team shall monitor the client's recovery when general anaesthesia is a component of care.

7.31 The team member responsible for delivering anaesthesia shall communicate any potential postoperative surgical risks to the recovery room team.

7.32 One or more designated team members shall continuously observe the client during the transfer from the operating room to the recovery room.

7.33 The team shall continue to monitor clients as they recover from anaesthesia or sedation.

7.34 The recovery room team shall record: vital signs, medication that was administered, status of drains, and dressings, and a summary of fluid balance in the client record.

7.35 The recovery room team shall apply a standardized and objective scoring system when determining whether a client is fit for discharge.

7.36 If the dental surgeon performing the procedure is also administering the anaesthesia, the client shall be attended by a second individual, such as a nurse, respiratory therapist, or physician, who is trained and solely devoted to monitoring the client under anaesthesia.

## **8.0 Dental Team**

8.1 The dental surgeon team shall use a multidisciplinary approach to deliver dental services.

8.2 The team shall be led by a dental surgeon.

8.3 The team leader shall put together a multidisciplinary team to deliver dental services.

8.4 The team shall be trained in communication, customer service, and leadership to promote teamwork and collaboration across disciplines.

8.5 The team shall communicate regularly to coordinate services, roles, and responsibilities.

8.6 Team members shall work within and to their full scope of practice when delivering dental services.

8.7 The team shall regularly evaluate its functioning and makes improvements as needed.

8.8 The dental health team shall have qualified, educated, and competent members.

8.9 The team shall have position profiles that define qualifications, roles and responsibilities.

8.10 The team leader shall recruit and select team members based on their qualifications, experience, and suitability within the team.

8.11 The team leader shall verify that each team member has appropriate and up-to-date credentials.

8.12 All personnel shall be trained and currently certified in basic cardiopulmonary resuscitation (CPR), and to deal with medical emergencies

8.13 Professionals who administer anaesthesia shall have the education and experience to manage potential medical complications of anaesthesia, manage the airway and cardiovascular changes that occur in a client who enters a state of general anaesthesia, assist in the management of complications, and understand the pharmacology of the drugs

used.

8.14 The team leader shall support dental student placement within the dental office, where applicable.

8.15 New team members shall receive an orientation to the dental office, the team, and their roles and responsibilities.

8.16 The team shall receive specific training to deliver dental services.

8.16.1. The team shall receive specific training in infection control utilizing guidelines and protocols, not only to mitigate risks, but also to protect the members of the team during service delivery.

8.17 The team shall receive training on how to safely use equipment, devices, and supplies used in delivering dental services.

8.18 The team shall receive training on light sedation equipment and devices where appropriate.

8.19 The team shall receive training on the appropriate use of Personal Protective Equipment (PPE).

8.20 Each team member shall have an up-to-date personnel file that includes information about the selection process, employment contract, verification of credentials, immunization profile and orientation and education received.

8.21 The team leaders shall regularly evaluate each team member's performance in an objective, interactive, and constructive way, and document this information in the personnel file.

8.22 The team leaders shall monitor and facilitate access to on-going education, and professional development needs for each team member.

8.23 The dental surgeon shall regularly conduct annual performance evaluation of staff and uses the information to ensure competency standards are maintained.

8.24 The team leader shall follow a standardized protocol based on competency, qualifications and performance evaluation in order to assess and assign team members to clients.

8.25 Team members shall have input on their job design, including the definition of roles and responsibilities, and case assignments and management where appropriate.

8.26 The team shall promote the well-being of each of its members.

8.26.1 The team leader shall collaborate with team members to develop a plan to promote work life balance.

## **9.0 Service Delivery**

9.0 The team shall deliver dental services using standard operating procedures

9.1 The dental surgeon shall respond to requests for services and information in a timely manner.

- 9.2 The team shall work to schedule clients to meet their needs and scheduling requirements.
- 9.3 The dental surgeon shall have a protocol in place to respond to urgent or emergency requests for dental services.
- 9.4 The team shall provide information about its services to clients, families, legal guardians and referring dental surgeons in a manner that is easy to understand and available in languages commonly spoken by the client.
- 9.5 The team shall have a protocol in place for receiving clients from other service providers and referring dental surgeons.
- 9.6 The team shall complete an initial assessment and gather health information, about the client to determine the need for service, to match the client to the appropriate team member, and determine priority level.
- 9.7 The dental surgeon shall have a policy regarding acceptance and referral of clients based upon an assessment of their physical status before services are delivered.
- 9.7.1. Clients who are identified with a medical condition shall be referred for a medical consultation.
- 9.8 The team shall regularly review the needs of clients who are waiting for services to identify and respond quickly to those who require immediate assistance.
- 9.9 The team shall have a policy on when services may be denied to a client.
- 9.10 If the team is unable to provide care to a client in need of dental services, it shall work to obtain equivalent care for the client with another provider.
- 9.11 When the team is unable to provide care to a client in need of dental services, it shall record the information for use in future service planning.
- 9.12 The team shall identify and remove where possible barriers that prevent clients from accessing services.
- 9.13 The team shall have a process to address financial barriers of service for clients.
- 9.14 The team shall identify and remove where possible barriers that prevent clients from accessing services.
- 9.14.1. The team shall have a plan and procedure to address financial barriers of service for clients.
- 9.15 The team shall deliver services that are client-centered
- 9.16 The team shall have a policy on informed consent that meets applicable laws and regulations.
- 9.17 The team shall educate clients and/or families/ legal guardians about their rights and responsibilities.
- 9.18 The team shall provide clients and/or families/ legal guardians with timely, complete, and accurate information to help them make informed choices about services.
- 9.19 The team shall verify that the client and/or family/ legal guardians understand the



service information provided, and document this information in the client's record.

9.20 The team shall obtain informed consent before providing services.

9.21 When clients are incapable of giving informed consent, the team shall obtain consent using a substitute decision maker, i.e. a legal guardian.

9.22 The team shall follow the dental surgeon's process to identify, resolve, and record ethical issues.

9.22.1. The team ensures that the principle of confidentiality is maintained in all practitioner/client activities.

9.23 The team shall provide clients and families/ legal guardians with education related to service needs.

9.24 The team shall have a process for clients and families/ legal guardians to file a complaint and informs clients of this right.

9.25 The team shall respond to client and family/ legal guardian complaints in an open, transparent, and timely manner, and ensures that the complaints are resolved.

## **10.0 Assessment**

10.1 The team shall complete a comprehensive assessment of the service needs of clients.

10.2 The team shall assess the client's oral health.

10.3 The team shall assess the client's needs and expectations of service.

10.4 The team shall consult with the partners necessary to complete the client assessment.

10.5 The team shall ensure that all assessment results are documented in the client's record.

10.6 The team shall review and update the client's health status and updates the client's record at each visit.

## **11.0 Service Plan**

11.1 The team shall work with each client to develop a comprehensive service plan that empowers clients to be actively involved in their service.

11.2 The team shall adhere to applicable laws, i.e. The Dental Act and Regulations, Bye-Laws of the Jamaica Dental Association, office policies, and professional codes of ethics, i.e. Jamaica Dental Association's Code of Ethics and Professional Conduct, when delivering dental services.

11.3 The team shall work with the client and/or family/ legal guardian to identify service goals and needs.

11.4 The team shall develop a service plan for each client, based on the client's assessment.

11.5 The client's service plan shall include strategies to manage pain and other symptoms.

11.6 The client's service plan shall include strategies that promote self-care, independence, health, and well-being.

11.7 The team shall share the client's service plan in a timely way with the client's service providers, to include third-party providers, e.g. insurance companies, in accordance with privacy legislation.

11.8 The team shall monitor whether clients achieve their service outcomes.

## **12.0 Standard Operating Procedure**

12.1 The team shall conduct safe and effective dental procedures.

12.2 When performing any treatment or procedure, service providers shall follow a dress code and protocol.

12.3 The team shall use aseptic technique at all times during the treatment or procedure.

12.4 The team shall implement a client verification protocol for all services and procedures.

### **Test(s) for Compliance**

12.4.1 The dental surgeon has a documented standard for client identification (e.g. wrist bands, photo identification).

12.4.2 The team uses at least two identifiers (e.g., name and date of birth) to identify a client before providing any service or procedure. The client's room number is not used to identify the client.

12.5 The designated team member shall sign off on all orders, prescriptions, and services documented in the client record.

12.6 The team shall regularly tests and inspects equipment and medical devices and verifies the availability of required supplies before beginning a procedure.

12.7 The team shall document when an instrument breaks during the procedure and accounts for all pieces of the item.

- 12.8 The team leader shall designate at least two team members to conduct a count before beginning the procedure.
- 12.9 The designated team members shall document and sign the count.
- 12.10 The team shall follow guidelines to monitor the client during the procedure based on the type of procedure and level of risk.
- 12.11 The designated team members shall conduct the post-procedural count when the procedure is completed.
- 12.12 When a miscount is identified, the dental surgeon shall follow a procedure that consists of recounting, searching for the missing item, using imaging technologies, documenting the miscount, and notifying the team members.
- 12.13 The team shall administer medications safely, including anaesthesia.
- 12.14 A trained and qualified team member shall administer all medications.
- 12.15 The team shall follow written protocols and receives training in the management of life-threatening emergencies related to the procedures performed.
- 12.16 When preparing to administer conscious sedation, the team shall consider available medications, administration guidelines, potential complications and side effects, and indications/contraindications.

### **13.0 End Care**

- 13.1 The team shall effectively prepare clients for end of services and on-going oral health planning and monitoring.
- 13.2 The team shall follow a list of criteria to complete the treatment or intervention.
- 13.3 The team shall develop a comprehensive recall/follow-up plan for clients as required.
- 13.4 For clients being referred to another team or dental surgeon, the team shall work with that other team or dental surgeon to coordinate the client's transition.
- 13.5 The team shall prepare clients, families, guardians and caregivers for what to expect following treatment.
- 13.6 The team shall provide instructions for post-procedure care, and outline possible complications of failing to follow the instructions, to the client, the accompanying adult, family member, legal guardian or caregiver, if applicable.
- 13.7 The team shall provide the client and accompanying adult, family, legal guardian, or caregiver with instructions for accessing emergency care if necessary.
- 13.8 The team shall provide the client with strategies to manage pain outside of the dental office, e.g. in the home.
- 13.9 The team shall share information effectively among service providers at transition points.

Test(s) for Compliance

13.9.1 The dental surgeon has a documented protocol that is standardized across the dental office to transfer client information (e.g. using a read-back technique, SBAR, or electronic medical records).

13.9.2 The team uses mechanisms (e.g. transfer forms, checklists) for timely transfer of client information at transition points.

13.10 The team shall document the transition or end of treatment in the client record, including a summary of services provided.

13.11 For clients being referred to another team or dental surgeon, the team shall provide the receiving team or dental surgeon with a copy of the written discharge or transfer summary.

13.12 Following transition or end of treatment, the team shall contact clients, families, legal guardians, care givers or referral dental surgeons to evaluate the effectiveness of the transition, and uses this information to make improvements to its transition and end-of-service planning.

#### **14.0 Records**

14.1 The team shall maintain accurate, up-to-date, and secure client records.

14.2 The team shall maintain a complete and up-to-date record for each client.

14.3 The team shall use a unique client identifier to link the record to the client.

14.4 The team shall follow a standardized process to maintain all diagnostic tests, services, and medications in the client record, as well as a list of the team members involved in the client's care.

14.5 The team shall store client records in a way that protects the privacy, confidentiality, and integrity of client information.

14.6 Team members shall have timely access to the client record.

14.7 The team shall complete an internal audit of client records regularly to verify they are accurate, up-to-date, and meet the standardized policies and procedures for information management.

14.8 The team shall use the results from internal audits to improve its client records.

#### **15.0 Appropriateness of Dental Care**

15.1 The team shall base its dental services on research, evidence-based guidelines, and best practice information.

15.2 The team shall have access to evidence-based guidelines for dental services.

15.3 The team shall follow a standardized process to select evidence-based guidelines for dental services.

15.4 The team shall follow a standardized process to decide among conflicting evidence-based guidelines.

15.5 The team shall use clinical practice guidelines to standardize the delivery of dental services.

15.6 The team shall have access to clinical practice guidelines at the point of care.

15.7 The team shall regularly review its clinical practice guidelines to verify they are up-to-date and reflect current research and best practice information.

15.8 The team shall use clinical care pathways for the common diagnoses that it manages.

15.9 The team's research activities for dental services shall meet applicable research and ethics protocols and standards.

15.10 The team shall participate in knowledge translation (e.g. shares research, guidelines, and benchmark information) with other similar dental surgeons.

## **16.0 Quality of Dental Services**

16.1 Team shall regularly evaluate the quality of its dental services.

16.2 The team shall track performance measures for its services.

16.3 The team shall monitor clients' perspectives on the quality of its dental services.

16.4 The team shall track client safety indicators as part of its integrated approach to quality management.

16.5 The team shall review the results from its performance measures to identify strengths and areas for improvement and integrate results into its safety and quality improvement activities.

16.6 The team shall compare its results with other similar teams, services, or dental surgeons.

16.7 The team shall use the information it collects about the quality and safety of its services to identify strengths, areas for improvement, and makes improvements in a timely way.

16.8 Team members shall be involved in quality improvement initiatives or projects.

16.9 The team shall share the results of evaluations and improvements with staff, clients, and families.

The Standards Council is the controlling body of the Bureau of Standards Jamaica and is responsible for the policy and general administration of the Bureau.

The Council is appointed by the Minister in the manner provided for in the Standards Act, 1969. Using its powers in the Standards Act, the Council appoints committees for specified purposes.

The Standards Act, 1969 sets out the duties of the Council and the steps to be followed for the formulation of a standard.

#### **Preparation of standards documents**

The following is an outline of the procedure which must be followed in the preparation of documents:

1. The preparation of standards documents is undertaken upon the Standard Council's authorisation. This may arise out of representation from national organisations or existing Bureau of Standards' Committees of Bureau staff. If the project is approved it is referred to the appropriate sectional committee or if none exists a new committee is formed, or the project is allotted to the Bureau's staff.
2. If necessary, when the final draft of a standard is ready, the Council authorises an approach to the Minister in order to obtain the formal concurrence of any other Minister who may be responsible for any area which the standard may affect.
3. The draft document is made available to the general public for comments. All interested parties, by means of a notice in the Press, are invited to comment. In addition, copies are forwarded to those known, interested in the subject.
4. The Committee considers all the comments received and recommends a final document to the Standards Council
5. The Standards Council recommends the document to the Minister for publication.
6. The Minister approves the recommendation of the Standards Council.
7. The declaration of the standard is gazetted and copies placed on sale.
8. On the recommendation of the Standards Council the Minister may declare a standard compulsory.
9. Amendments to and revisions of standards normally require the same procedure as is applied to the preparation of the original standard.

#### **Overseas standards documents**

The Bureau of Standards maintains a reference library which includes the standards of many overseas standards organisations. These standards can be inspected upon request.

The Bureau can supply on demand copies of standards produced by some national standards bodies and is the agency for the sale of standards produced by the International Organization for Standardization (ISO) members.

Application to use the reference library and to purchase Jamaican and other standards documents should be addressed to:

Bureau of Standards 6 Winchester Road  
P.O. Box 113,  
Kingston 10  
JAMAICA, W. I.