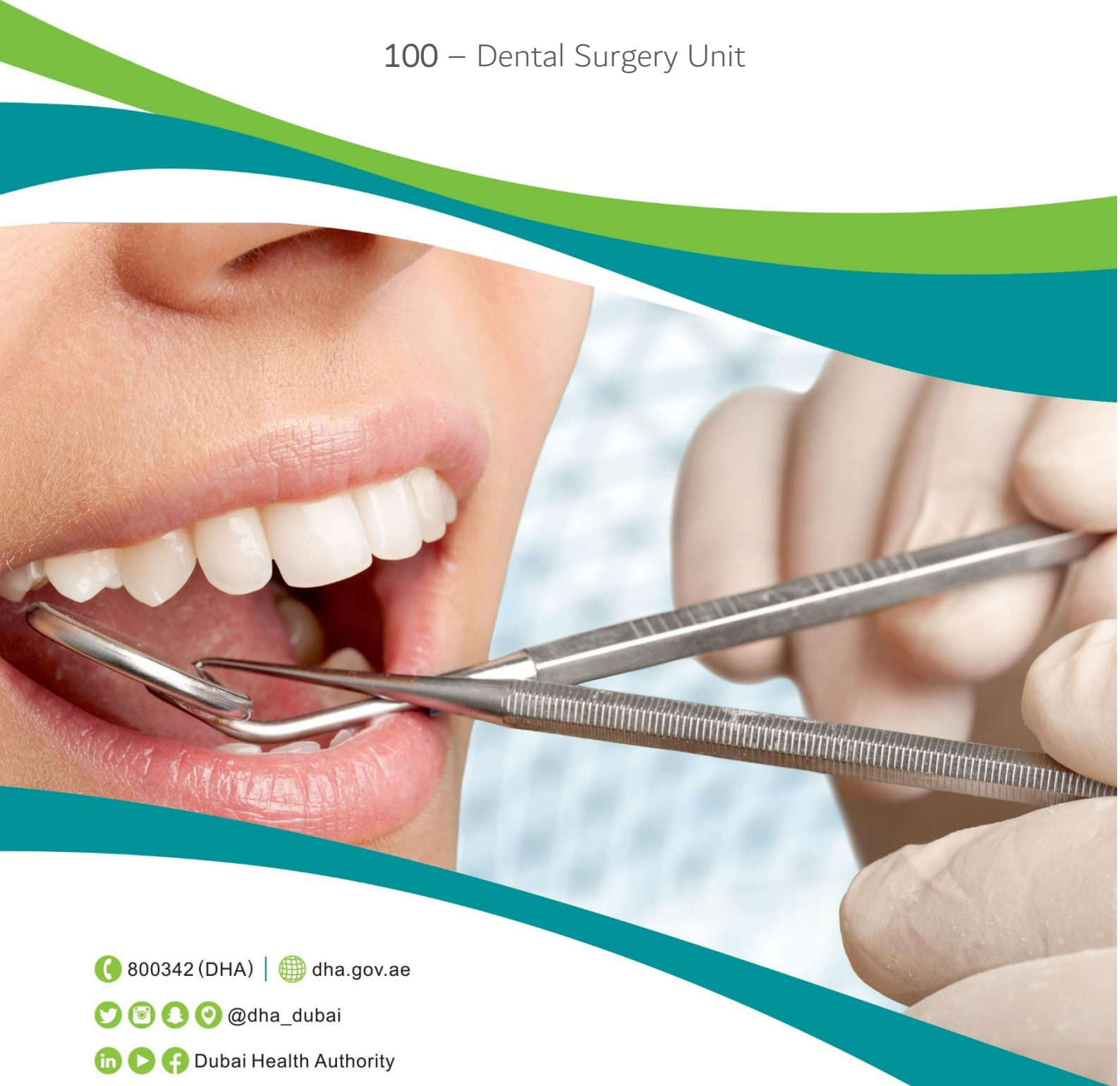


# DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

100 – Dental Surgery Unit



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## Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a typical Dental Surgery Unit which provides facilities for dental consult, dental procedures, orthodontic treatments, dental imaging, dental prosthetics and dental education. All dental procedures carried out in this FPU will be under local anaesthesia use; refer to Day Surgery/ Procedure Unit FPU at minimum RDL 2. Dental Surgery facilities may be provided as a Unit within a hospital or on a hospital campus, within a medical practise or a stand-alone facility at any Role Delineation level (RDL 1 to 6).

The service plan of the Unit determines the planning needs of the Dental Surgery Unit and is dependent on the expected patient attendance and number of dental specialists available. Planning is influenced by the type of dental surgery rooms including single rooms or open plan bays and optional inclusions such as a Dental Education Area and Dental Laboratory.

The Dental Surgery Unit is arranged in Functional Zones that include Entry/ Reception and Waiting, Dental Consultation/ Treatment Areas, Dental Support and Staff Areas. The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other key departments and hospital services. Optimum Internal Relationships are demonstrated in the diagram according to the Functional Zones whilst indicating the important paths of travel.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical units with 2, 4, 6+ Chairs suitable for all Role Delineation Levels (RDL).

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report (Appendix 4 in Part A)** to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.



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## 100. Dental Surgery Unit

### 1 Introduction

The Dental Unit provides facilities for the delivery of dental services which may include:

- Dental consult and procedures including cosmetic dental procedures
- Orthodontic treatments
- Dental imaging, generally using digital processing
- Dental Prosthetics, (dentures, crowns, veneers, bridges etc.)
- Dental hygiene education.

Dental services are provided according to a Service Plan and Operational Policy, determined for each Unit.

This FPU addresses Dental Surgery provided in a hospital campus or as a free-standing unit located in a community setting.

### 2 Functional & Planning Considerations

#### 2.1 Operational Models

The Dental Unit generally operates up to 12 hours per day, 6 days per week. However, extended hours of service involving after-hours and weekends may be provided by individual Units.

Operational Models applicable to the Dental Unit include:

- A discreet Unit within a Hospital facility or located within a hospital campus, sharing the support services of the hospital facility
- An integrated Unit such as a private medical practise within a commercial development such as a shopping centre or an office building



- A stand-alone Unit not connected with a hospital or commercial facility.

### 3 Unit Planning Models

The service plan of an individual facility determines the planning needs of the Dental Unit and is dependent on the expected patient attendance and number of dental specialists available.

The location of the Dental Unit depends on the local area that it serves. Generally, a ground floor location is preferred for ease of access.

Dental Unit planning is influenced by the model of Dental Surgery rooms which may be provided as a single room, an open bay within a larger treatment space or a combination of both.

#### 3.1 Functional Zones

The Dental Unit consists of the following key Functional Zones:

- Entry/ Reception Area including:
  - Reception/ Patient registration
  - Waiting Areas including provision for families
  - Public Amenities such as Toilets, Play Area, Parenting Rooms
- Treatment Areas with:
  - Dental Surgery rooms
  - Dental Imaging Rooms/ Bays
  - Dental Education Areas
  - Patient Bed Bay/s for recovery as required
- Dental Support Areas that include:
  - Bays for handwashing, resuscitation trolley
  - Clean-up
  - Cleaner's Room
  - Sterilising Room
  - Dental Laboratory; optional - may be provided as an outsourced service
  - Dental Workroom
  - Dental Plant Room



- Dirty Utility
- Stores for consumables, sterile stock, drugs
- Staff Areas such as:
  - Offices and Workstations
  - Meeting Room
  - Staff Room
  - Staff Toilets and Lockers.

The above Zones are briefly described below.

### **3.1.1 Entry Area**

Entry areas should allow for drop off by cars, community vehicles and patients arriving by public transport or walking. parking areas should be readily accessible.

The Entry Area should provide protection from the weather. Entry doors must be accessible for wheelchairs and the physically handicapped and may require automatic doors for easy access.

The Entry to the Unit should be clearly identified through appropriate signage informing people where to proceed.

### **3.1.2 Reception/ Waiting**

The Reception is the receiving hub of the Dental Unit for patients and arrivals and should be prominent and well signposted. The Reception also serves as the main access control point for the unit to ensure security of the unit. Patient registration is generally undertaken at the Reception desk. If the Reception is also used for cashier functions, then appropriate security may be added for cash handling. The waiting area should be under the observation of the reception area.

Waiting Areas are preferably located at the Unit entry. Separate Waiting Areas are required for males and females. Waiting Areas should accommodate a wide range of occupants including children, those less mobile or in wheelchairs. Provisions should be made for prams and play areas



for children. Waiting Areas shall be provided with drinking water and require convenient access to public amenities without accessing treatment or Staff Work Areas.

### **3.1.3 Treatment Areas**

#### **3.1.3.1 Dental Surgery Rooms**

Dental Surgery Rooms should be located with ready access to/from Waiting Areas. Dental Surgery Rooms will require access for clients with disabilities.

Provide Dental Surgery Rooms to comply with Standard Components, refer to details in Standard Components Room Data Sheets and Room Layout Sheets.

#### **3.1.3.2 Dental Education Area**

A Dental Education Area may be provided to teach children teeth care and brushing techniques. The Education Area should include a basin at child height and a mirror. The Area may provide more than one basin according to service requirements.

The Education Area may be incorporated into a Dental Surgery room or may be a separate room within the Unit, with ready access to the Waiting Areas.

#### **3.1.3.3 Patient Bed/Chair Bays**

Patient Bed/Chair Bays may be provided as required for patient recovery following procedures attended within the Dental Unit. The Bed/Chair Bays require staff Handwashing Basins (refer to Part D for quantity), a Staff Station and Support Areas including Clean and Dirty Utilities.

### **3.1.4 Dental Support Areas**

Dental Support Areas should be located in a staff only zone with ready access to Dental Surgery rooms and Storage Areas.

Provide Dental Clean-up, Dental Sterilising and Dental Laboratory Rooms to comply with Standard Components, refer to details in Standard Components Room Data Sheets and Room Layout Sheets.





The Dental Laboratory is optional and may be an external service. A Dental Workroom should be provided as a minimum for minor adjustments to dental prosthesis.

#### **3.1.4.1 Dental Plant Room**

The Dental Plant Room accommodates equipment including water filtration and treatment systems, dental suction plant and air compressors. The Plant Room should be located close to the Unit for ease of staff access. An external door is recommended as internal access may present noise issues.

#### **3.1.5 Staff Areas**

Offices and Workstations are required for the Unit Manager, administrative staff, Dentists and Orthodontists, to undertake administrative functions, or to facilitate educational and research activities.

Staff require access to the following:

- Meeting room/s for education and tutorial sessions as well as meetings
- Staff Room with beverage and food storage facilities
- Gender separated Toilets and Lockers.

Staff areas may be shared with an adjacent unit if located conveniently

## **4 Functional Relationships**

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

### **4.1 External Relationships**

The Dental Treatment Unit, whether free-standing or part of a larger facility have close working relationships with the following:



The planning and design of the Unit should locate the following with convenient access:

- Drop off zone and Car Park
- Main Entry
- Services Entry for delivery of supplies and removal of waste and access for emergency transfers via ambulance

#### **4.2 Internal Relationships**

The internal planning of the Dental Treatment Unit should be planned by considering the Units Functional Zones.

Some of the critical Internal Relationships to be considered include:

- Reception should have a direct view of Entry/ Waiting Areas and be visible from adjacent Staff Areas for optimal security; stationery and patient records should be conveniently located for staff access. Access to Dental Treatment Areas by clients should be controlled by the Reception Area.
- Dental Surgery and Treatment rooms should be easily accessible from the Entry/ Waiting Area for patients
- Staff Areas should be located with ready access to Entry/ Reception and Client/ Treatment Areas
- Staff offices and amenities should be separate from client and Waiting Areas to provide privacy and security.

It is important for the Functional Zones to work effectively together to allow for an efficient, safe and pleasant environment.



### 4.3 Functional Relationships Diagram

The relationships between the various components within a Dental Unit are best described by Functional Relationships Diagrams.

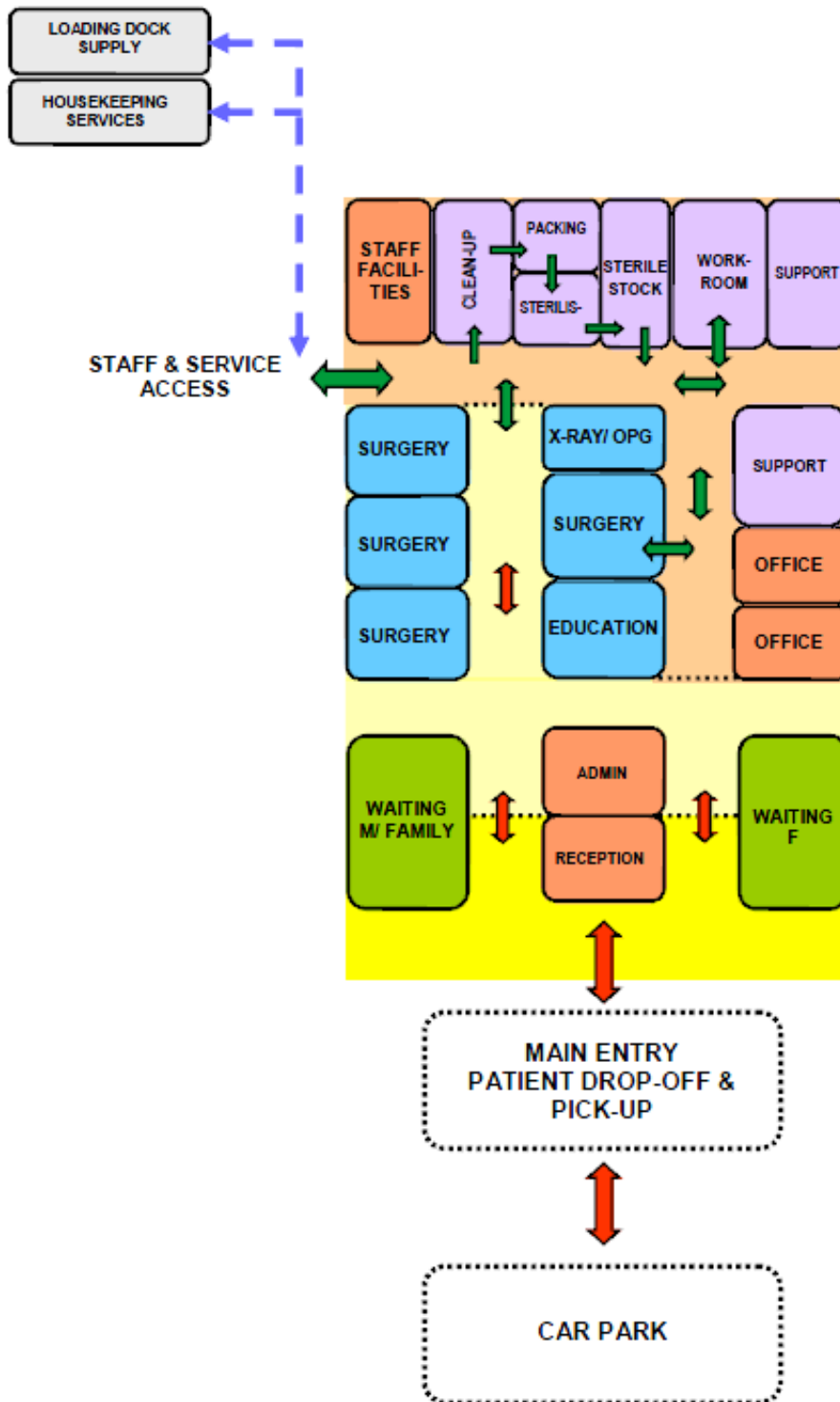
The optimum External Relationships include:

- Patient access from a circulation corridor with a relationship to the Main Entrance and car park
- Separate entry and access for staff via a service corridor
- Access for Service Units such as Supply, Housekeeping and Waste via a service corridor.

Internal Relationships should include the following:

- Reception at the entrance with access control to Treatment Areas
- Waiting Areas located near to the Unit Entry with access to circulation corridors
- Access for patients to Dental Surgery rooms directly from Waiting Areas
- Support Areas located in Treatment and Staff Areas close to the activity centres for staff convenience.

The optimum Functional Relationships of a typical Dental Unit are demonstrated in the diagram below.



**LEGEND**

- |               |                          |                        |                       |
|---------------|--------------------------|------------------------|-----------------------|
| Patient Areas | Circulation              | Public Corridors       | Direct Relationship   |
| Support Areas | Staff/Service Corridor   | Path of Patient Travel | Indirect Relationship |
| Staff Areas   | Public Areas & Amenities | Path of Staff Travel   | Controlled Access     |



## 5 Design Considerations

### 5.1 General

Waiting Areas and Treatment Areas shall be designed to cater for a wide range of patients visiting the unit, including elderly, parents with children, patients with limited mobility and bariatric patients.

Where a paediatrics service is provided, a separate controlled area should be available for paediatric patients.

The design should give patients and visitors the impression of an organised and efficient unit.

### 5.2 Environmental Considerations

#### 5.2.1 Acoustics

The Dental Unit should be designed to minimise the ambient noise level within the Unit and transmission of sound between Dental Treatment Areas, Staff Areas and Public Areas. The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy.

Acoustic treatment is required to the following:

- Dental Treatment areas
- Interview and Meeting rooms
- Staff Room
- Dental Plant Room.

Solutions to be considered include:

- Planning to separate quiet areas from noisy areas such as Waiting and play areas
- Selection of sound absorbing materials and finishes



- Review of operational management and patient/client flows. This may include separate areas for patients with special needs and paediatrics.

Refer also to **Part C - Access, Mobility and OH&S** of these Guidelines.

### **5.2.2 Natural Light**

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients and staff in order to reduce discomfort and stress. Windows are particularly desirable in the Consultation Rooms, Waiting Areas, Dental Surgery rooms, Dental Laboratory and Staff Lounges. If windows cannot be provided, alternatives such as skylights may be considered.

### **5.2.3 Laser Protection Protocols**

If a dental treatment room has an observation panel it will require appropriate window dressing. Additionally, if more than one door opens into the dental surgery room, it should be placed in such a way not to compromise the privacy of the patient.

Adequate air extract must be in place to accommodate for fumes. For all radiation shielding, facilities will require approval and certification from FANR. Radiation protection requirements must be incorporated into the final specifications and building plans.

### **5.2.4 Privacy**

The design of the Dental Unit needs to consider patient privacy and confidentiality incorporating the following:

- Discreet discussion spaces and non-public access to patient records
- An adequate number of rooms for discreet discussions and treatments to occur whenever required



- Privacy screening to Bed Bay, if any, with sufficient space within each treatment space to permit curtains to be easily drawn whenever required
- The location of the doors to avoid patient exposure in Dental Surgery rooms

#### **5.2.5 Drug Storage**

Local Anaesthetic is to be locked in a secure cabinet, and may be located in any appropriate location in close proximity to surgery rooms. Controlled and semi- controlled drugs should also be stored in lockable cupboards.

### **5.3 Accessibility**

Design should provide ease of access for wheelchair bound patients in all patient areas including Waiting Areas and Dental Surgery rooms in accordance with NFPA standards. Waiting Areas should include spaces for wheelchairs (with power outlets for charging electric mobility equipment) and suitable seating for patients with disabilities or mobility aids. The Unit requires provision for bariatric patients.

### **5.4 Size of the Unit**

The size of the Dental Unit is determined by a Clinical Services Plan taking into consideration:

- The number of anticipated patients served by the Unit and demographic trends
- The number of Dental practitioners available
- The average length of consultation or treatment
- The number of referrals and transfers from other local regions or hospitals
- The number of other Units in the vicinity.

### **5.5 Safety and Security**

The Dental Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere.



Security issues are important due to the increasing prevalence of violence and theft in health care facilities. The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The perimeter of the Unit should be secured and consideration given to electronic access. Access to Public Areas shall be carefully planned so that the safety and security of Staff Areas within the Unit are not compromised. Zones within the Unit may need to be lockable when not in use, preferably electronically. This can be achieved by the use of doors to circulation corridors and automated shutters to entrances when the Outpatient Service is not operational after hours and weekends.

Internally within the Dental Unit all offices require lockable doors and all Store Rooms for files, records and equipment should be lockable.

## 5.6 Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be calming and non-clinical as far as possible. The following additional factors should be considered in the selection of finishes:

- Ease of cleaning
- Infection control
- Acoustic properties
- Durability
- Fire safety
- Movement of equipment and impact resistance.





In Dental procedure room/s, clean-up and sterilising room, the floor should be continuous, impervious and homogenous, such as vinyl.

In areas where observation is critical such as Dental Surgery, Treatment rooms, and Dental Laboratory rooms, lighting and colours selected must not impede the accurate assessment of skin tones and tooth colour. Walls shall be painted with lead free paint.

The floor finishes in all Dental Surgery rooms and Treatment areas should have a non-slip surface and be impermeable to water and body fluids. Carpet cannot be installed in dental surgeries or dental laboratories.

Refer also to **Part C – Access, Mobility, OH&S** and **Part D - Infection Control** of these Guidelines.

### **5.7 Curtains/ Blinds**

Window treatments should be durable and easy to clean. Consideration may be given to use of blinds, shutters, tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting. If blinds are to be used instead of curtains, the following applies:

- Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust
- Horizontal blinds may be used within a double-glazed window assembly with a knob control on the internal side.

Privacy screens must be washable, fireproof and cleanly maintained at all times.

### **5.8 Building Services Requirements**

This section identifies unit specific services briefing requirements only and must be read in conjunction with **Part E - Engineering Services** for the detailed parameters and standards applicable.

#### **5.8.1 Information and Communication Technology**



Unit design should address the following Information Technology/ Communications issues:

- Electronic patient registration and appointment systems
- Scheduling systems to manage Dental Surgery room bookings, if applicable
- Electronic Health Records (EHR) and integration with Health Information Systems (HIS)
- Paging and personal telephones replacing some aspects of call systems
- Electronic supplies management systems
- Data and communication outlets, servers and communication room requirements
- Optional availability of Wi-Fi for staff, patients and waiting visitors.

### **5.8.2 Staff Call**

The Unit may include an emergency or duress call system to alert staff of emergencies in a discreet manner at all times

All calls are to be registered at the Reception, Staff Room/s and must be audible within the Service Areas of the Unit including Clean up and Dental Laboratories. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

### **5.8.3 Heating Ventilation and Air-conditioning (HVAC)**

The Unit should be air-conditioned with adjustable temperature and humidity in all Dental Surgery Rooms and Treatment areas for patient and staff comfort.

All HVAC requirements are to comply with services identified in Standard Components and **Part E – Engineering Services**.



#### **5.8.4 Medical Gases**

Medical gas is that which is intended for administration to a patient for analgesia, treatment, or resuscitation. Medical Gases shall be installed and readily available in Dental Surgery rooms and Patient Bays according to the quantities noted in the Standard Components Room Data Sheets and as required by the facility's Operational Policy.

Refer to **Standard Components RDS and RLS**, and **Part E - Engineering Services** in these Guidelines for Medical Gases technical requirements.

#### **5.8.5 Radiation Shielding**

Dental imaging procedures are undertaken in the Unit. Therefore, plans and specifications require assessment for radiation protection by a certified physicist or other qualified expert as required by the relevant Radiation and Nuclear Safety Agency. The radiation protection assessment specifies the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements must be incorporated into the final specifications and building plans.

#### **5.8.6 Hydraulics**

Warm water shall be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handwash basins and sinks located within Patient Accessible Areas. Sinks in Staff Areas shall be provided with hot and cold water services.

For further information and details refer to **Part E – Engineering Services** in these Guidelines.

### **5.9 Infection Control**

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. The design of all aspects for the Unit should take into



consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

### **5.9.1 Hand Basins**

Handwashing facilities shall be provided in Dental Surgery rooms and located conveniently to patient Bed Bays. Where a handwash basin is provided, there shall also be liquid soap, disposable paper towels and waste bin provided.

Hand basins are to comply with **Standard Components - Bay - Handwashing** and **Part D - Infection Control** in these Guidelines.

### **5.9.2 Antiseptic Hand Rubs**

Antiseptic Hand Rubs should be located so they are readily available for use at points of care and in high traffic areas.

The placement of Antiseptic Hand Rubs should be consistent and reliable throughout facilities.

Antiseptic hand rubs are to comply with **Part D - Infection Control**, in these guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays.

Both are required.

### **5.9.3 Dental Sterilising**

There must be a clear separation of clean and dirty work flows for infection control and to prevent cross infection. The minimum requirement is a two-room process for washing and decontamination in a 'dirty' zone separated from packing and sterilising in a 'clean' zone. Storage of sterile stock may be provided within or adjacent to the clean zone.



## 6 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with



quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Dental Surgery Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

## **6.1 Non-Standard Rooms**

Non-standard rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

### **6.1.1 Dental Education Area**

The Dental Education is for teaching children teeth care and brushing techniques. The education area consists of basins at child height and a mirror. More than one basin may be provided according to service requirements.

The child education area may be incorporated into an open plan dental surgery treatment area may be a separate room within the Unit, with ready access to the Waiting areas.



Requirements include:

- Fittings and fixtures located at a level appropriate for children
- Basins of a suitable size for children, supplied with warm water, including soap and paper towel dispensers
- Appropriately positioned mirrors

### **6.1.2 Dental Plant Room**

The Dental Plant Room accommodates equipment including water filtration equipment, silver water treatment system, dental suction plant and air compressors. The Plant Room size is dependent on the amount of equipment to be accommodated and the layout.

The Plant Room should be located to minimise the impact of noise and heat generated by equipment accommodated within the room on adjacent areas. Access to the Plant Room through an external door is recommended as internal access may present noise issues.

Services required for equipment may include compressed air, cold water and both single and three phase power. Additional requirements include floor wastes and tundishes for waste water, external exhausting for suction system air discharge and room ventilation. There may be a requirement to include a pit in the plant room floor to accommodate an air venturi for the suction system. Remote isolation switches for plant should be considered (the sterilizing room or reception are ideal locations) so plant can be easily shut down at the end of the day.



## 7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framework (Part A - Appendix 6)** in these guidelines for a full description of RDL's.

The table below shows a stand-alone Dental Unit with 2, 4 and 6+ chairs applicable for all RDLs. For stand-alone facilities, designers may add any other FPU's required such as Main Entrance Unit, Supply, Housekeeping, etc. based on the business model.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A - Appendix 4**) with any departure from the Guidelines for consideration by the DHA for approval.





**7.1 Dental Unit**

ROOM/ SPACE	Standard Component Room Codes	RDL 1 - 6			RDL 1 - 6			RDL 1 - 6			Remarks			
		Qty x m <sup>2</sup>			Qty x m <sup>2</sup>			Qty x m <sup>2</sup>						
		2 Chairs			4 Chairs			6+ Chairs						
<b>Entry /Reception</b>														
Reception/ Clerical	recl-10-d similar recl-15-d similar				1	x	9	1	x	12	1	x	20	May include space for self-registration of patients
Waiting	wait-sub-d wait-10-d				1	x	5	1	x	10	1	x	10	Divide into Male/ Female areas; Based on 2 seats per Dental Surgery minimum
Waiting - Family	wait-sub-d wait-10-d				1	x	5	1	x	5	1	x	10	Based on 2 seats per Dental Surgery minimum
Play Area	plap-10-d similar				1	x	8	1	x	10	1	x	10	Optional
Bay - Wheelchair Park	bwc-d				1	x	4	1	x	4	1	x	4	May share with Main Entrance if located close
Store - Files	stfs-10-d similar				1	x	8	1	x	8	1	x	10	For clinical records; optional if electronic records used
Store - Photocopy/ Stationery	stps-8-d							1	x	8	1	x	8	Optional, may combine with Files Store
Toilet – Accessible	wcac-d				2	x	6	2	x	6	2	x	6	May share with Main Entry if located close
Toilet - Public	wcpu-3-d							2	x	3	2	x	3	May share with Main Entry if located close
<b>Treatment Areas</b>														
Dental Surgery	densr-14-d				2	x	14	4	x	14	6	x	14	
Child Education Area	NS				1	x	2	1	x	3	1	x	4	Optional; may be incorporated into an open plan surgery
Patient Bay - Holding/Recovery	pbtr-h-10-d							2	x	10	2	x	10	Optional; Separate Male & Female, Bed or chair space
Bay - Handwashing, Type B	bhws-b-d							1	x	1	1	x	1	Adjacent to Patient Bays
Bay - Resuscitation Trolley	bres-d				1	x	1.5	1	x	1.5	1	x	1.5	
<b>Support Areas</b>														
Cleaners Room	clrm-6-d				1	x	6	1	x	6	1	x	6	Size should be minimised as far as possible
Communications Room	comm-12-d				1	x	*	1	x	*	1	x	*	*Optional, may be outside the unit, or cloud based. Size dependant on IT equipment; area is part of Engineering
Dental Clean-up Room	encu-8-d similar				1	x	6	1	x	8	1	x	15	Adjacent to Dental Sterilising
Dental Sterilising	encu-8-d similar				1	x	6	1	x	8	1	x	15	Adjacent to Dental Clean-up & Sterile Stock
Dental Laboratory	denl-20-d										1	x	20	Optional
Dental Workroom	denw-d similar				1	x	8	1	x	8	1	x	8	
Dental X-ray - OPG	deni-d							1	x	6	1	x	6	Optional



Dental Surgery Unit

ROOM/ SPACE	Standard Component Room Codes				RDL 1 - 6			RDL 1 - 6			RDL 1 - 6			Remarks
					Qty x m <sup>2</sup>			Qty x m <sup>2</sup>			Qty x m <sup>2</sup>			
					2 Chairs			4 Chairs			6+ Chairs			
Dental Plant Room	NS				1	x	9	1		12	1	x	16	Requires after-hours access
Dirty Utility	dtur-12-d similar				1	x	8	1	x	8	1	x	12	Includes Disposal of waste
Disposal Room	disp-8-d similar				1	x	5	1	x	5	1	x	5	
Store - General	stgn-8-d similar				1	x	8	1	x	10	1	x	10	
Store - Sterile Stock	stss-12-d similar				1	x	6	1	x	8	1	x	12	Not mandatory, may be in the dental room. Adjacent to Dental Sterilising
<b>Staff Areas</b>														
Meeting Room	meet-9-d meet-l-15-d				1	x	9	1	x	9	1	x	15	Optional; may be shared
Office - Single Person	off-s9-d				1	x	9	1	x	9	1	x	9	
Office - Single Person	off-s9-d				1	x	9*	1	x	9	1	x	9	*Optional
Office - Workstation	off-ws-d							1	x	5.5	1	x	5.5	
Property Bay - Staff	prop-3-d				2	x	3	2	x	3	2	x	3	Separate Male/ Female, Number of lockers depends on staff complement per shift
Staff Room	srm-15-d similar				1	x	15	1	x	15	1	x	20	Includes Beverage Bay, May be shared with adjacent Unit, size dependent on staff number.
Toilet – Staff	wcst-d				2	x	3	2	x	3	2	x	3	May be shared with adjacent Unit
<b>Sub Total</b>					<b>198.5</b>			<b>295</b>			<b>396</b>			
<b>Circulation %</b>					<b>32</b>			<b>32</b>			<b>32</b>			
<b>Area Total</b>					<b>262</b>			<b>389.4</b>			<b>522.7</b>			

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the RDL and the number of dental chairs
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Offices are to be provided according to the number of approved full-time positions within the Unit



## 8 Further Reading

In addition to Sections referenced in this FPU, i.e. **Part C- Access, Mobility, OH&S** and **Part D - Infection Control**, and **Part E - Engineering Services**, readers may find the following helpful:

- Australasian Health Infrastructure Alliance, Australasian Health Facility Guidelines, HPU B.0155 Ambulatory Care Unit, 2016, refer to website:  
<https://healthfacilityguidelines.com.au/health-planning-units>
- Australasian Health Infrastructure Alliance, Australasian Health Facility Guidelines, HPU 0280 - Oral Health Unit, 2016, refer to website:  
<https://healthfacilityguidelines.com.au/health-planning-units>
- DH (Department of Health UK) HBN 12, Out-patients Department, 2004; refer to website  
<https://www.gov.uk/government/collections/health-building-notes-core-elements>
- DHA (Health Regulation Sector), Guidelines on Dental Infection Prevention and Safety, 2012, refer to [website www.dha.gov.ae](http://www.dha.gov.ae)
- DHA (Health Regulation Sector), Dental Laboratory Regulation, 2013, refer to website:  
[www.dha.gov.ae](http://www.dha.gov.ae)
- DHA Guidelines on Dental Infection Prevention and Safety, 2012, refer to website:  
<https://www.dha.gov.ae/Documents/HRD/PLProcedure/Dental%20Infection%20Control%20Guidelines.pdf>
- DHA (Health Regulation Sector), Outpatient Care Facilities Regulation, 2012, refer to website: [www.dha.gov.ae](http://www.dha.gov.ae)
- International Health Facility Guideline (iHFG), Part B - Health Facility Briefing & Design, FPU 65 Dental Surgery Unit, refer to website: [www.healthdesign.com.au/ihfg](http://www.healthdesign.com.au/ihfg)
- MOH (Ministry of Health – UAE), Unified Healthcare Professional Qualification



Requirements, 2017, website:

<https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=2K19llpB6jc%3d&tabid=927>

- The Facilities Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018; refer to website: [www.fgiguilines.org](http://www.fgiguilines.org)