

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

Table of Content

Chapter 4 – Dental Care	PD / IB / GL Number	Amendment
Eligibility of Persons for Public Oral Health Care in NSW	PD2017_027	297 (15/08/17)
Schedule of Fees for Oral Health Fee for Service Scheme	IB2023_015	347 (16/6/23)
Oral Health Patient Record Protocol	GL2015_017	279 (17/12/15)
Oral Health Specialist Referral Protocols	PD2011_071	139 (24/11/11)
Dental Amalgam Clinical Use and Disposal	GL2020_015	329 (02/07/20)
Emergency Department Dental Referrals	GL2023_005	345 (01/03/23)
Early Childhood Oral Health Guidelines for Child Health Professionals, 3 rd Edition	GL2014_020	231 (18/12/14)
Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services	PD2013_037	191 (07/11/13)
Priority Oral Health Program (POHP) and Waiting List Management	PD2017_023	297 (13/07/17)
Smoking Cessation Brief Intervention in Oral Health Settings	PD2021_016	337 (07/06/21)
Oral Health: Cleaning, Disinfecting and Sterilising	PD2013_024	182 (15/08/13)
Growth Assessment and Dietary Advice in Public Oral Health Services	GL2019_001	320 (28/02/19)
Teledentistry	GL2020_019	331 (10/08/20)



NSW Health

Policy and Procedure Manual

Note

Where a number appears at the bottom of an amended page [such as 252 (17/09/15) – amendment number, date] an alteration has been made or new section included. Amendment numbers are sequential, the date represents the date the source document was published on the Policy Distribution System (PDS).

Below is a summary of each policy document. To navigate to the complete policy document, click the hyperlink in the Table of Content or under each policy document title.

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

Eligibility of Persons for Public Oral Health Care in NSW

Document number [PD2017_027](#) rescinds PD2016_050.

PURPOSE

This Policy Directive establishes the eligibility criteria for NSW residents who wish to access NSW Health public oral health services.

MANDATORY REQUIREMENTS

Public Oral Health Services managed by NSW Local Health Districts (LHD) must provide oral health care to persons who meet the eligibility criteria set out in this document.

At each appointment, staff of NSW Public Oral Health Services must ensure a person meets the eligibility criteria set out by this document prior to providing care.

IMPLEMENTATION

The **NSW Ministry of Health** is responsible for ensuring the requirements of this policy and attached procedures are monitored and acted on accordingly, and that the eligibility criteria are openly communicated to the public.

LHD Chief Executives are responsible for ensuring the public oral health services in their LHD provide oral health care to eligible persons in accordance with this document.

Oral Health Managers, Clinical Directors and staff of public oral health services are responsible for ensuring compliance with the eligibility criteria set out in this policy and attached procedures, and that the eligibility criteria are openly communicated to the public.

This Policy Directive should be read in conjunction with the following NSW Health policies:

- [Priority Oral Health Program and List Management](#)
- [Oral Health Fee for Service Scheme \(OHFFSS\)](#)
- [Oral Health Specialist Referral Protocols](#)
- [Oral Health Referral Form for Medical Emergency Departments](#)

297 (15/08/17)

Schedule of Fees for Oral Health Fee for Service Scheme

Document number [IB2023_015](#) rescinds IB2022_017.

PURPOSE

This Information Bulletin provides information on the current Oral Health Fee for Service Scheme (OHFFSS) Schedule of Fees. Fees have been indexed in alignment with movement in the Department of Veteran's Affairs Fee Schedules of Dental Services.

The Schedule of Fees is available on the NSW Health [Oral Health website Oral Health Fee For Service Scheme \(OHFFSS\)](#).

KEY INFORMATION

This Information Bulletin is to be read in conjunction with NSW Health Policy Directive *Oral Health Fee for Service Scheme* ([PD2016_018](#)) and Australian Dental Association The Australian Schedule of Dental Services and Glossary (Twelfth Edition).

Voucher limits

The maximum amounts payable for authorised vouchers are:

- Episodic Voucher: **\$450.00 or as printed on voucher**
- General Voucher: **\$1000.00 or as printed on voucher**
- Denture Voucher: **\$1750.00 or as printed on voucher**

NSW Health Organisations may:

- raise or lower voucher limits in line with local policy.
- pre-authorise and fund other Australian Dental Association items not listed in this schedule where it is applicable to an individual patient or model of care.

Note: Actual limits are printed on each voucher.

347 (16/6/23)

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

Oral Health Patient Record Protocol

Document number [GL2015_017](#) rescinds PD2008_024.

PURPOSE

The Oral Health Patient Record has been updated to assist oral health care providers within NSW Health maintain records that meet the Dental Board of Australia Guidelines on Dental Records (July 2010)¹.

KEY PRINCIPLES The Oral Health Patient Record has been reviewed and updated to reflect a contemporary view of patient centred care. The guideline applies to dentists, dental therapists, dental hygienists, oral health therapists, dental prosthetists and dental specialists.

USE OF THE GUIDELINE

The Oral Health Patient Record will result in a review of current work practices in such areas of odontogram, charting techniques and abbreviations. This will ensure that all Oral Health practitioners create and maintain a high level of quality in record keeping including detailed documentation of relevant patient information, both current and historical.

These practices are to serve the best interests of NSW residents who access public oral health services and that contribute to their safety, confidentiality and continuity of dental care. This guideline describes the base line requirements for oral health patient records whether they are in paper-based or electronic form.

279 (17/12/15)

¹ <http://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx>

Oral Health Specialist Referral Protocols

Document number [PD2011_071](#) rescinds PD2010_027.

PURPOSE

This policy statement and attached protocol aim to improve referral pathways from public and private medical and dental practitioners to public specialist oral health services by establishing clear and consistent patient flow pathways for eligible NSW residents who require specialist oral health services.

MANDATORY REQUIREMENTS

Referral centres and referring practitioners are to ensure compliance with specific oral health speciality referral criteria, as approved by Public Dental Services and the processes as detailed in the Oral Health Specialist Referral Protocol.

The oral health specialist referral form is to be completed by a referring practitioner when referring a patient to a specialist service.

IMPLEMENTATION

Chief Executives must:

- assign responsibility and personnel to implement the guidelines.
- approve specific public dental services specialist referral criteria.

Medical and Dental Practitioners, Oral Health Clinical Directors and Oral Health Managers must:

- promote efficient patient flow pathways
- monitor the implementation of the policy and specific public dental services criteria

Referral Centres must:

- Comply with the responsibilities detailed at section 3.3

Local Oral Health Staff must:

- comply with public dental services approved specialist referral processes and specific public dental services criteria

139 (24/11/11)

Dental Amalgam Clinical Use and Disposal

Document number [GL2020_015](#) rescinds GL2011_002.

GUIDELINE SUMMARY

This Guideline provides recommendations on the clinical use and the safe disposal of dental amalgam when treating patients in public dental clinics.

It is to be read with *NSW Health Clinical and Related Waste Management for Health Services* (PD2017_026).

KEY PRINCIPLES

NSW Health supports the specific measures outlined in the Minamata convention, by firstly improving oral health through systems and health promotion support, minimising the need for dental restorations. Where dental restorations are needed, current evidence-based approaches are supported, and cost-effective mercury free alternative materials are available to dental practitioners.

This Guideline also provides amalgam disposal practices to support environmental best practice to minimise the release of mercury compounds generated from dental clinics.

CLINICAL USE OF AMALGAM

Existing amalgam restorations remain safe and should not be removed or replaced with alternative restorative materials unless deemed strictly necessary by the dental practitioner. There is no evidence to justify the removal of dental amalgam restorations to relieve other systemic medical conditions or treat medical conditions (other than a proven allergy).

Cost effective, mercury-free alternative materials are available to dental practitioners to support modern evidence-based approaches to restorative care. These alternative materials should be favoured when treating patients who are pregnant, especially in the first trimester, breastfeeding mothers and those patients with severe renal disease and children under the age of 15.

Only pre-encapsulated amalgam is used when dental practitioners deem its necessity based on the specific medical and dental needs of the patient.

If placing or removing dental amalgam, clinical measures to reduce exposure to mercury vapour would include the use of rubber dam, ample water supply and evacuation.

WASTE MANAGEMENT OF DENTAL AMALGAM

The Minamata Convention on Mercury outlines measures to minimize the emission of mercury from dental practice into the environment to protect human health and the environment.

All clinics should be equipped with dental units that have amalgam waste traps that comply with ISO 11143.

Amalgam and amalgam-filled extracted teeth should not be placed in the 'general', yellow 'contaminated', or 'sharps' disposal containers, where contents are often incinerated.

Dental clinics should collect, store and ensure amalgam waste is sent to a licensed mercury waste processing facility for mercury recovery. These facilities recycle the mercury present in all the dental amalgam waste. If necessary, the Environment Protection Authority should be contacted for specific requirements for the disposal of mercury.

Emergency Department Dental Referrals

Document number [GL2023_005](#) rescinds GL2010_008.

GUIDELINE SUMMARY

This Guideline provides direction on making appropriate dental follow-up referrals from NSW Health hospital Emergency Departments (EDs).

This Guideline is to be read in conjunction with the NSW Health Policy Directive *State Health Forms* ([PD2009_072](#)), NSW Health Policy Directive *Eligibility of Persons for Public Oral Health Care in NSW* ([PD2017_027](#)) and NSW Health Policy *Priority Oral Health Program (POHP) and Waiting List Management* ([PD2017_023](#)).

KEY PRINCIPLES

Dental conditions feature as a common reason for presentation to NSW Emergency Departments (ED). Information on the management of dental emergencies, within EDs can be accessed through the Agency for Clinical Innovation's Emergency Care Institute webpage on [Dental Emergencies](#).

At the point of discharge some patients may require further dental care related to their initial presentation at the ED. Without adequate follow-up care, these patients may re-present to the ED.

Commonly this may include patients that have presented with:

- Dental trauma
- Swelling of the face or neck of dental origin
- Swelling in the mouth of dental origin
- Significant bleeding from a dental origin
- Difficulty opening jaw and/or swallowing as a result of a dental infection
- Difficulty breathing due to a swelling of dental origin.

A discharge summary is to be provided to the patient for follow up dental care. The patients discharge summary must include:

- Details about the presenting condition
- Test completed (such as imaging, blood pathology)
- Details about the management of the presentation and any medications administered

Some patients presenting to the ED may be eligible for a referral to NSW public dental clinics.

Patients requiring routine dental care should seek care from their private dental practitioner or at a [NSW public dental clinic](#) (eligibility criteria apply). Patients are eligible to access public dental clinics if they meet all section criteria, on the [Dental Referral for Emergency Departments to NSW Public Dental Clinics](#) form. This includes all children under 18 and adults with a Pensioner Concession Card, a Health Care Card or a Commonwealth Seniors Health Card. This criterion is also outlined in the NSW Health Policy Directive *Eligibility of Persons for Public Oral Health Care in NSW* ([PD2017_027](#)).

If a referral to a NSW public dental clinic is required, the state-wide form [Dental Referral for Emergency Departments to NSW Public Dental Clinics](#) is to be used. This form is to be given to the patient on discharge.

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

Contact details for public dental clinics are on the form. In most cases the patient will be required to contact the public dental clinics. Vulnerable or priority patients may require staff assistance. The patient is required to bring the form to their dental appointment.

345 (01/03/23)

Early Childhood Oral Health Guidelines for Child Health Professionals, 3rd Edition

Document number [GL2014_020](#) rescinds GL2009_017.

PURPOSE

The Early Childhood Oral Health Guidelines (the Guidelines) aim to improve the health and wellbeing of children in NSW by integrating oral health into general health interventions provided by child health professionals. The Guidelines add value to the NSW Personal Health Record, which includes oral health information for parents and a requirement to “lift the lip” and check for signs of dental disease during Child Health Checks.

KEY PRINCIPLES

The key principles of the Guidelines are that child health professionals should:

1. Advise pregnant women to visit a dentist for a dental examination and restoration of all active decay
2. Provide preventive interventions to pregnant women and to new parents/caregivers
3. Lift the lip of children aged 0-5 years to examine the upper front teeth and look for early signs of tooth decay (e.g. white or brown spots that don't brush off) and existing cavities
4. Assess child's level of risk for oral disease. Provide preventive interventions to new parents/caregivers
5. Advise parents/caregivers to reduce the frequency of sugar intake by limiting night time on-demand feeding after six months
6. Advise mothers and carers to avoid transfer of oral bacteria to their child by maintaining good oral health themselves and by not placing food, utensils, dummies or teats into their own mouths and then into their child's mouth
7. Provide dietary counselling to parents/caregivers that is specific to the child and their family and monitor compliance
8. Provide oral hygiene and fluoride advice to parents/caregivers
9. Provide information on teething to new parents/caregivers
10. Provide an oral health assessment to a child by their first birthday
11. Refer children at high risk for tooth decay to an Oral Health Call Centre, Early Childhood Oral Health Coordinator or Private Dentist
12. Advise parents to talk to their children about dental visits in a positive way
13. Provide oral health education for all child health professionals.

USE OF THE GUIDELINE

The Guidelines provide support material for child health professionals about oral health that complements their existing expertise by:

- Providing accurate oral health information to parents of children aged 0-5 years
- Assessing levels of oral disease risk for children aged 0-5 years
- Making decisions about appropriate referrals to oral health services.

Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services

Document number [PD2013_037](#) rescinds PD2008_020.

PURPOSE

Oral Health is essential for health and wellbeing and early childhood is the time when most lifetime habits are established. It offers the greatest opportunity for prevention of disease, which, in turn, can contribute to better health in adulthood. This policy sets the framework for Public Oral Health Services in NSW to work collaboratively with key partners to implement the Early Childhood Oral Health Program in order to improve the oral health of the population.

MANDATORY REQUIREMENTS

- All child health professionals receive core oral health training and have access to regular periodic updates in oral health.
- All members of the oral health team are educated and trained to address the issues of children aged 0-5 years and are responsive to the prioritisation process for children who are at risk of Early Childhood Caries (ECC), including siblings.
- Referral information and supporting resources are available and accessible to child health professionals.
- Culturally appropriate oral health information and resources are available to Aboriginal people.
- Child health professionals who refer children receive timely feedback from the treating oral health professional.
- Administrative structures and procedures support the referral and feedback processes.

IMPLEMENTATION

An overview of responsibilities of key parties required in implementing this policy:

Centre for Oral Health Strategy (COHS) NSW:

- Develop, promote and review state-wide resources & training packages.
- Engage with Aboriginal Health personnel and communities in the development of culturally specific resources.
- Promote education of oral health personnel in early childhood oral health.
- Maintain a high level of consultation & liaison with key stakeholders.
- Monitor ECOH Program uptake.
- Monitor oral health outcomes.

LHD Oral Health Managers and Clinical Directors:

- Allocate adequate resources to implement and sustain the ECOH program.
- Support ongoing professional development for oral health staff.

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

- Prioritise 0-5 year olds and all eligible family members, who are in the 'high risk' category.
- Focus actions on higher risk groups, such as Aboriginal communities and others as identified by epidemiological and/or socio-demographic data.
- Ensure that administrative structures and procedures support referral, appointment, treatment and feedback processes where appropriate.
- Provide preventive information, resources and treatment to improve the oral health status of high risk groups.
- Ensure all children referred by a child health professional are enrolled in the Information System for Oral Health (ISOH).

ECOH Coordinators (or delegated Oral Health Professional):

- Train and provide periodic updates for child health professionals, including Aboriginal Health personnel.
- Distribute ECOH resources & relevant supporting information to both child health professionals and public oral health professionals.
- Monitor ECOH program uptake at the LHD level.
- Train oral health teams in ECOH prioritisation and appointment protocol.
- Participate in ECOH professional development sessions.
- Build collaborative LHD partnerships between oral health and general health professionals.
- Provide timely and accurate reports to LHD Management and to COHS.
- Provide timely feedback to referring agents.

Oral Health Clinicians:

- Provide timely feedback to referring professionals / agencies.
- Implement a family centred model of oral health care that recognises eligible family members for dental treatment where one family member has been referred for prevention and early intervention under the ECOH Program.
- Distribute resources and relevant material that support the ECOH program to parents/carers of young children.
- Liaise with and support the ECOH coordinator and participate in ECOH professional development sessions.

Oral Health Intake/Reception:

- Prioritise referrals from the ECOH Program.
- Record all children who enter the oral health service with a referral from a child health professional as a referral during their Priority Oral Health Program (POHP) triage in ISOH.
- When required, liaise with ECOH coordinators, child health professionals and oral health clinicians as required to facilitate a family centred approach to oral health care.

Priority Oral Health Program (POHP) and Waiting List Management

Document number [PD2017_023](#) rescinds PD2008_056.

PURPOSE

This policy directive outlines the processes of dental triage, clinical assessment, and waiting list management for NSW residents who access public oral health services.

MANDATORY REQUIREMENTS Public oral health services managed by NSW Local Health Districts (LHD) and Specialty Networks (SN) must prioritise and manage patient flows according to the processes set out in this Policy Directive.

IMPLEMENTATION

Chief Executives are responsible for:

- Ensuring that this Policy Directive is implemented throughout the Local Health District/Specialty Health Network.
- Supporting the efficient and equitable delivery of oral health services including proactive management of demand.
- Regularly evaluating oral health service performance and ensuring that relevant reporting requirements are met.
- Ensuring that oral health services communicate effectively with patients and carers and treat all clients with respect and dignity.

Oral Health Service Clinical Directors and Service Managers are responsible for:

- Ensuring that clear administrative and clinical procedures are in place to facilitate the implementation of the Policy Directive.
- Conducting quality assurance activities to ensure that the triage, clinical assessment and waiting list management procedures and timeframes outlined in this Policy Directive are adhered to.
- Ensuring that excellent customer service practices are in place to facilitate effective and timely communication with patients. All patients and carers must be treated with respect and dignity.

Oral Health Contact Centre Staff are responsible for:

- Ensuring that excellent customer service practices are in place to facilitate effective and timely communication with patients. All patients and carers must be treated with respect and dignity.
- Ensuring that all patients are triaged in accordance with this Policy Directive.
- Ensuring that patient encounters are documented accurately and appropriately.

Dental Practitioners are responsible for:

- Complying with the procedures and clinical criteria set out in this Policy Directive.
- Prompt and appropriate communication with referring Medical Practitioners regarding the management of a referred patient.
- Contributing to the performance of the oral health service by providing services to patients in an efficient, conscientious manner.

- Providing excellent customer service to patients and carers.
- All patients and carers must be treated with respect and dignity.

Referring Health Practitioners are responsible for:

- Ensuring that adequate demographic and clinical details are provided when referring patients to oral health services.
- Initiating prompt and appropriate communication with oral health services should there be a change in indications for treatment or change in a patient's health with implications for treatment.

Patients and carers should:

- Seek public dental care by telephoning an oral health contact centre for triage.
- Inform the oral health contact centre of any change in patients' oral health complaint.
- Attend pre-treatment appointments as required by the oral health service (such as a clinical assessment appointment) and attend all appointments for treatment.
- Clearly communicate with oral health service staff:
 - Any change of address or other contact details
 - Inability to attend an appointment
 - Any change in decision to undergo a procedure

RELATED NSW MINISTRY OF HEALTH POLICIES

This Policy Directive should be read in conjunction with, but not restricted to:

- Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services ([PD2013_037](#))
- Health Assessment of Children and Young People in Out-of-Home-Care (Clinical Practice Guidelines) ([GL2013_010](#))
- NSW Patient Safety and Clinical Quality Program ([PD2005_608](#))
- Oral Health - Eligibility of Persons for Public Oral Health Care in NSW ([PD2016_050](#))
- Oral Health Fee for Service Scheme (OHFFSS) NSW ([PD2016_018](#))
- Waiting Time and Elective Patient Management Policy ([PD2012_011](#))
- Oral Health Specialist Referral Protocols ([PD2011_071](#))
- Oral Health Referral Form for Medical Emergency Departments (Guidelines) ([GL2010_008](#))
- Oral Health Patient Record Protocol ([GL2015_017](#))

Ministry of Health policies, guidelines and information bulletins are public documents and can be sourced from NSW Health's website: www.health.nsw.gov.au.

297 (13/07/17)

Smoking Cessation Brief Intervention in Oral Health Settings

Document number [PD2021_016](#) rescinds PD2021_014.

POLICY STATEMENT

Tobacco smoking is a leading cause of preventable chronic disease, including periodontitis and oral pharyngeal cancer, and premature death in Australia. Tobacco use is more prevalent in disadvantaged groups who are served in public oral health settings. Dental practitioners and dental assistants in NSW public oral health settings can play a pivotal role in engaging with patients and supporting them to modify their risk practices. Dental practitioners must consider providing brief advice and support to patients, through smoking cessation brief interventions as appropriate to the clinical situation.

SUMMARY OF POLICY REQUIREMENTS

Dental practitioners and dental assistants are expected to be appropriately trained in delivering smoking cessation brief interventions. Mandatory training is available via *My Health Learning*.

All patients aged 14 years and over are to have their use of tobacco or other similar substances assessed and recorded in the oral health record, unless doing so would be clinically inappropriate.

Where the setting is appropriate, all patients who smoke are to be approached in a nonjudgmental way about their smoking and be provided advice to quit. Dental practitioners must record the smoking cessation advice offered in the patient's oral health record.

Consenting patients are to be offered a referral to a smoking cessation support service. Oral health executives must ensure that supporting resources are available. Local health districts and the Ministry of Health are to monitor local smoking cessation brief intervention activities.

337 (07/06/21)

Oral Health: Cleaning, Disinfecting and Sterilizing

Document number [PD2013_024](#) rescinds GL2005_037.

PURPOSE

The purpose of this policy directive is to provide minimum standards for cleaning, disinfecting and sterilizing in oral health care settings for the maintenance of a safe and healthy environment for patients, visitors and staff. This policy must be read in conjunction with NSW Health Infection Control Policy PD2007_036 and Hand Hygiene Policy PD 2010_058.

MANDATORY REQUIREMENTS

NSW Health is committed to ensuring health and safety for patients in the oral health care setting and providing a healthy working environment for all oral health employees. This includes adopting and maintaining infection prevention processes that minimise the risk of oral health patients and oral health providers acquiring a health-care associated or occupational infection. For this to be achieved NSW Local Health Districts must implement the 'Oral Health: cleaning, disinfecting and sterilizing standard operating procedures', and:

- successfully promote and implement the Oral Health cleaning, disinfecting and sterilizing procedures through annual auditing processes,
- implement facility wide auditing of oral health practices, which is reported to the Local Health District Chief Executives, and
- set the example: Chief Executives, Health Service Executives, Directors of Clinical Governance, Oral Health Managers and Oral Health Clinical Directors implement and sustain infection prevention practices in all patient care activities.

All health care services and health care workers have a common law duty of care to take all reasonable steps to safeguard patients, staff and the general public from infection. The Work Health and Safety Act 2011² (WH&S) prescribe the employer's duty of care to provide a safe and healthy working environment for all employees and other persons on their premises.

The WH&S Act also prescribes responsibilities for managers (who manage WH&S within the areas they are responsible for) and employees (who must cooperate with the employer and not put anyone at risk by their acts or omissions). There is also a requirement for employers to provide the information, instruction, training and supervision necessary to ensure the health and safety of employees at work.

IMPLEMENTATION

The policy directive and standard operating procedures are to be used in the public dental services, as well as providing guidance to private oral health facilities, such as universities, TAFE and private practices. To implement the policy effectively the following roles and responsibilities are required.

Roles and Responsibilities

NSW Ministry of Health

- Ensure the mandatory requirements and standards of this policy are monitored and acted on accordingly.

Chief Executives of Local Health District

² http://www.comcare.gov.au/laws_and_regulations/ohs_act,_regulations_and_code

Patient Matters Manual for Public Health Organisations

Chapter 4 – Dental Care

- Assign responsibility and personnel to implement the cleaning, disinfecting and sterilization processes identified in Oral Health: cleaning, disinfecting and sterilizing standard operating procedures.

Oral Health Clinical Directors and Oral Health Managers

- Provide oral health clinicians, patients and visitors with the means to perform infection control processes,
- Provide support to oral health line managers to implement and sustain infection control processes in oral health settings, and
- Manage oral health staff/s who doesn't comply with the policy, in accordance with NSW Health policy directives for staff performance management.

182 (15/08/13)

Growth Assessment and Dietary Advice in Public Oral Health Services

Document number [GL2019_001](#).

PURPOSE

This document introduces routine measurement of height and weight of patients in public oral health services, as part of addressing the NSW Premier's priority on Tackling Childhood Obesity to reduce childhood overweight and obesity by 5% by 2025.

This document complements the NSW Health Guideline *Growth Assessment in Children and Weight Status Assessment in Adults* (GL2017_021). It provides specific directions on the implementation of growth assessment and dietary advice for children in public oral health services.

KEY PRINCIPLES

A strategic direction under the NSW Premier's priority on Tackling Childhood Obesity is the routine collection of height and weight across NSW Health Services. Routine weight status assessment and management by public oral health services, including the provision of brief advice and referral pathways to healthy lifestyle programs, is important for inter-professional collaboration to address the issue of childhood obesity.

This Guideline provides the recommended approach for public oral health services to implement routine growth assessment and advice into clinical care. This includes:

- Professional development for staff (Section 2);
- Processes for growth and dietary assessments (Section 3);
- Provision of brief intervention for children above a healthy weight (Section 4.1);
- Provision of dietary and physical activity advice to address both oral health and obesity risk (Section 4.2), and;
- Referral pathways and processes for children identified as being outside of a healthy weight status (Section 5).

Successful implementation of this Guideline will require oral health service to establish partnerships with other key health services in their Local Health District, such as Health Promotion, to obtain additional support for staff and patients.

USE OF THE GUIDELINE

Public oral health staff should be aware of the recommended professional development (Section 2), and the processes for:

- Measuring and recording height and weight of patients (Section 3);
- Providing an appropriate brief intervention (Section 4); and
- Providing referrals to other health services (Section 5).

Public oral health service managers and clinical directors should support staff in completing recommended professional development, and in the implementation of the measurement of height and weight, brief interventions, and referrals as part of standard clinical practice.

Teledentistry

Document number [GL2020_019](#).

GUIDELINE SUMMARY

This Guideline provides a framework for the use of teledentistry-enabled models of care by NSW Health Districts. Specifically, this Guideline is designed to provide information for live patient – provider teledentistry interactions and store-and-forward episodes and to establish standard item codes for teledentistry services.

KEY PRINCIPLES

- Provide a framework for teledentistry utilisation in NSW public dental services for:
 - Live patient and provider teledentistry services
 - Store and forward teledentistry services
- Establish standard item codes for teledentistry services
- Establish a consistent approach to recording and reporting of teledentistry episodes

USE OF THE GUIDELINE

This Guideline is intended for use by NSW Health public dental and medical organisations which provide teledentistry services.

- Support public dental services to use teledentistry to improve access to oral healthcare
- Clinicians should follow these guidelines when providing teledentistry-enabled services
- Standardise the use of item codes for recording teledentistry utilisation
- Dental clinicians should use the described, standard teledentistry item codes when providing treatment
- Teledentistry services should be monitored, evaluated and improved

331 (10/08/20)