



National Accreditation Board for  
Hospitals & Healthcare Providers

# ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

1<sup>ST</sup> EDITION, APRIL 2023



 **ISQuaEEA** | International Society  
for Quality in Health Care  
External Evaluation Association  
Accredited Organisation 2022-2026



**QUALITY : SAFETY : WELLNESS**



# National Accreditation Board for Hospitals & Healthcare Providers



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Entry level Certification Standards for Dental clinics  
1st Edition, April 2023

# FOREWORD

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National Accreditation Board for Hospitals and Healthcare Providers (NABH), is in its 18th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organization in conducting its operations with a focus on patient safety.

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitized the healthcare workers and patients toward their rights and responsibilities.

NABH believes in having an integrated approach towards promotion of quality in healthcare. In line with the same, we are launching the 1st edition of the Dental Certification Standards. The scope of these standards are dental clinics who envision to provide safe and quality care to their patients. The standards comprise of vitals aspects in provision of patient care. I hope a large number of clinics would find these standards to be easily adaptable and achievable and in turn benefit them to provide system based improvement approach in quality of service.

In order to broaden the culture of quality healthcare in the nation and increase the fold of NABH accredited dental clinics, the organizations implementing these 1st edition of Dental Certification Standards are further encouraged to progress in their accreditation journey by adopting the Dental Accreditation Standards of NABH.

I sincerely wish success to the organizations implementing the standards and congratulate them for their spirit and commitment towards quality.



**Dr Atul Mohan Kochhar**  
CEO, NABH

# ACKNOWLEDGEMENTS

I acknowledge the contributions of the following in preparing this 1st Edition of NABH Entry Level Certification Standards for Dental Clinics.

Dr. Mahesh Verma, Chairman NABH, has been the guiding light throughout the development of 1st Edition of NABH Entry Level Certification Standards for Dental Clinics. I thank him for his active participation, support and invaluable suggestions despite of his busy schedule.

I sincerely thank Dr Ravi P Singh, Secretary General of Quality Council of India for his guidance and continuous support by making adequate resources available for this process.

I thank all board members of NABH in giving significant suggestions to make the standards user friendly.

The Technical Committee of NABH worked relentlessly and meticulously to accommodate the best practices in Dental Healthcare, referred to innumerable references and incorporated suggestions made by all of the stakeholders in bringing this standard to reality. I profoundly thank all the members for playing a pivotal role in the development of the 1st Edition of NABH Entry Level Certification Standards for Dental Clinics.

I thank all our Passionate Assessors, Dentists, and Dental technicians who gave us extensive feedback to improve upon the standards.

I thank the officers at NABH Secretariat for working round the clock, to complete the work within time.

It is entirely due to the overwhelming participation, dedication, and diligence of all concerned that we could present these standards in the current detail and new checklist based format.

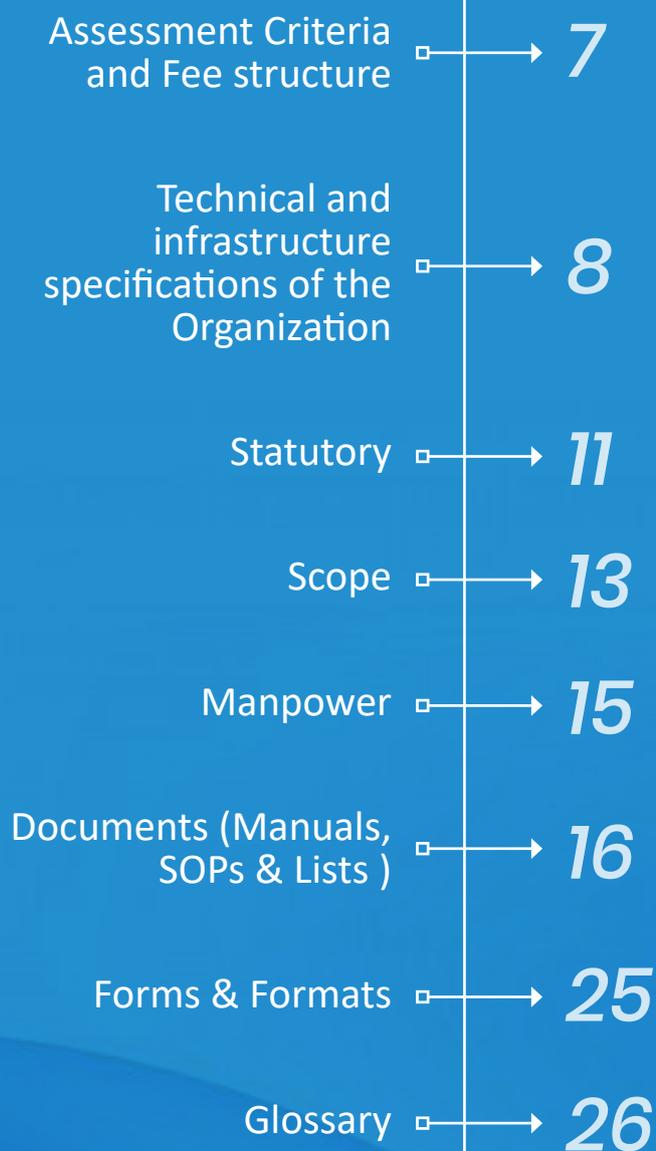
To all of you a sincere, heartfelt and, profound –

Thank you.



**Dr Atul Mohan Kochhar**  
CEO, NABH

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# Assessment Criteria and Fee structure

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## ENTRY LEVEL DENTAL CLINICS CERTIFICATION PROGRAM

### AIM of the assessment

To ascertain the compliance of the Dental Clinic with the Checklist based Dental certification NABH standards.

### Duration of Certification

The duration for Dental certification will be two years.

### Duration of the visit

The duration of the visit will be one day only for dental clinics upto 8 dental chairs

### Methodology of the assessment

- Assessor shall commence with a meeting with the Clinic Management and end the assessment with the closing meeting
- Assessor shall review the compliance with the Checklist for the Certification standards
- Assessor shall visit the complete facility in the given timeline
- Assessor shall fill the online portal on the day of the assessment itself
- Assessor shall have random unstructured interviews with the staff, consultants, and patients to verify the facts

### Exclusion criteria

The standards are applicable to Dental clinics with 1-8 chairs only. The Exclusions of the program are Dental clinics with more than 8 chairs, Dental colleges and hospitals.

### Fee structure

#### One time fee for two years of Entry Level Dental Clinics Certification Program

1-4 Dental chairs - 11000/+ 18% GST for two years

5-8 Dental chairs - 15000/+ 18% GST for two years

#### Assessor mandays for conducting the assessment

Dental Clinics - 1-4 dental chairs - 1 Assessor \* 1 day

Dental Clinics - 5-8 dental chairs - 1 Assessor \* 1 day



## SECTION-1

### (Technical and infrastructure specifications of the Organization)

**1. Name of the Clinic:**

.....

**1. A. Complete address of the registered office:**

City/Town: .....

Locality: .....

District: .....

State: .....

Website.....

Pin code.....

Landmark.....

**2. Contact person(s) details:**

2. A. Head of the Organization: (or equivalent)

Mr. /Ms. /Dr. \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

2. B. Coordinator: (For regular correspondence if other than the above)

Mr. /Ms. /Dr. \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. Location of Organization:** (Head Office)

Urban  Rural

**4. Ownership:**

Sole proprietorship  Partnership  Private limited Company

Limited liability Company  Public Limited Company  Society

Trust

Others (describe).....

5. Name of the registering authority with the date of registration (dd/mm/yyyy)

.....

*Note: (Please attach a copy of the official certificate of registration)*

6. Year and month in which operations started:

.....

**7. Specify the year wise number of OPD patients/year**

Sl No.	Year	No. of patients/medical value travelers assisted	Countries Served

**8. Top 5 dental procedures of the clinic**

- a)
- b)
- c)
- d)
- e)

# ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

## SECTION-2: STATUTORY

Legal Tracker to be filled as applicable							
S/ No.	License/Certificate	License/ registration/ certificate Number	Issuing Authority with either website address or postal address	Date of Issue (dd/mm/yyyy)	Valid up to (dd/mm/yyyy)	If the license/certificate has expired, kindly state the date when the application for renewal has been submitted (evidence of the same needs to be submitted)	Reasons for not having a license/ certificate
<b>A.</b>	<b>General- Any One registration for point A</b>						
1	Registration under Clinical Establishment Act (or equivalent state act)						
2	Registration under Shops and Establishments Act						
3	Registration with Local Authorities e.g. City Corporation, Municipality, Village Panchayat						
<b>B.</b>	<b>Bio-medical Waste Management (Pollution Control Board )</b>						
1	Bio-medical Waste Management and Handling Authorization from Pollution Control Board						
2	Bio Medical waste MOU with vendor for disposal						
<b>C.</b>	<b>Facility management</b>						

1	Fire (NOC)/Third party fire audit and fire fighting equipment and information displayed in clinic (as applicable)						
2	Third party Electrical audit of the facility in last one year						
<b>D.</b>	<b>AERB Registration/licenses</b>						
1	IOPA						
2	OPG						
3	CBCT						
<b>E.</b>	<b>Details of out-sourced services</b>						
1	MOU with the Out-sourced Dental Lab						
2	MOU with hospital for emergency services/ambulance services						
3	Water testing reports in last 6 months						
4	MOU for any other services						

SECTION-3: SCOPE

S/No	Name of the Specialization (should match with what has been listed in the application form sent to NABH)	Services (Select the appropriate Option from the Drop Down menu available in the cell)		Details of full time/ part time/ visiting consultants						Name of the important DHSP specific equipment	Proof of Provision of Service		
		OP	Emergency	Name	Type of engagement	Qualification			Registration Details				
						Graduation	Post Graduation	Super-specialization (If Any)	Any other relevant competency training/certification/qualification (should have been of at least 12 months duration)	Dental Council of Registration	Registration Number		
A.	Broad Speciality												
1	General Dentistry												
2	Conservative Dentistry & Endodontics												
3	Oral and Maxillofacial Surgery												
4	Oral Medicine and Radiology												



# ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

## SECTION-4: MANPOWER

Manpower Details						
Sl. No	Name	Designation	Specialization	Qualification	Name of the Registered Council (In Full)	Registration No.
<b>A.</b>	<b>Dental Surgeons</b>					
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>B.</b>	<b>Dental Technicians/ Hygienists</b>					
1						
2						
3						
4						
5						
<b>C.</b>	<b>Others</b>					
1						
2						
3						
4						
5						

## SECTION-5: DOCUMENTS (MANUALS, SOPS & LISTS)

Documents (Manuals, SOPs & Lists)								
S/No.	Document Name	Issue Date	Approved By	Revised on (If Done )				
<b>1</b>	<b>Manuals</b>							
1.1	Quality improvement Manual (update Once in a year)	Manual						
	Appointment of Designated personnel for coordinating and implementing the quality assurance program.				designating existing person with QA training may be permitted			
1.2	Infection Control Manual (update Once in a year)	Manual						
	Appointment of Designated personnel for coordinating and implementing the Infection Control program.				designated existing doctor with infection control training should be permitted			
<b>2</b>	<b>Infection Control Equipment Checklist</b>							
2.1	Mode of sterilization for following.	Autoclaving	Glass bead sterilizer	U V chamber	Surface disinfectant	Laundry	Disposable	Washing
a	If Disposable instruments are being used for examination							
b	Sterilization of burs							
c	Sterilization of Files							
d	Sterilization of Prosthetic trays							
e	Sterilization of diagnostic instruments							
f	Sterilization of Surgical instruments							
g	Sterilization of scaler tips							
h	Gloves,mask,Syringe,Needles							

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i	RVG sensor covers							
j	Mixing bowls							
k	Mixing spatulla							
l	Doctors apron							
m	Assistant apron							
n	Sterilization of hand-pieces							
o	Chair Disinfection							
p	Spittoon cleaning							
q	Laundry (Disposable/ Washing)							
2.2	Infection Control of the Clinic -Checklist							
a	Hand Hygiene							
i	Awareness of policy							
ii	Steps of hand washing							
iii	Washing time							
iv	All rooms have hand hygiene signages							
v	Training of staff							
vi	Data collection sheet for Hand Hygiene							
b	Bio Medical Waste management							
i	Awareness of the policy							
ii	Staff training							
iii	Availability of coloured Bins							
iv	Labels for dustbins							
v	Different coloured polybags							
vi	Labels for Polybags							
vii	Designated BMW col- lection area							

viii	House keeping trainings for waste collection							
ix	Bio Medical waste Vendor attendance							
x	Availability of sharps container							
c	Blood and Body fluid spill management							
i	Awareness of the policy							
ii	Staff trainings							
iii	Housekeeping trainings							
iv	Mock Drills for spill management							
v	Availability of spill kit							
vi	Availability of Incident reporting form							
d	Needle Stick Injury							
i	Awareness of policy							
ii	Staff trainings							
iii	Post exposure prophylaxis							
iv	Availability of needle stick injury (Incident reporting form)							
<b>3</b>	<b>Quality and safety Checklist for the clinic</b>							
3.1	Policies and procedures for Patient Registration in OPD.							
a	Availability of Contact numbers of staff in clinic at the reception area							
b	Availability of registration form (English and vernacular Language)							
c	Awareness about registration policy							
d	Awareness about patient Identification							

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

e	Every patient has a unique identifier.							
3.2	Policies and procedures are used for record-keeping.							
a	Safe upkeeping of registration forms on monthly basis.							
b	Safe upkeep of consent forms, ADR forms, NSI forms.							
c	Checklist for review of medical records							
3.3	Radiation safety program established							
3.4	Availability of neighboring hospital contact details							
3.5	Availability of neighboring ambulance contact details							
3.6	Policies and procedures guide the management of dental pain.							
a	Display of pain assessment chart							
b	Awareness of the dentist for pain management							
3.7	Policies and procedures guide the care of vulnerable patients							
a	Availability of wheel chair / stretcher							
b	Availability of Ramp (Optional)							
c	Safety bells in the washroom (Desirable)							
3.8	Policies and procedures guide the post-procedure management							
3.9	Policies and procedure for emergency care are documented.							
a	Staff are aware about emergency codes (CODE RED & CODE BLUE)							

b	Training for use of Fire extinguisher to staff							
c	BLS training for the Staff							
3.10	Policies also address handling of medico-legal cases.							
3.11	Policies and training on the procedures for care of emergency patients.							
3.12	Policies and Procedures guide the identification, handling, processing, safe transportation of the patient impressions, models, prosthesis etc as well as safe disposal of the waste materials.							
a	Master Log book for the batch and a serial number of the Dental implantable prosthesis.							
b	Log book of Dental Lab work							
3.13	Policy regarding administration of local anesthesia							
a	Protocol for special care of anxious patients including children during administration of LA./ procedural sedation for children to be documented. ADR if any shall be recorded in the ADR form							
3.14	Policy should identify staff authorized to administrate LA to patients .							
a	Authorization for qualified dental Surgeon for the administration of local anesthesia.							
3.15	Grievance redressal mechanism							
a	Presence of complaint/ suggestion register							

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

b	Process of complaint reporting analysis / resolving within the defined timeframe							
3.16	Policy describes who can give consent when patient is incapable of independent decision making.							
a	Awareness about patient consent policy							
b	Staff are aware of the procedures for which consent needs to be taken							
3.17	Availability of patient education material							
3.18	Uniform pricing policy							
3.19	Selection procedure for purchasing dental materials							
3.20	Policies and procedures exist for storage and dispensing of dental materials.							
3.21	Policies and procedures guide the use of implant prosthesis.							
3.22	Policy for optimum procurement and usage of dental instruments and equipment.							
a	Inventory management register							
3.23	Policy should be in place for maintenance of dental equipment and instruments.							

### a. Equipment Details

Sl. No	Name of Equipment	Type/Model	Manufacturer	Serial Number	Equipment under maintenance Contract (Yes /No)	Last inspection Date		
A								

B								
C								
D								
E								
F								
G								
H								
I								
J								
3.24	Policy and procedure for usage and storage of medication.							
a	List /stock register of Dental Material							
b	List of Sound-alike and look-alike materials							
c	List Sound-alike and look-alike medications							
d	List of Emergency medications /high risk drug with expiry Date							
e	List of Hazardous Material							
3.25	Standard Operating Procedure (SOP) for mercury spills							
3.26	Plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.							
a	Presence of Guard at the entrance (optional)							
b	Staff is aware about the Disaster Management plan							
c	Awareness about the location of fire extinguisher and fire panel.							
d	Rubber mats Infront of electric installations required only if HT line is there							

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

e	Functioning of Fire alarm and fire panel							
f	Availability of Fire extinguishers.							
3.27	Policies to eliminate smoking is compulsory							
a	No Smoking signages available							
3.28	Signages of Clinic							
a	Bilingual scope of services displayed							
b	Display of licenses and statutory requirements							
c	Patient rights and responsibilities							
d	AERB licenses and Signages							
e	Fire exit signages and plan							
3.29	Cleanliness of back yard in clinic if available							
a	DG set/invertor/UPS to be compulsory							
3.30	Organization organogram							
3.31	Training and development policy							
a	Awareness about NABH policies							
b	Awareness about the scope of services of clinic							
c	Staff is aware about the infectious diseases.							
d	All staff is BLS trained							
e	Awareness about NABH policies related to nursing /assistants							
f	Awareness about the usage of PPE							
3.32	Staff appraisal system							

a	Job description and Key Responsibility Areas are well defined for each category of staff.							
3.33	Process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of the staff							
a	Antecedents of the potential employee with regards to criminal/negligence background.							
b	Personal files of all employees.							
c	Policies guide the requisition of outside specialist to DHSP.							
3.34	Policies and procedures are in place for maintaining confidentiality, integrity and security of information.							



## SECTION-6: FORMS & FORMATS

Forms & Formats					
Sl. No	Description of Form & Formats	Document Number	Released on	Revised On	Approved By
1	Patient transfer or referral form /summary who do not match the organization resources.				
2	Informed consent from the patient for the treatment by the outside specialist should be taken.				
3	Initial Assessment Form for OPD Patients including pain management criteria				
4	Informed consent for administration of anesthesia(separate form for LA and for GA)				
5	Consent for photographs/ recording procedures				
6	General consent for procedures(consents to be taken for each procedure separately)				
7	Tariff list of Dental Procedures				
8	patient's consent for change in estimated cost of treatment				
9	Adverse drug Reaction Form				
10	Sentinel events form				

# Glossary

The commonly-used terminologies in the NABH standards are briefly described and explained herein to remove any ambiguity regarding their comprehension. The definitions narrated have been taken from various authentic sources as stated, wherever possible. Notwithstanding the accuracy of the explanations given, in the event of any discrepancy with a legal requirement enshrined in the law of the land, the provisions of the latter shall apply.

<b>Accreditation</b>	Accreditation is self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to improve the health care system continuously.
<b>Adverse drug reaction</b>	A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.
<b>Adverse event</b>	An injury related to medical management, in contrast to complications of the disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)
<b>Assessment</b>	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
<b>Basic life support</b>	Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care.
<b>Confidentiality</b>	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as the privacy of information related to his/her healthcare records.

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

<b>Consent</b>	<ol style="list-style-type: none"> <li>1. The willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to make an informed decision of his/her health care.</li> <li>2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, the legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.</li> </ol>
<b>Control Charts</b>	The statistical tool used in quality control to (1) analyse and understand process variables, (2) determine process capabilities, and to (3) monitor effects of the variables on the difference between target and actual performance. Control charts indicate upper and lower control limits, and often include a central (average) line, to help detect the trend of plotted values. If all data points are within the control limits, variations in the values may be due to a common cause and process is said to be 'in control'. If data points fall outside the control limits, variations may be due to a special cause, and the process is said to be out of control.
<b>Correction</b>	Action to eliminate the detected non-conformity (Reference: ISO 9000:2015)
<b>Data</b>	Data is a record of the event.
<b>Employees</b>	All members of the healthcare organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
<b>Grievance- handling procedures</b>	The sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.
<b>Hazardous materials</b>	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.

<b>Hazardous waste</b>	Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include the biologic waste that can transmit disease (for example, blood, tissues) radioactive materials, and toxic chemicals. Other examples are infectious waste such as used needles, used bandages and fluid soaked items.
<b>Healthcare- associated infection</b>	Healthcare-associated infection (HAI), also referred to as “nosocomial” or “hospital” infection, is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission. (Reference: World Health Organization)
<b>Healthcare organisation</b>	The generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
<b>High Risk/High Alert Medications</b>	<p>High-risk/high-alert medications are medications involved in a high percentage of medication errors or sentinel events and medications that carry a high risk for abuse, error, or other adverse outcomes.</p> <p>Examples include medications with a low therapeutic index, controlled substances, psychotherapeutic medications, and look-alike and sound-alike medications.</p>
<b>Incident reporting</b>	It is defined as written or verbal reporting of any event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.
<b>Information</b>	Processed data which lends meaning to the raw data.
<b>Intent</b>	A brief explanation of the rationale, meaning and significance of the standards laid down in a particular chapter.
<b>Inventory control</b>	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure an adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.

## ENTRY LEVEL CERTIFICATION STANDARDS FOR DENTAL CLINICS

<b>Isolation</b>	Separation of an ill person who has a communicable disease (e.g., measles, chickenpox, mumps, SARS) from those who are healthy. Isolation prevents transmission of infection to others and also allows the focused delivery of specialised health care to ill patients. The period of isolation varies from disease-to-disease. Isolation facilities can also be extended to patients for fulfilling their individual, unique needs.
<b>Job description</b>	<ol style="list-style-type: none"> <li>1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job.</li> <li>2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.</li> </ol>
<b>Job specification</b>	<ol style="list-style-type: none"> <li>1. The qualifications/physical requirements, experience and skills required to perform a particular job/task.</li> <li>2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.</li> </ol>
<b>Maintenance</b>	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (Reference: British Standard 3811:1993)
<b>Organogram</b>	A graphic representation of the reporting relationship in an organisation.
<b>Patient-care setting</b>	The location where a patient is provided health care as per his needs, e.g. ICU, speciality ward, private ward and general ward.
<b>Policies</b>	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.

<b>Procedural sedation</b>	Procedural sedation is a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. Procedural sedation and analgesia (PSA) is intended to result in a depressed level of consciousness that allows the patient to maintain oxygenation and airway control independently. (Reference: The American College of Emergency Physicians)
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2015).</li> <li>2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.</li> </ol>
<b>Process</b>	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2015).
<b>Programme</b>	A sequence of activities designed to implement policies and accomplish objectives.
<b>Protocol</b>	A plan or a set of steps to be followed in a study, an investigation or an intervention.
<b>Quality</b>	<ol style="list-style-type: none"> <li>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2015).  Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2015).  Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2015).</li> <li>2. Degree of adherence to pre-established criteria or standards.</li> </ol>
<b>Quality improvement</b>	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.

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<b>Radiation Safety</b>	<p>Radiation safety refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing and Non-Ionizing Radiation.</p> <p>This is implemented by taking steps to ensure that people will not receive excessive doses of radiation and by monitoring all sources of radiation to which they may be exposed.(Reference: McGraw-Hill Dictionary of Scientific &amp; Technical Terms)</p> <p>In a Healthcare setting, this commonly refers to X-ray machines, CT/ PET CT Scans, Electron microscopes, Particle accelerators, Cyclotron etc. Radioactive substances and radioactive waste are also potential Hazards.</p> <p>Imaging Safety includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patients, Monitoring patients during imaging procedure etc.</p>
<b>Resources</b>	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for the efficient and effective functioning of an organisation.
<b>Safety</b>	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
<b>Safety programme</b>	A programme focused on patient, staff and visitor safety.
<b>Scope of services</b>	Range of clinical and supportive activities that are provided by a healthcare organisation.
<b>Security</b>	Protection from loss, destruction, tampering, and unauthorised access or use.

<p><b>Sedation</b></p>	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation:</p> <p>Minimal sedation (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected.</p> <p>Moderate sedation/analgesia (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway.</p> <p>Deep sedation/analgesia - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.</p>
<p><b>Sentinel events</b></p>	<p>A relatively infrequent, 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.</p> <p>Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.</p>
<p><b>Staff</b></p>	<p>All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.</p>
<p><b>Standards</b></p>	<p>A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.</p>
<p><b>Vulnerable patient</b></p>	<p>Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g. infants, elderly, physically- and mentally-challenged, semiconscious/unconscious, those on immunosuppressive and/or chemotherapeutic agents.</p>



**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
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