CLINICAL PROTOCOL
Dental Extractions for Primary Care Setting

Protocol Number	CPR004
Version:	V3
Purpose:	To act as Local Safety Standards for Invasive Procedures (LocSSIP) in relation to Dental Extractions. To support dentists and dental therapists to complete dental extractions in a standardised way ensuring the health, safety, and welfare of the patient at all times.
Consultation:	Dentists and Therapists at peer review meetings, Dentists and Therapists via email, Dental Clinical Governance Group
Approved by:	Clinical Policy Group
Date approved:	16/11/2023
Author:	[redacted] Senior Dental Officer Community Dental Service
Date issued:	29/11/2023
Review date:	01/11/2026
Audience:	Dentists, Dental Therapists and Dental Nurses including Apprentice Dental Nurse Trainees employed or contracted by Gloucestershire Health and care Community Dental Service
Dissemination:	The document will be disseminated to staff via line managers, 1:1's and at team meetings. It will be available on the Intranet. Staff working with the service on a Bank or Locum basis or Consultancy agreement in the Out of hours Service will receive separate notification of the protocol prior to commencing clinical sessions
Impact Assessments:	This Protocol has been subjected to an Equality Impact Assessment. This concluded that this protocol will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V1	April 2015	New Protocol
V2	01/12/2020	Updated guidance for recovery phase during the COVID 19 pandemic
V3	29/11/2023	Updated guidance when consenting for dental extractions in the Community Dental Service. Updated guidance on Covid-19 Pandemic.

SUMMARY
The protocol provides the framework to support staff in completing this procedure in a standardised way which ensures that the health, safety, and welfare of the patient undergoing the procedure is assured. This protocol does not introduce any new ways of working but aims to consolidate the accepted concepts of "best practice" within the service into a single document which can be used by all clinicians performing this procedure.

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ABBREVIATIONS

Abbreviation	*Full Description*
GHC	Gloucestershire Health and Care NHS Foundation Trust
GDC	General Dental Council
LocSSIP	Local Safety Standards for Invasive Procedures

1. INTRODUCTION

1.1 Dental extractions are carried out as part of routine and emergency dental care on a daily basis within the GHC Community Dental Service by dentists and dental therapists. This procedure is taught at undergraduate level and all dentists and therapists working for the Service will have completed this clinical training prior to registration with the General Dental Council and employment by the organisation.

1.2 The development of Local Safety Standards for Invasive Procedures is required to

promote a consistent approach to the care of patients undergoing dental extraction.

1.3 This protocol should be read and used in conjunction with the following organisational and departmental documents:

- Consent to Examination or Treatment Policy (CLP213)
- Health Records and Clinical Record Keeping Policy (CLP005)
- Duty of Candour Policy (CGP004)
- Incidents Policy (CGP001)
- Consent Procedure in the Dental Service Guideline (CLG006).

2. PURPOSE

2.1 This protocol will be recognised as the Local Safety Standard for Invasive Procedures (LocSSIP) relating to dental extractions. It provides the framework to support staff in completing this procedure in a standardised way which ensures that the health, safety, and welfare of the patient undergoing the procedure is assured. This protocol does not introduce any new ways of working but aims to consolidate the accepted concepts of 'best practice' and national guidelines into a single document which can be used by all clinicians performing this procedure.

2.2 Appendix 1 sets out a standard operating procedure which should be followed whenever a dental extraction is carried out. This standard operating procedure describes the patient care pathway that relates specifically to dental extraction and includes key safety checks which must take place.

2.3 Compliance with this pathway must be recorded in the electronic patient notes by completing a standardised reporting framework for this procedure which will provide an accurate record of the team performing the safety checks and the actual checks performed. Appendix 2.

3. SCOPE

3.1 The General Dental Council Scope of Practice September 2013 document states what dental procedures can be carried out by each member of the dental team. Dental therapists are able to extract deciduous teeth, dentists are able to extract both deciduous and permanent teeth.

Dental nurses assist dentists and dental therapists during clinical procedures and will need to be familiar with this protocol in order to support the clinician in completing the procedure.

All dentists, dental therapists and dental nurses employed by GHC must be registered with the GDC and comply with the GDC Standards for the Dental Team.

3.2 General Principles during recovery of the COVID 19 pandemic and for future circumstances:

- Continue to adhere to the accepted local and national protocols for the triage of patients with regard to their risk or likelihood of having COVID 19 infection.
- Continue to adhere to the accepted local and national protocols for the triage of patients with regards to the appropriate Personal Protection Equipment (PPE).

- Continue to adhere to the local and national policies regarding protocols for patients and attending staff when there is likely to be an Aerosol Generating Procedure.
- Renew our focus on prevention for every patient, at every opportunity.
- Provide evidence-based oral health care
- Ensure services are accessible to all, including those who may be shielding, socially vulnerable or who have safeguarding concerns.

4. DUTIES

4.1 General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency, and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005) – see section on MCA Compliance below.

4.2 General Roles, Responsibilities and Accountability Specific to this Policy

The General Dental Council Scope of Practice September 2013 document states which dental procedures can be carried out by each member of the dental team. Dental therapists are able to extract deciduous teeth; dentists are able to extract both deciduous and permanent teeth.

Dental nurses assist dentists and therapists during clinical procedures and must be familiar with this protocol in order to support the clinician in completing this procedure according to the Standard Operating Procedure.

Dentists and therapists will complete the standardised reporting template on SOEL Health (dental electronic patient record system – Appendix 2) for every extraction completed. This will identify the team involved and confirm key stages of the standard

operating procedure have taken place; this will form part of the patient clinical record.

All dentists, dental therapists and dental nurses employed by GHC must be registered with the GDC and comply with the GDC Standards for the Dental Team.

In the event of an untoward incident occurring, all staff must follow the procedure described within the Duty of Candour Policy and the Incident Policy.

5. MENTAL CAPACITY ACT COMPLIANCE

5.1 Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) Mental Capacity Act 2005 (legislation.gov.uk).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 Mental Capacity Act 2005 (legislation.gov.uk).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) Office of the Public Guardian - GOV.UK (www.gov.uk).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the persons best interests by other people. To be legally binding the person must have been over 18 when it was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.
- Where the decision relates to a child or young person under the age of 16, the MCA does not apply. In these cases, the competence of the child or young person must be considered under Gillick competence. If the child or young person is deemed not to have the competence to make the decision then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining or which will prevent significant long-term damage to a child or young person under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. PROTOCOL DETAIL

6.1 This protocol assumes that a dental examination and associated verification and recording of patients' details and medical history have taken place and that a valid consent has already been obtained for the dental extraction to be carried out. The consent process is detailed in the Trust Consent to Examination and Treatment Policy.

6.2 Standard operating procedure for carrying out a dental extraction is attached at Appendix 1.

6.3 Standard recording template is attached at Appendix 2.

6.4 Consent: When an extraction needs to be carried out under local anaesthetic alone an extraction consent form should be completed at each appointment (Appendix 3).

Where an extraction needs to be carried out under local anaesthetic and IV sedation or inhalation sedation both an extraction consent form (Appendix 3) and a consent form 5 (Appendix 4) needs to be completed.

7. DEFINITIONS

7.1 A **dental extraction** is the process by which a tooth is removed from the jawbone.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES

Monitoring Requirements and Methodology	Frequency	Further Actions
This protocol will be used as a clinical competency at appraisals. Clinical records which support the use of this protocol will be suitable evidence for inclusion in clinician's portfolios.	Annually	Staff will have an annual performance review / appraisal and will identify any issues and training that may be required.
Peer observation: Peers to observe 3 extractions over a period of a year carried out by dentists and dental therapists. A questionnaire will be completed and audited. Please see below	Observation of 3 dental extractions per year for each dental therapist and dentist	Dentists and dental therapists will carry out the observations and provide feedback after the observation.
Audit. The peer observation described will be audited as part of the dental audit programme for a 12-month rolling period.	Annually	The audit is overseen by the clinical audit team, the results are RAG rated and an action plan put in place. Results will be shared at the annual departmental audit day.

9. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

9.1 To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the Incident Reporting Policy. For moderate and severe harm incidents, Regulation 20

Duty of Candour requirements must be considered and guidance for staff can be found in the Duty of Candour Policy and Intranet resources.

10. TRAINING

10.1 It is anticipated that any dentist or therapist who is required to complete a dental extraction will have received appropriate undergraduate training prior to qualification and registration with the GDC.

If any additional training needs are identified this will be facilitated by the Clinical Director of Community Dental Service via the most appropriate method which may include mentoring, supervision or external training course.

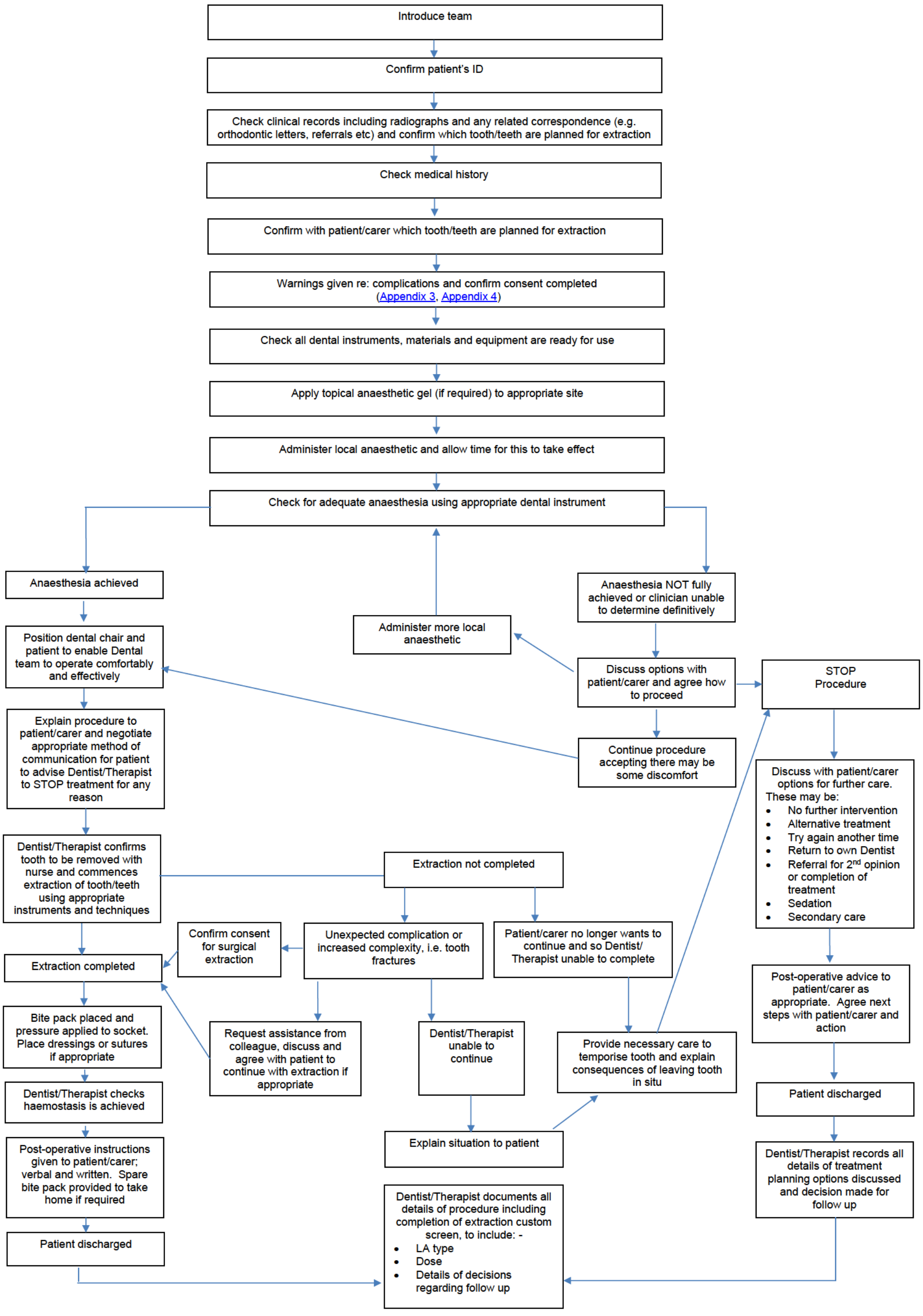
10.2 Any untoward incidents must be dealt with by following the Duty of Candour Policy and the Incidents Policy. Any training needs in relation to these policies will be identified at staff Appraisal and implemented.

11. REFERENCES

General Dental Council – Scope of Practice September 2013
General Dental Council – Standards for the Dental Team September 2013
Department of Health – The Never Events Policy Framework October 2012
NHS England – National Safety Standards for Invasive Procedures (NatSSIPS)
NHS England – Never Events List 2015/6
Royal College of Surgeons – Recommendations for Oral Surgery during the recovery phase of the COVID 19 pandemic June 2020

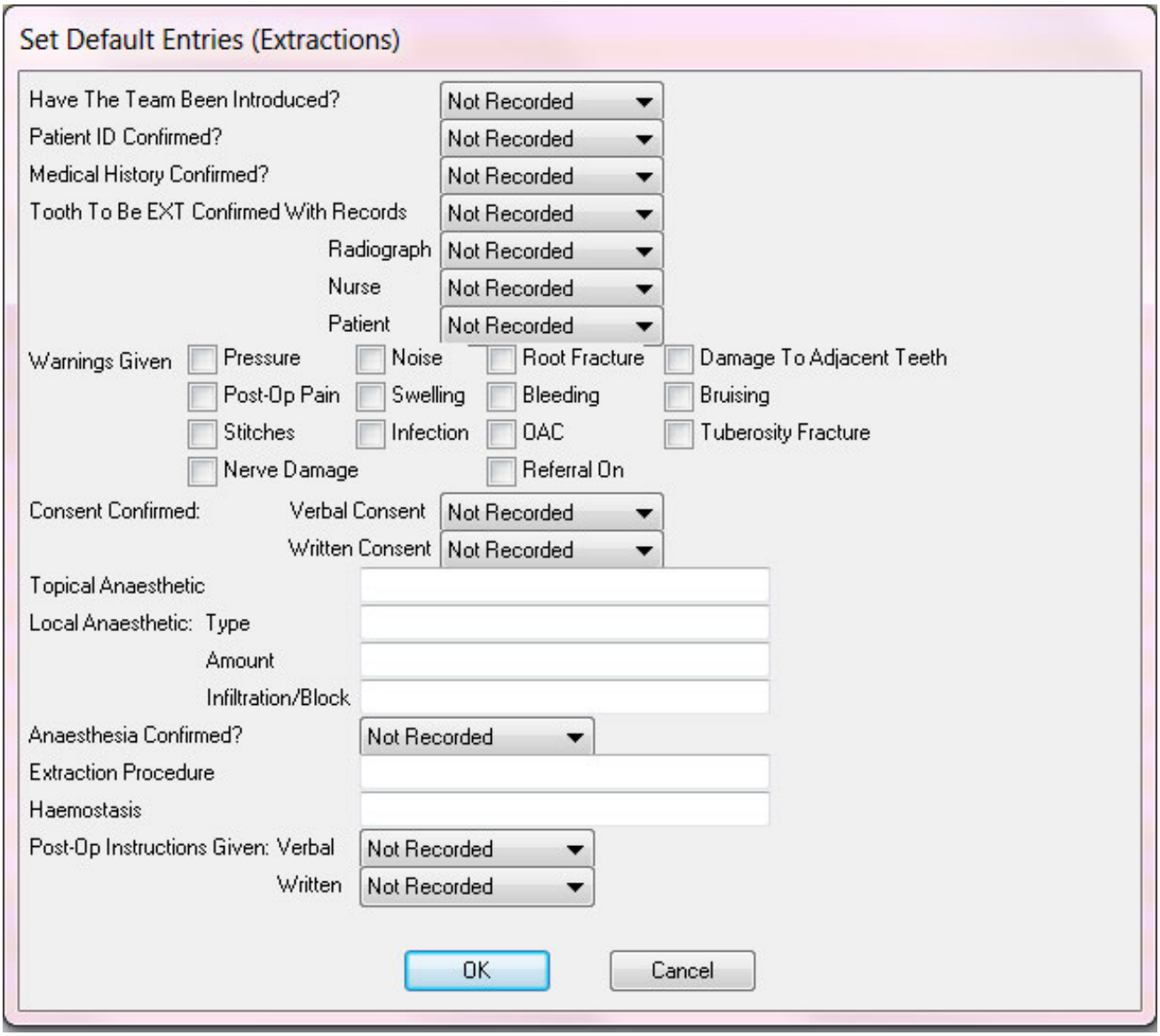
Appendix 1

CLINICAL PROTOCOL FOR DENTAL EXTRACTIONS



Appendix 2

Recording Template on SOEL Health for Dental Extractions



Appendix 3

EXTRACTION CONSENT FORM

SURNAME:	FORENAME:	DOB:

Name of Proposed Procedure/ Investigation/ Treatment:

I have explained the nature of this procedure and what it is likely to involve, and the options that are available, along with the intended benefits.

Signed (Dentist/ Therapist) ……

Witnessed by (DN) ……

I have explained any serious or frequently occurring risks of this procedure, namely:-

- ☐ Biting Lip/ Cheek
- ☐ Pain and swelling
- ☐ Stitches
- ☐ Noise
- ☐ Pressure
- ☐ Bleeding
- ☐ Bruising
- ☐ Difficulty in eating
- ☐ Fractured root tips
- ☐ Damage to adjacent teeth/ Structures including underlying permanent teeth
- ☐ Difficult extraction (Surgical)
- ☐ Referral on
- ☐ Limited mouth opening
- ☐ Sinus Communication
- ☐ Infection
- ☐ Nerve Damage
- ☐ Other

I have also explained the benefits and risks of having no treatment or of any other available treatments.

PATIENT/ PARENT/ GUARDIAN

I agree to the procedure or treatment described on this form. I have had the nature of the operation and the risks involved explained to me.

I have been able to discuss the procedure and ask any questions about the treatment and am happy to proceed.

Signature: …… Date: ……

Print name: …… Relationship to Patient: ……

Appendix 4

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COMMUNITY DENTAL SERVICE

Name DoB Address Patient Identifier Number ………………………….. or use Patient Identifier/Label ………………………

CONSENT FORM FOR MINOR TREATMENT OR PROCEDURES

Name of Treatment/Procedure

Statement of Health Professional

- The intended benefits
- Serious or frequently occurring risks
- The procedure is likely to involve
- Alternative treatments (including no treatment)

☐ Additional written information has been provided

Signed Date

Name (PRINT) Job Title

I confirm that I have had the treatment/procedure, benefits, alternative treatments and possible risks explained to me; I have no further questions and wish to go ahead with the procedure, whilst retaining the right to withdraw consent at any time.

Signed Date

Name (PRINT)

SECTION TO BE COMPLETED FOR CONSENT TO TREATMENT OF A CHILD BY PERSON WITH PARENTAL RESPONSIBILITY

Statement of person with parental responsibility:
I agree to the treatment/procedure described to me and confirm that I have parental responsibility for this child. I understand that I may withdraw consent at any time.

Signed Date

Name (PRINT) Relationship to child

>>>

Confirmation of Consent for ……………………………………………………………….. (Name of procedure)

I confirm that I have had the treatment/procedure, benefits, alternative treatments and possible risks explained to me; I have no further questions and wish to go ahead with the procedure, whilst retaining the right to withdraw consent at any time.

Patient Signature Date

Name (PRINT)