


# *Organization dental care for the urban population.*




Oral health is an important requirement for the normal general physical condition of the human body....

It is known that there is a close connection of almost all non-infectious diseases with damage to the teeth and oral cavity.






The Ministry of Health of Russia, the health authorities of the regions of the country and municipal councils, within their competence, plan activities for the development of dental care for the population and control the activities of subordinate dental services.



In accordance with the existing concept of dental service (Leont'ev V. K., Shestakov V. T., 1991) and its social significance, the government still assumes a basic the costs for the provision of dental help adults and children in the framework of the basic program of compulsory health insurance, specific social protection measures taken in relation to the elderly with low incomes.



The position of chief specialist, including in dentistry, is provided for at all administrative levels of health management.

**Chief specialists** appointed from among the most qualified dentists, professors, associate professors, researchers working in the field of dentistry and who know the organization of dental care for the population.

Most often, these positions are occupied by the chief doctors of regional (republican, regional) or large city dental clinics, in the conditions of the district - the chief doctor of the regional dental clinic.

## ***The chief dentist carries out:***

- organization quality control of medical and preventive work polyclinic;
- analysis of dental morbidity in the population;
- control over the implementation of plans for the development of dental help in the region, city, district;
- control carrying out an organized oral sanitation plan contingents population;
- monitoring the implementation of the improvement action plan medical and medium honey. staff;
- providing a certificate of the state of dental care the population in offices, departments and Ministries health care



**Outpatient dental care**  
**urban the population finds itself in various**  
**types specialized**  
**treatment-and-prophylactic institutions.**

**1) State and municipal dental clinics** (for adults and children);

**2) Dental subdivisions** (departments and offices) as part of other state healthcare institutions (territorial polyclinics, medical and sanitary units, hospitals, dispensaries, antenatal clinics, etc.);

**3) Dental offices in non-medical organizations** (schools and preschool institutions, higher and secondary specialized educational institutions);

**4) Private dental clinics.**

**MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT  
RUSSIAN FEDERATION**

**ORDER**

**of December 7, 2011 N 1496n**


**ON APPROVAL OF THE ORDER  
PROVIDING MEDICAL ASSISTANCE TO THE ADULT POPULATION  
FOR DENTAL DISEASES**

**ACCORDING WITH ARTICLE 37 FEDERAL LAW  
FROM 21 NOVEMBER 2011 N 323-FZ  
"ABOUT THE BASICS SECURITY HEALTH CITIZENS  
V RUSSIAN FEDERATION" I ORDER:**

**TO APPROVE THE PROCEDURE FOR PROVIDING MEDICAL CARE  
TO THE ADULT POPULATION WITH DENTAL  
DISEASES ACCORDING TO THE APP.**

**MINISTER  
T.A. GOLIKOVA**






**1.** the present order establishes **rules for the provision of medical care to the adult population** at dental diseases by medical organizations, regardless of their organizational and legal forms.

**2.** The provision of medical care to the adult population is carried out for dental diseases of the teeth, periodontium, mucous membranes of the mouth, tongue, salivary glands, jaws, face and head, including:

- carious, non-carious and other lesions of the teeth;
- acute, chronic and specific inflammatory diseases, acute and chronic trauma, acquired defects and deformities, oncological diseases of the periodontal, oral mucosa, tongue, salivary glands, jaws, face and head; anomalies and defects in the development of teeth, jaws, face and head, their prerequisites and consequences



**3.** Medical care for the adult population with dental diseases is provided in the form of:

- primary health care;
- ambulance;
- specialized, including high-tech, medical care

## **Primary health care,**

which, as enshrined in Article 33 of the Federal Law **"On the basics of health protection in the Russian Federation "No. 323-FZ** is an the basis of the health care delivery system and *includes in myself*

- prevention activities,
- diagnostics,
- treatment diseases and conditions,
- medical rehabilitation,
- observation over the course of pregnancy,
- the formation healthy lifestyle and
- sanitary and hygienic enlightenment population.

**Primary health care in accordance with paragraph 6 of Article 33 of the Federal Law No. 323 is provided on an outpatient basis and in a day hospital;**

## Primary health care

the adult population with dental diseases on an outpatient basis is:

- dentists (general dentists),
- dentists-therapists,
- dentists-surgeons,
- orthopedic dentists,
- doctors-orthodontists,
- doctors - maxillofacial surgeons (hereinafter - dentists),
- dentists,
- Dental hygienists,
- dental technicians;
- paramedics and doctors of other specialties

**list types of high-tech medical care** approved by the Order of the Ministry of Health of the Russian Federation **dated December 10, 2013 No. 916n** effective January 1, 2014 ... Applicable to the profile "Dentistry" the above regulatory legal act does not distinguish any types of high-tech medical care.

but they are present in the field adjacent to dentistry - "Maxillofacial Surgery":


- reconstructive plastic surgery for congenital malformations of the cranio-maxillofacial region;
- reconstructive plastic surgery to eliminate extensive defects and deformities of soft tissues, individual anatomical zones and (or) structures of the head, face and neck;
- reconstructive plastic surgery to eliminate extensive defects in the bones of the cranial vault, facial skeleton;
- reconstructive plastic, microsurgical and combined operations in the treatment of neoplasms of soft tissues and (or) bones of the facial skeleton with simultaneous plastic elimination of the resulting wound defect or its replacement using complex maxillofacial prosthetics, etc.

*In recent years, the most promising model for improvement of dental care for the population is multilevel system dental care.*

First level is as close as possible to the population, acceptable and accessible to all.

Qualified dental care is provided at this level.

The first-level institutions should include all dental offices and departments where reception is provided for assistance at the main dental diseases, measures are taken to individual prevention and treatment of the most common types of dental pathology.

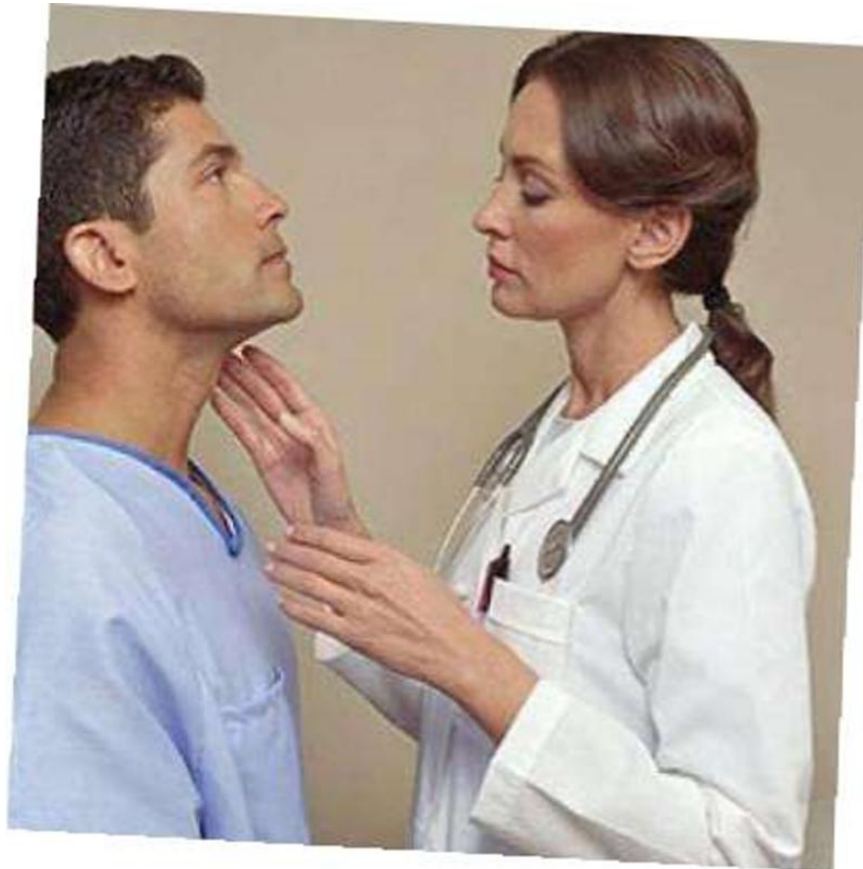


**Second level** dental service presented dental municipal clinics, where the provision of highly qualified specialized care in the main profiles of the dental specialty is ensured: therapeutic dentistry with endodontics, surgical dentistry and dental prosthetics.

**At the third level** organizational and methodological management of the dental service of the city is carried out and highly qualified and specialized consultative, diagnostic and medical assistance is provided in such narrow sections of dentistry, how periodontics, endodontics, diseases of the oral mucosa, stomatoneurology, complex dental prosthetics, oncostomatology...

## **The main tasks dental polyclinics are:**


- Carrying out measures for the prevention of diseases of the maxillofacial area among the population and in organized groups;





- Organization and carrying out activities aimed at early detection of patients with diseases of the maxillofacial region and their timely treatment;





- Rendering qualified outpatient dental care the population.

- In the planned the order, according to the schedules agreed by the heads of enterprises and organizations, conducting preventive examinations workers of industrial enterprises, construction organizations, students of higher and secondary educational institutions, workers and students of other organized groups with the simultaneous treatment of identified sick;

- Carrying out a complete reorganization oral cavity in pre-conscription and conscription contingents;

- Rendering emergency medical care for patients with acute diseases and injuries of the maxillofacial region;



- Dispensary observation  
for certain contingents of patients with a dental profile;



# Organization of a dental office



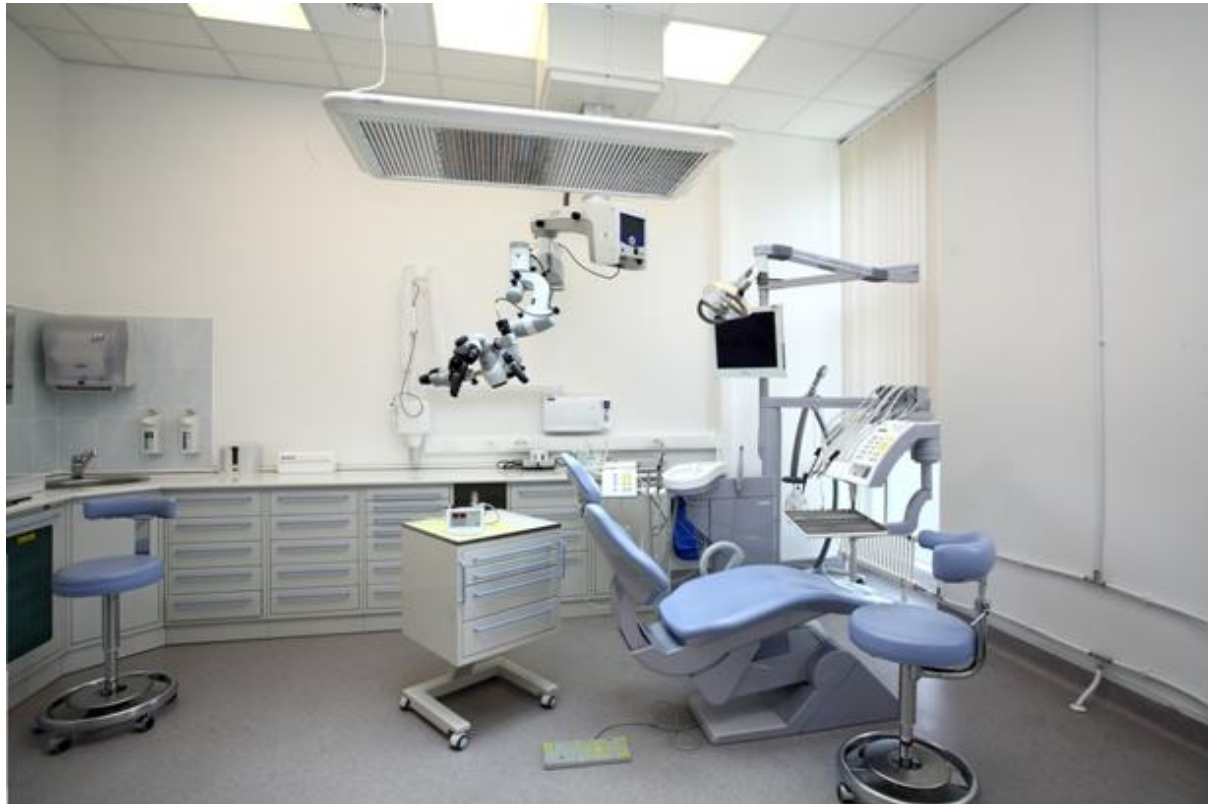


Each dental office has 3 functional zones:

- a treatment room that includes operating rooms, a sterilization site, an X-ray room, a laboratory.
- a public one that consists of an entrance, a reception room, business areas, a consulting room and a patient rest room
- a private one that includes a doctor's office, a staff room and a recreation room, storerooms and a dental equipment room

# Organization, equipment and tools of dental offices


Dental offices (therapeutic, surgical, orthopedic, children's, orthodontic) should have 14 sq. m of area and 7 sq. m each for the main dental chair. m for each additional. If an additional chair has a universal dental unit, the area for an additional chair increases to 10 sq. m.




- The height of the cabinets should be at least 3 m, and the depth in natural light should not exceed 6 m.
- The color of the surfaces of the walls and floor in the treatment rooms should be light tones (salad, ochre). It is advisable to use a neutral light gray color that does not interfere with the correct color differentiation of the color shades of mucous membranes, skin, blood, teeth (natural and artificial), filling and dental prosthetic materials.





- 
- Doors and windows in the office are painted with enamels or oil paint in white. Door and window fittings should be smooth and easy to clean.



The walls above the panels and ceilings of the surgical room, operating rooms, preoperative and sterilization are painted white with oil paint. Surgical rooms should have supply and exhaust ventilation, easily opening transoms and vents.

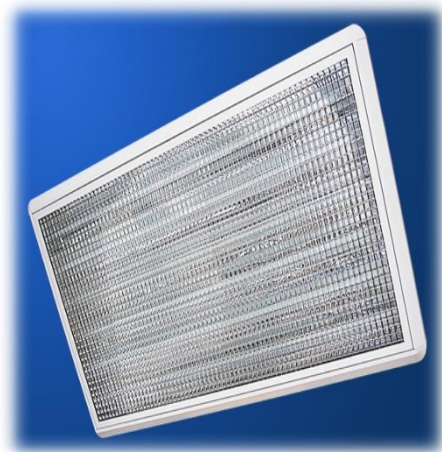
The illumination level of the cabinet when using fluorescent lamps should be 500 lux.

- It is desirable to orient the windows of the office to the northern directions in order to avoid significant differences in brightness in the workplace due to direct sunlight with other types of orientation, as well as overheating of the premises in the summer. In offices with incorrect orientations, in the summer it is recommended to resort to darkening the windows with curtains, blinds, awnings and other devices.

# Lighting

All premises of dental clinics, departments should have general artificial lighting, made with fluorescent lamps or incandescent lamps.

General lighting fixtures should be placed in such a way that they do not fall into the field of view of a working doctor.




The lamp is on installation. Illumination-2000-5000lk

- Fluorescent lamps should be equipped with start-up devices with a particularly low noise level, be paired in order to avoid the appearance of pulsation of the luminous flux and be placed in areas that do not fall into the field of view of a working doctor. General lighting fixtures placed on ceilings should be with solid (closed) diffusers.


# Quartz formation

- There should be a quartz lamp (desktop or portable) in the doctor's office, with which the quartz air of the office is produced. This procedure is usually performed during a break between shifts or after the end of the working day.





Finishing of therapeutic dentistry offices in connection with the possibility of using amalgam fillings has a number of features: the walls and ceilings of the offices are plastered (brick) or rubbed (panel) with the addition of 5% sulfur powder to the solution to bind the sorbing mercury vapors into a strong compound (sulfur mercury) that is not subject to desorption, and are painted with water-emulsion or oil paints



The base of the linoleum floor must be protected from mercury penetration in accordance with the requirements of the «sanitary rules for the design, equipment, operation and maintenance of industrial premises intended for work with mercury, its compounds and devices with mercury filling»

Dry plaster slabs, hardboard, unprotected wood and other porous materials should not be used as a coating base;



**To work with amalgam and polymer materials in the offices of therapeutic and orthopedic dentistry, there must be a fume hood that meets the following requirements:**

- a) in the open working opening of the cabinet with a size of 30x60 cm, an autonomous mechanical thrust must provide an air velocity of at least 0.7 m/s;
- b) the removal of air must occur from all areas of the cabinet;
- c) the inner surfaces of the cabinet must be mercury-permeable;

**To work with amalgam and polymer materials in the offices of therapeutic and orthopedic dentistry, there must be a fume hood that meets the following requirements:**

d) the floor of the cabinet should have a slope of 1-2 cm per running meter towards the gutter connected to the vessel for collecting spilled mercury drops;

e) a water sink with a mercury trap must be installed in the cabinet;

f) a cabinet should be installed inside the cabinet for storing a daily supply of amalgam, mercury and dishes for making amalgam, as well as demercurizing agents.

Each dental office should have a table for sterile materials and instruments.



Dental clinics, departments, offices should be provided with first aid kits with a set of necessary medicines for emergency and first aid, as well as disinfectants.



Equipping dental clinics, departments, offices with medical equipment is carried out in accordance with the current equipment report card of dental institutions.

No more than three chairs should be placed in therapeutic and orthopedic dental offices, and no more than two chairs in surgical ones with mandatory separation of doctors' workplaces by opaque partitions up to 1.5 m high.

In offices with one-way natural light, dental chairs are installed in one row along the light-bearing wall.

## **Dental office equipment :**

- Doctor's workplace:
- Workplace of a nurse:
- Nurse's workplace:

In addition, the cabinet should have a cabinet for storing materials and tools, a cabinet for poisonous (A) and potent (B) medicinal substances and a desk.

# Doctor's workplace:

1. Dental unit
2. The chair
3. Table for medicines and materials
4. Screw Chair
5. Stationery desk and chair for filling out medical documentation





## Nurse's workplace:

1. Tool sorting table
2. Dry - burning cabinet
3. Sterile table
4. Screw Chair



# The nurse's workplace:



1. Table for  
sorting used  
tools

2. Sink for  
washing tools







*Thank you for the  
attention!*

