



المديرية العامة للمؤسسات الصحية الخاصة
*Directorate General of Private
Health Establishments*





وزارة الصحة
Ministry of Health

Guideline of Using Nitrous Oxide-Oxygen Inhalation Sedation in Private Dental Establishments

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Acronyms

ASA	American Society of Anesthesiologists
BLS	Basic life support
CPD	Continuous professional development
CS	Conscious sedation
DGPHE	Directorate General of Private Health Establishments
FDA	Food and Drug Administration (USA)
LA	Local anesthesia
MoH	Ministry of Health
N2O	Nitrous oxide-oxygen inhalation sedation
OMSB	Oman medical specialty board

Definitions

The facility: The eligible healthcare establishment

The committee: Dental committee appointed by the DGPHE

The applicant: Dental practitioner (general or specialist) applying for additional clinical privilege

Chapter one

Introduction

Conscious sedation is defined as a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling medical procedures to be carried out, while maintaining verbal contact with the patient throughout the procedure. The drugs and techniques used to provide conscious sedation for dental treatment must carry a margin of safety wide enough to render loss of consciousness unlikely. Conscious sedation can be used for both children and adults to provide effective control of fear and anxiety while performing dental procedures.

Nitrous oxide and oxygen inhalation sedation (N₂O) is a type of conscious sedation where these gases are delivered to the patient through the nose during dental procedure. Nitrous oxide is colourless non-irritant gas with a faintly sweet smell. Once inhaled it is rapidly absorbed from the alveoli, it is also rapidly excreted from the lungs. Once stopped, it clears from the human system within two to three minutes. N₂O offers sedative effects as well as promotes muscular relaxation and analgesia.

N₂O sedation is not intended to substitute pain management using local anaesthesia (LA) but is usually used as an adjunctive method to control fear, anxiety and pain in specific patients, therefore, case selection is important, and dental practitioner should make a careful assessment of the patient. N₂O does not eliminate the need to use behaviour management when treating anxious patients. Preoperative psychological preparation has a significant impact on the success of the planned treatment.

Clinical privileging for dentist is the process of providing a licensed dental practitioner (general or specialist) the permission to carry out specific duties or procedure as per healthcare facility scope of practice. This involves the review of qualifications, training background, competence, and experience as well as the minimal requirements to perform such duties or procedure in the facility.

Any additional clinical privilege is only given in considerations to the clinical needs, resources and capacity of the services provided by the health facility to ensure the delivery of safe and high-quality dental services.

Purpose

Privileging the use of nitrous oxide sedation ensures its rational and effective use in dental practice. This is achieved by regulating the provision N₂O by the licensed dental staff in healthcare facilities offering the service. The policy of privileging also ensures the safety and protection of healthcare staff and patients while providing the treatment.

Scope

The policy is designed to ensure that minimum requirements of training, experience and equipment standards are met before providing the service of conscious sedation in the form of Nitrous oxide-oxygen inhalation sedation (N₂O) for a safe and effective provision of care at a dental practice.

Structure

The MoH/DGPHE assess and approve submitted applications for additional dental (clinical) privileges for licensed dentists/dental specialists to perform the specified procedure in eligible private healthcare facility using a well-structured process, based on a well-defined criteria and standards

Chapter two

Methods and procedures

Patient Selection

The estimated prevalence of dental fear and anxiety among children and adult is around 10% as shown in the literature. Dental fear and anxiety are mostly related to dental pain and dental treatment may cause discomfort and psychological trauma to the patients. Using the right steps and approaches, such cases can in large be successfully managed non-pharmaceutically, by good behavioural management and local pain control.

N2O sedation is used for specific clinical situations where non-pharmaceutical methods are not effective. These enable operator delivering dental treatment to paediatric/adult patients while minimizing their discomfort and psychological trauma, managing behaviour as well as controlling patient movements.

Generally, patients receiving N2O must fall under Physical grade I and II according to American Society of Anesthesiologists (ASA). Careful patient assessment and case selection, comprehensive preparation by the dental team, good documentation, the use of appropriate armamentarium, and application of titration techniques along with good behaviour management are crucial in achieving safe and effective treatment outcomes. Assessment should include a full medical, dental, and social history. Treatment under any type of conscious sedation should be agreed on with the patient or the caregiver in an advance visit and a written signed consent is required as per international standards.

In paediatrics dental setting, a child needs to have a certain level of cognitive and coping ability to accept wearing the nosepiece and to breathe effectively from the nose.

Safety Precautions

1. Equipment check is a must before sedation session, this includes checking gas levels, detection of leaks and the scavenging system as well as any faults in oxygen reservoir bag, faults in the flush button or pipes etc.

2. Clearly labelled cylinders (in use or full) is very important as mentioned in the equipment section above.
3. There must be a scavenging system at a clinic that provides N₂O as this is crucial for staff safety and insures removal of waste gases.
4. There are different waste gas scavenging systems such as the centralized that is normally used in hospitals or alternatively the dental vacuum system and the meniscal.
5. The room in which N₂O inhalation sedation is being provided should be well ventilated.
6. Pregnancy and fertility treatment in staff, it is advised that staff who are trying to conceive or receiving treatment for infertility avoid exposure to nitrous oxide.

Indications of N₂O Inhalation Sedation

The following are considered as clinical indications for N₂O inhalation sedation (paediatric, adult and special care patients):

1. Mild to moderate dental anxiety Unpleasant or lengthy procedures medically compromised patients where dental stress could trigger exacerbation e.g., cardiovascular disorders, asthma, epilepsy, etc
2. Patients with needle phobia
3. Significant gag reflex
4. Patients in whom local anaesthesia cannot be achieved (e.g., acute pulpitis)
5. When other sedation techniques are contraindicated or alternative to general anaesthesia
- 6.

Contraindications

Significant medical conditions might be contraindications for sedations. In any case, appropriate medical specialists should be consulted before administering sedative agents to patients with significant underlying medical conditions.

N₂O must be avoided during first trimester of pregnancy. Patients must be co-operative enough to understand and follow instructions (age 5 and above). Uncooperative patients/children should not be treated with N₂O inhalation sedation.

Absolute contraindications:

1. Methylenetetrahydrofolate reductase deficiency
2. Cobalamin (vit B12) deficiency
3. Bleomycin (sulphate) treatment

Relative contraindications

1. Chronic obstructive pulmonary diseases
2. Current upper respiratory tract infection/Pneumothorax/Cystic fibrosis
3. Nasal / facial deformity
4. Myasthenia gravis and multiple sclerosis
5. Middle ear disorders or surgery
6. Recent intraocular procedures where gases were used
7. Severe psychological disorders or drug-related dependencies; compulsive personality
8. Hysterical or defiant patients who refuse the nasal piece due to age, maturity, behavior or personality disorders

Preparation for N2O Inhalation Sedation Service

Patient:

1. Full patient assessment, an in-depth discussion on N2O and consent-taking
2. Written information must be provided to patients, explaining the benefits of N2O inhalation sedation, alternative treatment options, pre-procedural instructions, post-procedural precautions and arrangement in the event of complications.
3. Fasting is not required for N2O inhalation sedation, as recommended by international guidelines.
4. On the day of sedation, reassessment of the current medical status as well as re-confirmation of treatment plan and consent should be done.
5. After completion of treatment, patients will only be discharged if they are deemed fit. The escort accompanying the patient should be capable of caring for the patient.

Dental Team:

1. All N2O inhalation sedation operators must undertake validated theoretical as well as clinical training and demonstrated an acceptable level of competency.
2. All N2O inhalation sedation team members including dental nurses and assistants should be capable of providing basic life support at the minimum.
3. Clinical protocol should be in place where responsibilities of each member are made clear. An example is patient-monitoring throughout the sedation and recovery period should be done by a member who must be able to recognise any adverse events.
4. Clinical observation of the patient during sedation must include visual monitoring of the depth of sedation, airway patency, skin colour and respiration. Instrumental monitoring such as the use of pulse oximeters and non-invasive blood pressure monitoring is considered good practice

Equipment and Facilities:

1. All equipment should conform to acceptable health and safety standards and be maintained in accordance with the schedule prescribed by manufacturers.
2. Before initial use of the inhalation sedation system for the day, components should be inspected, and fail-safe check should be done.
3. Nasal pieces should come in various sizes to ensure good fit and the scavenging system connected to a vacuum pump with a capacity of 45 liters per minute is recommended to avoid unnecessary exposure to nitrous oxide. Chronic occupational exposure of several hours a week has been associated with adverse health effects
4. Emergency protocols should be in place to allow smooth rescue operations should an emergency arise. Clinic settings must permit easy access for emergency services to patients.

Documentation:

1. Signed informed consent is mandatory.
2. Clinical records should document sedation details including start time, duration, sedation level, and complications if any.

Chapter three

Requirements

Minimum Provider & Team Requirements for Application

Ideally, facility-providing N2O should have minimum of two operators of N2O equipment. A primary operator is a qualified specialist who will be responsible for identifying patients required and fit for N2O (case selection). An auxiliary staff (dentist/qualified dental nurse or assistant) can be trained to assist in N2O sedation (secondary operator).

The team providing N2O inhalation sedation must be appropriately trained and experienced with the equipment and drugs used and should adhere to local policies and guidelines. Applicants for clinical privilege who are responsible for the conduction of the N2O inhalation sedation sessions must be adequately trained and able to manage foreseeable complications.

Sedation service is only allowed in a multispecialty dental centre. For primary operator of N2O inhalation sedation machine, licensed staff must have:

1. Primary Dental Degree (BDS/BDS_c), &
2. Specialist qualification of relevant field (assessed individually), &

Plus

1. Minimum of 5 years total clinical experience (i.e. after primary dental degree).
2. Attend accredited supervised training courses, with at least one course done locally
3. Logbook of the cases done under supervision of a licensed operator. A minimum of 4 cases is required done as part of supervised training by a certified trainer. (Exempt if evidence provided that N2O sedation training and practice was done as part of applicant's specialist training)
4. Total of 10 CPD hours (unless evidence provided that N2O sedation training was received as part of applicant's specialist training)

An auxiliary staff can be licensed to operate N2O inhalation sedation machine (secondary operator) under the follow conditions:

1. Fulfilled conditions C, D, E & F
2. The primary N₂O inhalation sedation operator must be available in the facility while treatment is being provided.
3. Patients' assessment and case selection are the sole responsibility of the primary N₂O inhalation sedation operator.
4. Secondary N₂O inhalation sedation operator or operators are not allowed to provide service without primary N₂O inhalation sedation operator's supervision.

Dental Practice Requirements

Whilst patients with American Society of Anesthesiologist's (ASA) Physical Grade I and II are deemed fit to undergo N₂O as outpatients, patients with ASA III and above need to be treated in a hospital setting.

The clinic where N₂O inhalation sedation is provided should have:

1. Trained team to provide N₂O inhalation sedation, as well as basic life support (BLS) with appropriate knowledge to medical emergencies and how to manage them. As expected, a valid BLS training is required for all practising dentists at applications and renewals.
2. Policies readily available to review when needed.
3. Checklist documents (including machine and equipment maintenance)
4. Emergency protocols should be in place to allow smooth rescue operations in case of emergencies.
5. Clinic settings must permit easy access for emergency services to patients.
6. A scavenging system connected to a vacuum pump with a capacity of 45 litres per minute must be installed to avoid unnecessary exposure to nitrous oxide or as agreed with the supplier company.

(N.B. chronic occupational exposure of several hours a week has been associated with adverse health effects)

Equipment Requirements and Specifications

There are different types of equipment either mounted on the wall or standing equipment with digital or analogue gas indicators.

1. The equipment should allow the delivery of titrated amounts of mixture (Nitrous oxide and oxygen) to be delivered safely.
2. N2O inhalation sedation delivery machines must be with built-in safety features that include oxygen flush button, gas cut-off indicator, air valves, and minimum oxygen percentage indicator, colour coded gas cylinders and distinct alarms.
3. Machines should be checked prior to the start of an N2O inhalation sedation session and cylinders should be replaced when near empty or if a leak or a fault is detected.
4. N2O inhalation sedation machine must be maintained in accordance with the schedule prescribed by manufacturers.
5. Oxygen cylinders are black in colour with a white collar, stored as gas under pressure of 1900 psi-2000psi.
6. Nitrous oxide cylinders are usually blue in colour stored as liquid under pressure of 750 psi.
7. The nosepiece comes in different sizes and the operator must select what is suitable for their patient, these can be either single use or autoclavable.

Training Requirement

The course and training for the provision of N2O inhalation sedation should be provided by, recognized internationally, or accredited by nationally recognized bodies such as the OMSB.

Dental practitioners should not practice beyond their scope of licensure.

Professional Titles

Granted clinical privilege does not entitle the dental practitioner for any additional titles. (e.g., LASER specialist, implantologist, Cosmetic dentist etc.)

Dentists or dental specialists granted additional clinical privileges should adhere to titles mentioned in original license.

Validity terms

Clinical privilege is granted for a maximum of two years and must be renewed with practice license.

Specific terms and conditions are applied for renewals.

Renewals

Granted privileges must be supported by international standards and best practices. Each renewal must involve the review of clinical competence, malpractice claims, and incident reporting and patient outcomes. Renewals must also be supported by evidence of maintaining minimal relevant CPD for that specific procedure.

Guideline monitoring

CPD

To maintain the granted clinical privilege, all practitioners should receive recognised ongoing CPD training related to inhalation sedation clinical privilege. This can be in the form of attending a workshop/lecture with 2 CPD points every two years.

Minimal Record Keeping (for renewal inspections)

The following must be maintained in clinic's record: Specific equipment purchase, maintenance contract and inspection/maintenance entries

1. Full clinical notes and logbook of all treated cases
2. Written informed consent of all treated cases
3. Reporting of any incidents or adverse effects
4. CPD certificates (2 verifiable hours of relevant applications every 2 years)

Withdrawal of Clinical Privileges

General dentists or dental specialists are prohibited from practicing beyond their scope of their license. For treatment outside of the scope of practice, the patient should be referred accordingly. Changes of place of practice result in cancelling the clinical privilege and accordingly the operator is required to apply for new clinical privilege.

Examples of scenarios that lead to revoking clinical privileges:

5. Falsified or inaccurate documentation
6. Malpractice claims leading to suspension of license.
7. Reporting of ethical concerns or patient complaints
8. Resignation or transfer of staff
9. Termination of license

10. Closure of healthcare facility

Important Points to Remember

1. Case selection to avoid complications (indications and contraindications) e.g., children who cannot breathe through the nose e.g. (those with URTI, middle ear infection), or those who are afraid of mask, have severe learning difficulties, behavioral and personality problems are contra-indicated for N₂O
2. Informed consent from parent/ guardian at the treatment planning session unless it is an emergency in accordance according of rules and regulations.
3. ASA classification (usually ASA I & ASA II) of a patient and the medical history, always liaise with the medical practitioner if unsure
4. Age of the patient (Should be 5 years old and above)
5. Case documentation is essential
6. Patient monitoring sedated/under sedated/over-sedated
7. Patient discharge protocol in place
8. Cross infection protocol in place
9. Storage of gas cylinders
10. Maintenance of equipment (keep documents)
11. Checklist as advised by supplier or maintenance team (keep documents)
12. Nitrous oxide leak management policy as agreed with the supplier

Document History and Version Control Table

Vers.	Description	Review Date
1	Initial Release	January 2023
2		

References

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Chapter Four: Annexes

Annex 1: Sedation Checklist:

N₂O INHALATION SEDATION CHECK LIST
Name of Clinic: (_____)

#	Date	Pt file number	Primary operator (Dr Name)	Secondary Operator <i>(If Applicable)</i>	Assistant	Time started N ₂ O sedation	Time finished N ₂ O sedation	Valve closing		Remarks
								Dr	Asst	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										

Annex 2: Consent for Nitrous Oxide (N₂O) inhalation sedation as part of dental treatment

Example of patient consent for Nitrous Oxide (N₂O) inhalation sedation as part of dental treatment (This consent must be retained in records)

نموذج موافقة المريض استخدام الغاز المهدئ لغرض علاجات الفم والأسنان
(يجب الاحتفاظ بنسخة الموافقة ضمن ملف المريض)

MUST BE SIGNED BY PRIMARY OPERATOR OF N₂O MACHINE

Clinic name: _____ اسم العيادة: _____

<p>Patient Consent for dental treatment under N₂O sedation</p> <p>Full name: _____</p> <p>Date of birth: _____</p> <p>Address: _____</p> <p>Contact number: _____</p> <p>File number: _____</p>	<p>موافقة على علاج الأسنان تحت الغاز المهدئ</p> <p>اسم المريض: _____</p> <p>تاريخ الميلاد: _____</p> <p>العنوان: _____</p> <p>رقم الهاتف: _____</p> <p>رقم الملف: _____</p>
<p>I confirm that the treating dentist has explained details of the use of nitrous oxide inhalation sedation to me.</p> <p>The following have been discussed:</p> <ul style="list-style-type: none"> Name of proposed treatment The aim of using inhalation sedation: Other alternatives: _____ Reasons for using N₂O inhalation sedation over other methods: Risks associated: _____ I understand that local anaesthesia may be required during treatment under inhalation sedation I had an opportunity to ask questions and my queries have been clarified 	<p>أؤكد أن الطبيب المعالج قام بشرح كافة التفاصيل المتعلقة باستخدام الغاز المهدئ عن طريق الاستنشاق.</p> <p>وقد تم شرح التفاصيل المتعلقة بالتالي:</p> <ul style="list-style-type: none"> - الهدف من استخدام الغاز المهدئ في حالتي - البدائل المتوفرة لعلاج حالتي عوضاً عن الغاز المهدئ وهي كالتالي: <hr/> <p>وكذلك تم شرح ان استخدام الغاز المهدئ لا يغني عن استخدام التخدير الموضعي</p> <ul style="list-style-type: none"> - أسباب تفضيل الغاز المهدئ - الأخطار المصاحبة <p>بشكل عام، المضاعفات المحتملة التي قد تحدث، تتضمن على سبيل المثال: _____</p> <p>- قام الطبيب بالرد على استفساراتي وأنا راض تماماً عن الأجوبة:</p> <p>قام الطبيب بشرح تعليمات ما بعد/ قبل استخدام الغاز المهدئ:-</p> <hr/> <p>- قمت بإبلاغ الطبيب بسجل طفلي المرضي و أؤكد خلوي من الأمراض التي قد تمنع استخدام هذا الغاز:-</p> <p>_____</p>

<p>The dentist has explained what's involved required before/after treatment</p> <p>I have told the dentist regarding my child's medical history and any contra-indicating conditions for using N₂O: _____</p> <p>The dentist will be taking all measures to prevent or reduce any complications; I understand that inhalation sedation has its risks, benefits, and alternatives. I have been briefed about details of each, and therefore,</p> <p>I give/ do not give consent to having treatment by the dentist signing this consent.</p>	<p>لذلك يقوم الطبيب المعالج باتخاذ كافة الإجراءات لمنع حدوث أو التقليل من هذه المضاعفات , بالإضافة لتلقي التدريب المناسب بشكل متواصل. بناء على ما سبق وما تم شرحه لي، فإنني أثبت أنني قد فهمت أن الغاز المهدئ قد يكون لها مضاعفات، واستخدامات مفيدة وخيارات بديلة، وقدم تم شرح التفاصيل عن طريق الطبيب المعالج، لذلك فإنني أوافق/ لا أوافق على تلقي العلاج بواسطة الطبيب الموقع أدناه.</p>
<p>Patient name (print): _____ اسم المريض:</p> <p>Patient/parent signature: _____ توقيع المريض أو أحد الوالدين</p> <p>Date: _____ التاريخ</p> <p>I have been offered a copy of this consent form. تم تزويدي بنسخة من هذه الموافقة</p> <p>Dentist name and signature: _____ اسم وتوقيع الطبيب المعالج:</p> <p>Date: _____ التاريخ</p> <p>Witness name/ signature/ date: _____ اسم وتوقيع الشاهد والتاريخ:</p>	

Annex 3:

APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGE (Nitrous Oxide Inhalation sedation)

INSTRUCTIONS FOR THE APPLICANT

- This form should be completed by the applicant.
 - Policy of the clinical privilege you are applying for must be read and understood, and necessary requirements fulfilled prior to submitting this application.
 - Requirements for renewals (including CPD, case record keeping, specific maintenance records) must be provided before submitting renewal application (All specified in the specific clinical privilege policy).
 - Clinical privileging involves prior arrangement with the healthcare establishment where the healthcare service or procedure is going to be provided.
 - You must submit a separate application for each healthcare establishment (including branches of same establishment) you intend to perform the specified clinical privilege.
 - Each granted clinical privileges has an expiry date, please make the necessary arrangements to renew before expiry.
 - This application is handled by the specific clinical privileging subcommittee for further action (approval, interview, renewals inspection etc.)
 - Some clinical privileges require an interview with operator, you will be notified if you are required to appear for the interview.
 - Some clinical privileges require inspection of the healthcare facility. The facility manager will be notified if this is required.
 - General dentists or dental specialists are prohibited from practicing beyond their scope of their license. For treatments outside of the scope of practice, the patient should be referred accordingly.
 - Misconduct may lead to revoking of clinical privilege at any time, this include submitted falsified or inaccurate documentation, reports of ethical concerns or filed complaints (details in specific clinical privilege policy)
 - Granted clinical privilege does not entitle the dental practitioner for any additional titles. *(i.e. use of titles such as Laser specialist, implantologist, cosmetic dentists etc. is not allowed, same applies for Arabic titles).*
 - Changing place of work and the health care establishments requires submitting new application for review and approval.
 - All declarations must be signed to process this application.
-

New Application* **Renewal**** **Modify existing****

Primary Operator of N₂O Sedation Machine[#]

Secondary Operator of N₂O Sedation Machine[#] Note: A primary N₂O sedation machine operator must be available and licensed (Name of primary operator: _____)

Applicant Name		
Name of Clinical Privilege	Use of nitrous oxide-oxygen inhalation sedation machine	
Date of application		
License to practice number and date of expiry		Expiry date
Name of Health Establishment		
Basic Dental Qualification (Name, Institution and Year)		
Specialist Dental Qualifications (Name, Institution and Year) (For Primary Operators)		
Courses attended		

**New applications must include copies of qualifications, attendance certificates, evidence of performed cases, and CV of applicant*

***Renewal and modification forms must include: CPD evidence, case logbook, specific equipment maintenance record (refer to policy)*

Refer to N₂O Inhalation Sedation Policy for category requirements

Applications/ Procedures	Select the requested privilege (attach training evidence)	Decision of the privileging subcommittee	
		Granted	Denied
1. Indicated paediatric patients for general dental treatment			
2. Indicated adult patients for general dental treatment (e.g., special needs/medical conditions, dental phobia)			
3. Indicated patients for oral maxillofacial surgery procedures			

DECLARATIONS

- I declare that the above information is correct, and all attached documents are authentic (including copies), and accurate.
- I declare that the health care establishment that I will practice in has the suitable resources at the time of performing the procedure.
- I fully understand that this privilege is only valid for the selected and approved procedures, and only applicable to use in the specified healthcare establishment.
- I understand that this privilege has an expiry, and it must be renewed with the practice license.
- I understand that I must submit a new application if place of work has been changed or if I wish to apply for the same privilege in another location.
- I declare that to my knowledge, there are no complaints or warnings have been filed or issued against me.
- For **secondary operator** of N₂O inhalation sedation machine, I fully understand that operating under N₂O inhalation sedation can only be provided under supervision of **primary operator of** named in this application, & case selection and patients' assessment is the sole responsibility of this primary operator (*Name of primary operator of N₂O inhalation sedation machine:* _____)

Name of Applicant: _____ Signature _____ Date: _____

Name of Health Establishment: _____ Seal & Signature: _____

Address of Health Establishment: _____ Date: _____

FOR OFFICIAL USE

Documents complete: Yes No

Interview needed: Yes No Date of Interview (if needed): _____

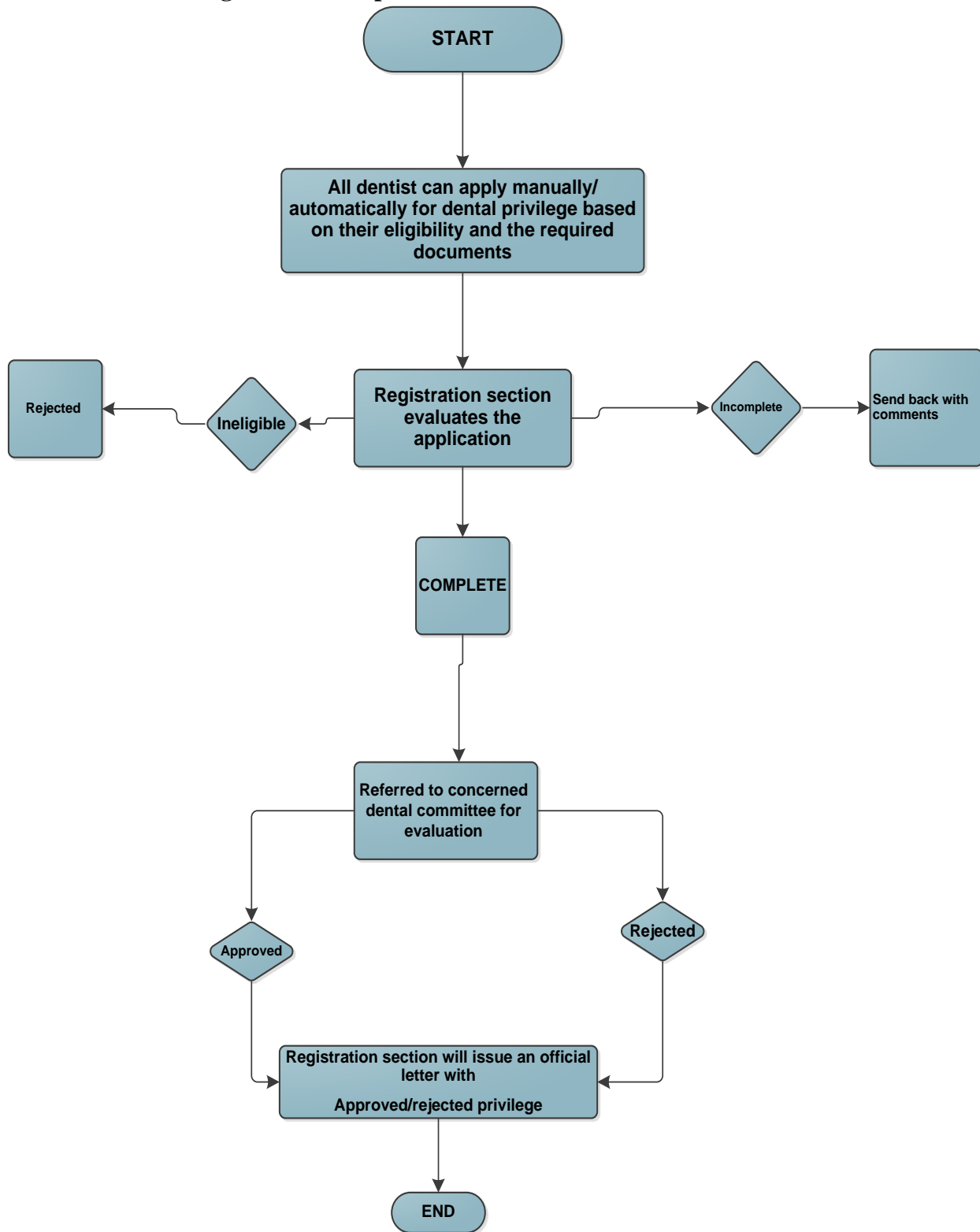
Decision of Clinical Privileging Subcommittee (Dental): Approved
Not Approved

Date: _____

Names of and signature of subcommittee members:

	Name	Signature
1-		
2-		
3-		

Annex 4: Dental Privilege Process Map



المبادئ العامة
General principles

1. The owner/medical director/administrative director of the dental health establishment is responsible for ensuring the efficiency and facilitating the performance of all practicing dentists within the establishment. Therefore, all dentists must have their clinical privileges specified at the time of employment and renewals and part of the performance review process.

1. يتحمل المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان مسؤولية ضمان الكفاءة وتيسير أداء جميع أطباء الأسنان الممارسين داخل المؤسسة، لذلك يجب أن يكون لجميع أطباء الأسنان امتيازاتهم السريرية المحددة عند التعيين وفي وقت تجديد التراخيص، كما يجب مراجعة الامتيازات الممنوحة كجزء من إجراءات التدقيق الداخلي ومراجعة الأداء.
2. The privileges of all dental practitioners must be reviewed every two years upon renewal of a dental practice license throughout the term of employment.

2. يجب أن تتم مراجعة امتيازات جميع الممارسين الصحيين كل سنتين عند تجديد ترخيص الطبيب طوال فترة التوظيف داخل المؤسسة.
3. Clinical Privileges Assessments should be conducted by Dental privileges Committee.

3. يجب التأكد من أن المؤسسة الصحية الخاصة مجهزة بالكامل قبل تحديد الامتيازات السريرية المسموح بها.
4. It must be ensured that the private health establishment is fully equipped before determining the permissible clinical privileges for dental practitioners.

4. يتم إجراء تقييم الامتيازات السريرية من قبل فرق خاصة تابعة للمديرية العامة للمؤسسات الصحية الخاصة.

5. Clinical privileges can be reviewed at any time based on the request of Dental Team or upon notification of incidence report or violation.the
5. يمكن للجهة المختصة مراجعة الامتيازات السريرية في أي وقت بناءً على طلب اللجنة المختصة بطب الأسنان والامتيازات السريرية أو بناء على وقوع بلاغ أو مخالفة.

لدعم تنفيذ المبادئ المذكورة أعلاه، يجب ضمان تطبيق الإجراءات التالية

To support the implementation of the above-mentioned principles, ensure the effectiveness of the following measures

1. The owner / medical director / administrative director of the dental health establishment is required to keep a record of all documentation related to the results of the employment process, including the approved clinical privileges.
1. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان الاحتفاظ بسجل لجميع المعلومات المتعلقة بنتائج عملية التعيين بما في ذلك استمارة تحديد الامتيازات السريرية الممنوحة.
2. The owner / medical director / administrative director of the dental health establishment should conduct a regular review of the performance of practitioners to evaluate improvement in performance and progress in skills and competencies and to ensure early identification of matters that may affect the quality of care, and the dental health institution must adopt strategies to address such matters.
2. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان إجراء تقييم دوري منتظم لأداء الممارسين لرصد الأداء والتقدم في المهارات والكفاءات ولضمان التعرف المبكر على الإشكاليات التي قد تضر بنوعية الرعاية، حيث يجب على المؤسسة الصحية المقدمة لخدمة طب الأسنان اعتماد استراتيجيات لمعالجة مثل هذه الأمور

The role of the dental health establishment

دور المؤسسة الصحية المقدمة لخدمة طب الأسنان:

1. Every owner / medical director / administrative director of the dental health establishment must ensure that dentists are recruited in accordance with the needs of the health establishment and its available resources so they can ensure that there are appropriate procedures for determining the number and scope of these recruitments.

1. يجب على المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان التأكد من تعيين الأطباء وفقاً لاحتياجات المؤسسة ومواردها المتاحة بحيث يضمن وجود إجراءات مناسبة لتحديد عدد ونطاق هذه التعيينات.

2. Owner/medical director/administrative director of the dental health establishment is responsible for making the final decision on whether to recruit a dentist with approved additional dental clinical privileges. The owner/medical director/administrative director of the dental health establishment also retains responsibility for the consequences of recruiting general dentists and specialists to the work team as part of the overall responsibility.

2. يعتبر المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية لطب الأسنان مسؤولاً عن اتخاذ القرار النهائي بشأن ما إذا كان سيتم تعيين طبيب أسنان بامتيازات طب الأسنان المعتمدة أم لا، كما يحتفظ المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان بالمسؤولية عن عواقب تعيين الأطباء والمتخصصين في فريق العمل كجزء من المسؤولية الشاملة.

3. All approved clinical privileges must be recorded and kept in staff file.

3. يجب تسجيل وحفظ جميع الموافقات الصادرة عن المديرية للامتيازات السريرية في ملف الطبيب.

4. Owner/medical director/administrative director of the dental health establishment is responsible for ensuring that the documents are up-to-date and that each dentist is sufficiently familiar with his specific responsibilities and privileges.

4. يتحمل المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان مسؤولية ضمان تحديث المستندات والتأكد من أن كل طبيب على دراية كافية بمسؤولياته وامتيازاته المحددة.

5. The owner/medical director/administrative director of the dental health establishment must ensure that the recruitment process is adhered to, that the policies and guidelines are followed, and that dental practitioner comply with these policies.

5 يجب أن يضمن المالك / المدير الطبي / المدير الإداري للمؤسسة الصحية المقدمة لخدمة طب الأسنان الالتزام بعملية تعيين الممارسين الصحيين، واتباع السياسات والمبادئ التوجيهية وامتثال الممارسين الصحيين لهذه السياسات.