1. **Purpose**

This protocol aims to ensure safe, consistent and appropriate provision of topical fluoride varnish application in a clinical setting for Torbay and South Devon NHS Foundation Trust service users. Although it is applicable to dentists, therapists/hygienists, the main target group is the specially trained dental nurses with additional skills to give preventive advice and apply Fluoride varnish to patients, to the prescription of a dentist.

2. **Introduction**

2.1 The Department of Health’s prevention toolkit first published in 2009 lists the advice and actions that should be provided for all clients to help maintain good oral health. There is high quality evidence that the application of fluoride varnish is effective in caries prevention in both the deciduous and permanent dentitions and a number of systematic reviews have concluded that twice yearly applications of fluoride varnish produce a mean caries increment reduction of 33% in the primary dentition and 46% in the permanent dentition. Much of the evidence of this effectiveness is derived from studies which have used sodium fluoride 22,600 ppm (parts per million) varnish for application. Application of topical fluoride should be included as part of a wider package of preventive care which also incorporates advice about maximising the benefits of tooth-brushing, dietary control and other professional interventions.

2.2 This protocol aims to cover the principles of topical fluoride application in a clinical setting. The General Dental Council booklet “Scope of Practice” confirms that dental nurses may apply fluoride varnish. It states that dental nurses need to ensure they are trained and competent. It is ultimately up to the registrant to ensure that they are trained and competent and are able to justify that if needed. A trained and competent dental nurse can apply fluoride varnish to the teeth of children, adolescents or adults according to a protocol approved by a consultant or
specialist in dental public health and on the prescription of a dentist. One such recognised training is the Primary Care Commission’s Making Prevention Work in Practice course.

2.3 This protocol does not cover the generic issues associated with the application of fluoride varnish by dental nurses in a community setting. If dental nurses are to be employed in such community or outreach programmes for the application of fluoride varnish then they should have further skills in oral health education and oral health promotion.

3 Roles and Responsibilities

3.1 Dental Clinical Director

The Clinical Director has overall responsibility for this protocol within the Trust.

3.2 Accredited Trainer-Lead Dentist

Accredited trainer appointed by the Primary Care Commission (PCC) is responsible for the delivery of training and on-going support. This should include update/refresher on an annual basis to maintain competency. This role in our service is provided by the current Lead Dentist.

3.3 Line Manager

The relevant line manager is responsible to monitor staff compliance with these standards at appraisals and management supervision. This is especially important following a period of inactivity such as long term absence or limited clinical activity.

3.4 Dental nurse with additional skills

The General Dental Council has advised that within the scope of practice a dentist can give a trained and competent dental nurse a prescription to apply fluoride varnish to individual patients in a dental practice. It is ultimately the duty of the registrant to ensure that they are trained and competent to do so and also to maintain their knowledge and skills in this additional role. It is also advisable to acquire additional indemnity for any extended duties.

4 Fluoride varnish

4.1 Fluoride varnish is one of the best options for increasing the availability of topical fluoride, regardless of the levels of fluoride in the water supply. High quality evidence of the caries-preventive effectiveness of fluoride varnish in both permanent and primary dentitions is available. A number of systematic reviews conclude that applications of two or three times a year produce a mean reduction in caries increment of 37% in the primary dentition and 43% in the permanent. The evidence supports the view that varnish application can also arrest existing lesions on the smooth surfaces of primary teeth and roots of permanent teeth.

4.2 Fluoride varnish for use as a topical treatment has a number of practical advantages. It is well accepted and considered to be safe. Further, the application of fluoride varnish is simple and requires minimal training. Dental nurses can be trained to apply fluoride varnish to the prescription of a dentist and this use of skill mix enables the team to become more preventively orientated.

4.3 Only a varnish which has been licensed for caries control should be used. The varnish available for our staff to use is Duraphat which contains a 22,600 ppm (2.2%) concentration of fluoride.
4.4 Indications
Fluoride varnish is indicated for use in all children and in adults giving concern (those with obvious current active caries, dry mouth and other predisposing factors such as people with special needs). Twice yearly applications are indicated for all children and young adults aged three years upwards and for adults giving concern with regards to caries.

4.5 Contraindications
Following conditions are contra-indications to the provision of fluoride varnish:

- Previous hospitalisation because of hypersensitivity reactions including asthma
- A previously recognised allergy to colophony (extremely rare)
- The presence of ulcerative gingivitis or stomatitis
- Any new abnormality of the lips, face or soft tissues of the mouth
- Obvious signs of systemic illness i.e. colds, flu, chicken pox

4.6 Patient selection
The indication for and the frequency of applications of topical fluoride should be determined following careful clinical assessment of the patient by the dentist (appendix 1) and the advice followed depending on low risk or high risk (see appendix 2)

4.7 Information
The prescribing clinician should inform patients &/or their parents why fluoride varnish is being suggested to them, the benefits and risks, the procedure and any alternatives available. Verbal agreement to proceed should be recorded in the patient’s notes.

The dental nurse with additional skills in fluoride varnish application should check that the referring clinician has given the above information to the patient. If there are no Contra- indications and informed consent is provided the process can proceed.

4.8 Consent
In the clinical treatment setting it is sufficient to gain informed, valid verbal consent of the competent patient or parent, which is recorded in the notes.

4.9 Recording
The dental nurses who have received appropriate training in additional skills in fluoride Varnish application should record in the patient notes that fluoride varnish was applied and that post-operative instructions were given. Any relevant aberrations from the normal procedure should be recorded. This is to be recorded on Software of Excellence (SOEL) in the verbal consent section.

5 Practical application of fluoride varnish
5.1 Pre-application assessment-The aim of the assessment is to ensure that any patient with any abnormality of the lips, face or soft tissues of the mouth is excluded. Those who are showing signs of systemic illness (e.g. colds, flu, chicken pox etc. should also be excluded). Those with a contraindicating soft or hard tissue oral condition should be seen by a dentist for further assessment or care.

Pre-application Information about the procedure should include:

- Questions about relevant allergies
- The purpose of the procedure – to reduce decay or risk of decay
- Explain it is a quick and simple process
- It leaves a yellow tint on the teeth which wears off and has a taste
- The need to avoid eating or drinking for at least 30 minutes after the procedure
- The need to avoid hard sticky foods for 4 hours after application
5.2 Position
Fluoride varnish can be applied with the recipient upright, semi-supine or supine. The clinician should be guided by the level of co-operation displayed by the patient and proceed with caution. The application of fluoride varnish can be used as an acclimatisation process as well as giving the opportunity for clinicians to reinforce dental health messages.

5.3 Acclimatisation
For anxious children and those for whom this is a new procedure it is sensible to proceed gradually but confidently. The child should be told what is going to happen and shown on their hand, with a dry micro brush if necessary. In some instances it may be necessary for the process to be approached gradually with each step of progress praised and the next step rehearsed. If a child gets upset or protests during any part of the procedure, then the procedure should be abandoned.

5.4 Equipment:
- Mouth mirror
- Cotton wool rolls
- Fluoride varnish containing 22,600 ppm F with product licence for caries control i.e. Duraphat
- Micro brush
- Dispensing pad
- Protective items for patient: safety glasses, bib
- Protective items for clinician: safety glasses and gloves

5.5 The application procedure
- Dispense no more than: -
  - 0.25 ml of varnish for primary dentition
  - 0.4 ml for mixed dentition
  - 0.75 ml for permanent dentition

  It is important to note that the above are the maximum amounts and not the required amounts.

  - Check that it has not separated into a clear layer above with a dull layer below. If separation has occurred replace the varnish as it is likely it may be ineffective.
  - Make sure that the cap of the tube is screwed back on fully to avoid deterioration of the varnish
  - Gently retract the left cheek with your finger and dry the lower left teeth with a cotton roll
  - Place the cotton wool roll in the lower left buccal sulcus
  - Holding the roll in place, apply a small amount of fluoride varnish to the contact points or approximal surfaces between the teeth. Apply a small amount of varnish to the pits and fissures of the molars
  - Gently remove the cotton roll
  - Repeat for the lower right quadrant with a fresh cotton wool roll
  - Gently retract the left cheek with your finger and dry the upper left teeth with a cotton roll
  - Place the cotton wool roll in the upper left buccal sulcus
  - Holding the roll in place apply a small amount of fluoride varnish to the contact points or approximal surfaces between the teeth. Apply a small amount of varnish to the pits and fissures of the molars
  - Gently remove the cotton roll
  - Repeat the above for the upper right quadrant
  - **For caries active children:**
    - Retract the upper lip with a finger. Dry the incisor teeth with a fresh cotton wool roll
    - Paint a small amount of varnish on the buccal surfaces of the canines and incisors
    - Check that you have removed all equipment from the mouth.
    - Remove your gloves and cleanse your hands
    - Do not allow the patient to rinse after the application
• Give written and verbal instructions to patient or parent about aftercare (see Advice and follow-up care 5.6)
• Record the application of fluoride varnish and the other dental and general health advice given to the patient or parent during the session

5.6 Advice and follow-up care
Post application instructions should include:-

• Do not brush teeth until bed time
• Do not eat or drink for at least 30 minutes after varnish application
• Avoid hard sticky food for at least four hours

6 Continuing Education and Training
6.1 Fluoride varnish can be applied by registered dentists, therapists/hygienists and nurses who have received appropriate training in the additional skills required to carry out the procedure. It is the responsibility of the registrant to ensure they are trained and competent and are able to evidence this by continuing professional developments.

6.2 In order to support staff in maintaining their competency annual refresher/update is to be made available. This can take the form of peer review and organised in-house by the dental nurses with additional skills with the support of the accredited trainer &/or a designated dental professional.

7 Monitoring and Auditing
It is the responsibility of the line manager of each staff member to monitor compliance with these standards at appraisals.

8 References

Delivering better oral health last accessed August 2016

Guidance on the use of fluoride varnish by dental nurses to control caries (July 2009 published by the Primary Care Commission) -Last accessed August 2016

General Dental Council Standards for the dental team updated September 2013 –last accessed August 2016

9 Equality and Diversity
9.1 This document complies with the Torbay & South Devon NHS Foundation Trust Equality and Diversity statements.

10 Appendices

Appendix 1 – Caries Risk Assessment Tool
Appendix 2 – Low & High Risk
Caries Risk Assessment Tool

Biological Factors
- Caries in parents/siblings
- Low socioeconomic area
- Frequent sugar intake
- Special Needs
- Salivary flow visually inadequate
- Medically compromised

Protective Factors
- Brush 2 x day FTP (PPM appropr)
- Regular dental care & F/V

Clinical Findings
- Active caries
- Previous X/R’s due to caries
- Plaque on teeth
- Fixed appliance/partial denture

Use Yes answers from high & moderate risk column versus YES answers from Protective factors column to assess if caries risk level is low/medium/high. If there’s current on-going disease i.e. frank caries will outweigh protective factors. When restorative work is done and preventive measures are in place Protective YES answers can outweigh Risk factors.

Overall assessment of caries risk

Caries Risk Group
<table>
<thead>
<tr>
<th>ADVICE</th>
<th>PROFESSIONAL INTERVENTION</th>
<th>RADIOGRAPHS</th>
<th>RECALLS</th>
</tr>
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<tbody>
<tr>
<td><strong>CHILDREN AGED UP TO 3 YEARS</strong>&lt;br&gt;Breast feeding provides the best nutrition for babies&lt;br&gt;From six months of age infants should be introduced to drinking from a free-flow cup&lt;br&gt;From age one year feeding from a bottle should be discouraged&lt;br&gt;Sugar should not be added to weaning foods or drinks&lt;br&gt;Parents/carers should brush or supervise tooth brushing&lt;br&gt;As soon as teeth erupt in the mouth brush them twice daily with a Fluoridated TP (Toothpaste)&lt;br&gt;Brush last thing at night and on one other occasion&lt;br&gt;Smear of toothpaste containing no less than 1,000 ppm Fluoride&lt;br&gt;Reduce frequency and amount of sugary food and drinks also limit them to mealtimes&lt;br&gt;Sugar-free medicines should be recommended</td>
<td>Apply Fluoride varnish to teeth two times a year (2.2% NaF-)&lt;br&gt;Spit out after brushing and do not rinse to maintain Fluoride concentration levels&lt;br&gt;Reduce frequency and amount of sugary food and drinks also limit them to mealtimes&lt;br&gt;Sugar-free medicines should be recommended</td>
<td>Selected radiography for suspected lesions only</td>
<td>6 to 12/12</td>
</tr>
<tr>
<td><strong>CHILDREN AGED 3-6 YEARS</strong>&lt;br&gt;Brush last thing at night and one other occasion&lt;br&gt;Brushing should be supervised by an adult&lt;br&gt;Use a pea-sized amount of toothpaste containing more than 1,000 ppm Fluoride&lt;br&gt;Spit out after brushing and do not rinse to maintain Fluoride concentration levels&lt;br&gt;Reduce frequency and amount of sugary food and drinks also limit them to mealtimes&lt;br&gt;Sugar-free medicines should be recommended</td>
<td>Apply Fluoride varnish to teeth two times a year (2.2% NaF-)&lt;br&gt;Primary/Mixed dentitions 12-18/12</td>
<td></td>
<td>6 to 12/12</td>
</tr>
<tr>
<td><strong>ALL CHILDREN AGED FROM 7 YEARS AND YOUNG ADULTS</strong>&lt;br&gt;Brush at least twice daily, with a fluoridated toothpaste&lt;br&gt;Brush last thing at night and one other occasion&lt;br&gt;Use Fluoridated toothpaste (1,350 - 1,500 ppm fluoride)&lt;br&gt;Spit out after brushing and do not rinse to maintain Fluoride concentration levels&lt;br&gt;Reduce frequency and amount of sugary food and drinks also limit them to mealtimes</td>
<td>Apply Fluoride varnish to teeth two times a year (2.2% NaF-)&lt;br&gt;Adult dentition every 2 years</td>
<td></td>
<td>6 to 12/12</td>
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<tr>
<td><strong>ALL ADULT PATIENTS</strong>&lt;br&gt;Brush at least twice daily, with a fluoridated toothpaste&lt;br&gt;Brush last thing at night and one other occasion&lt;br&gt;Use Fluoridated toothpaste (1,350 - 1,500 ppm fluoride)&lt;br&gt;Spit out after brushing and do not rinse to maintain Fluoride concentration levels&lt;br&gt;Reduce frequency and amount of sugary food and drinks also limit them to mealtimes</td>
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<td>Every 2 years</td>
<td>12 to 24/12</td>
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## HIGH RISK

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<th>RADIOGRAPHS</th>
<th>RECALLS</th>
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<tbody>
<tr>
<td><strong>CHILDREN AGED 0-6 YEARS</strong>&lt;br&gt;All advice as low risk plus:&lt;br&gt;Use Fluoridated toothpaste containing 1,350 -1,500 ppm. It is good practice to use only a smear or pea size amount. Where medication is given frequently or long term request that it is sugar free.</td>
<td>Apply Fluoride varnish to teeth two or more times a year. Investigate diet and assist adoption of good dietary practice in line with the eat well plate. Where medication is given frequently or long term, liaise with GP to request it is sugar free.</td>
<td>6 to 12 monthly or until no new/active lesions apparent</td>
<td>3 monthly</td>
</tr>
<tr>
<td><strong>ALL CHILDREN AGED FROM 7 YEARS AND YOUNG ADULTS</strong>&lt;br&gt;All advice as low risk plus:&lt;br&gt;Use a fluoride mouth rinse daily (0.05% NaF) at a different time to brushing.</td>
<td>Fissure Seal permanent molars with resin sealants. Apply Fluoride varnish to teeth two or more times a year. 8 years upwards with active caries prescribe daily Fluoride rinse. 10+ years with active caries prescribe 2800 ppm fluoride toothpaste. 16+ years with active caries prescribe either 2,800 ppm or 5,000 ppm. Investigate diet and assist to adopt good dietary practice in line with the eat well plate.</td>
<td>6 to 12 monthly or until no new/active lesions apparent</td>
<td>3 monthly</td>
</tr>
<tr>
<td><strong>ALL ADULT PATIENTS</strong>&lt;br&gt;All advice as low risk plus:&lt;br&gt;Use a Fluoride mouth rinse daily (0.05% NaF) at a different time to brushing.</td>
<td>Apply Fluoride varnish to teeth twice yearly (2.2% NaF). For those with active coronal or root caries prescribe daily Fluoride rinse. For those with obvious active coronal or root caries prescribe 2,800 or 5,000 ppm Fluoride toothpaste. Investigate diet and assist to adopt good dietary practice in line with the eat well plate.</td>
<td>yearly until no new/active lesions apparent</td>
<td>3 monthly</td>
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RADIOGRAPHS<br>6 to 12 monthly or until no new/active lesions apparent 3 monthly

RECALLS<br>3 monthly
11. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No: 2072

Document title: The application of topical fluoride varnish (FV)

Purpose of document: This protocol aims to ensure safe, consistent and appropriate provision of topical fluoride varnish application in a clinical setting for Torbay and South Devon NHS Foundation Trust service users

Date of issue: 1 June 2018

Version: 1

Author: Lead Dentist

Directorate: Community

Equality Impact: The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief

Committee(s) approving the document: Care and Clinical Policies Group

Date approved: 17 August 2016

Links or overlaps with other policies: All TSDFT Trust Strategies, policies and procedure documents

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Document Amendment History

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<td>New</td>
<td>Care and Clinical Policies Group</td>
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<td>1 June 2018</td>
<td>1</td>
<td>Date change</td>
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The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.
# Quality Impact Assessment (QIA)

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<td>Councils</td>
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<td>Staff</td>
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**Does this document require a service redesign, or substantial amendments to an existing process?** ☐

*If you answer yes to this question, please complete a full Quality Impact Assessment.*

**Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? NO**

| Age | ☐ | Disability | ☐ |
| Gender re-assignment | ☐ | Marriage and Civil Partnership | ☐ |
| Pregnancy and maternity | ☐ | Race, including nationality and ethnicity | ☐ |
| Religion or Belief | ☐ | Sex | ☐ |
| Sexual orientation | ☐ | | |

*If you answer yes to any of these strands, please complete a full Quality Impact Assessment.*

**If applicable, what action has been taken to mitigate any concerns?** N/A

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Rapid Equality Impact Assessment  (for use when writing policies and procedures)

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<td>Lead Dentist</td>
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<td>Version and Date (of EIA)</td>
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<td>Associated documents (if applicable)</td>
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**RELEVANCE:** Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?
- Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010: Yes ☐ No ☐
- Advance equality of opportunity between people from different groups: Yes ☐ No ☐
- Foster good relations between people from different groups: Yes ☐ No ☐

**SIGNIFICANCE AND IMPACT:** Consider the nature and extent of the impact, not the number of people affected.
- Does the policy affect service users, employees or the wider community? (if no, proceed to sign off): Yes ☐ No ☐
- Does the policy affect service delivery or business processes?: Yes ☐ No ☐
- Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?: Yes ☐ No ☐

**EQUALITY ANALYSIS:** How well do people from protected groups fare in relation to the general population?

**PLEASE NOTE:** Any ‘Yes’ answers may trigger a full EIA and must be referred to the equality leads below

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<thead>
<tr>
<th>Age</th>
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<th>Sexual Orientation</th>
<th>Race</th>
<th>Gender</th>
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</table>

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)  Yes ☐ No ☐

Please provide details for each protected group where you have indicated ‘Yes’.

What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)

**RESEARCH AND CONSULTATION**

What is the reason for writing this policy? (What evidence/ legislation is there?)

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

**ACTION PLAN:** Please list all actions identified to address any impacts

<table>
<thead>
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<th>Action</th>
<th>Person responsible</th>
<th>Completion date</th>
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**AUTHORISATION**

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<tr>
<th>Name of person completing the form</th>
<th>Lead Dentist</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Validated by (line manager)</td>
<td>Manager</td>
<td>Signature</td>
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</table>
Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:
- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT’s Data Protection & Access Policy,
- Visit our GDPR page on ICON.