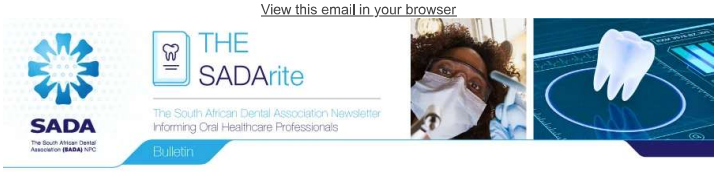
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Dear Members

NATIONAL ENVIRONMENTAL HEALTH NORMS AND STANDARDS – AUGUST 2026
Requirements applicable to dental practices
The National Environmental Health Norms and Standards, issued under the National Health Act, 2003 (Act 61 of 2003), set minimum environmental health requirements for premises and settings for the protection of public health.

The August 2026 Norms and Standards contain specific requirements for health establishments in Section 8. Dental practices should take note of the following provisions applicable to their premises and activities.

STRUCTURAL FACILITIES – SECTION 8.1
Section 8.1 requires the internal physical structure of health establishments to facilitate easy cleaning. Internal walls must be constructed of an impervious material, brought to a smooth finish, easily cleanable and painted with light-coloured paint. Ceilings must be constructed of dust-proof material, smoothly finished and painted with light-coloured washable paint. Floor surfaces must be constructed of impervious material, brought to a smooth finish and properly drained.

WATER, SANITATION AND HYGIENE – SECTION 8.2
An improved piped water supply must be available, and adequate potable water must be available in sufficient quantities for all uses.

Where additional building-specific water sources are used, a risk management plan must be in place. Water supply must continuously be tested for fitness for consumption and, where on-site water storage is utilised, storage capacity must be sufficient for two days. Water storage facilities must be protected from contamination and designated staff must monitor water in reservoirs and tanks for fitness for use. Water in storage facilities must be tested for compliance and fitness for consumption.

Where a borehole is the main water source, it must be effectively protected from contamination. To prevent organisms such as *Legionella spp.*, hot water must be kept above 50°C and cold water below 20°C. Taps and pipes containing water unsuitable for human consumption must be clearly marked, and water-quality records must be kept and made available to an Environmental Health Practitioner.

Section 8.2.13 requires health establishments to provide adequate toilet and ablution facilities to meet the needs of patients, staff and visitors. The required provision includes at least one functioning toilet and handwashing basin for every 20 in-patients and at least one functioning toilet and handwashing basin for every 50 visitors, together with separate toilet and handwashing facilities for staff. Toilet facilities must be appropriately designated by gender, provide for menstrual hygiene needs, and accommodate persons with reduced mobility. All facilities must be adequately ventilated and illuminated, have an appropriate drainage system for wastewater, and every handwashing basin must be supplied with sufficient toilet paper, liquid soap and/or alcohol-based hand rub.

FOOD SAFETY – SECTION 8.4
Where applicable, the premises must operate under a valid Certificate of Acceptability issued by the local authority confirming compliance with the *Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and Related Matters, R638 of 22 June 2018*.

HEALTHCARE RISK WASTE – SECTIONS 8.5–8.11
Section 8.5 requires the management of healthcare risk waste to be in line with SANS 10248. Waste must be correctly segregated at all waste-generation points, with functional containers for general waste, infectious waste and sharps provided in close proximity to the generation points.

A protocol or standard operating procedure must be in place for the safe management of healthcare waste, and only licensed waste-management contractors may be contracted for the treatment and disposal of healthcare waste.

Healthcare waste must be classified according to the applicable hazard and risk requirements, correctly segregated and containerised, and containers must carry the prescribed colour coding and international biohazard symbol in accordance with SANS 10248-1.

The agreement between the health establishment and the appointed healthcare risk waste management contractor must clearly set out the scope and requirements for the collection, handling, treatment and disposal of healthcare risk waste. The contract must specify the categories and volumes of waste to be collected, the applicable treatment or disposal processes, and a method for recording and accounting for the different waste units collected. It must also address verification of the condition of waste packages and clearly allocate responsibility for the sorting, counting and collection of waste. A timed collection schedule must be established to ensure waste is collected and transported without delay. The agreement must further specify appropriate personal and environmental health and safety measures, including immunisation, personal protective equipment and procedures for managing spills, infection risks and other hazards. It must provide for transitional arrangements when services commence or terminate, including coordination with previous or succeeding contractors, as well as acceptable conduct of contractor personnel while on the premises. Finally, the contract must define reporting requirements, including the information to be reported, its format and frequency, and provide for emergency backup arrangements where there are challenges affecting service delivery.

Of particular relevance to dental practices, all sharps containers must be manufactured according to SANS 452.

Section 8.7.6 specifically provides:
"Spilt mercury waste and waste from the dental amalgam must be handled as prescribed in the SANS 10248-3."

Dental practices must therefore ensure that spilled mercury and dental amalgam waste are managed in accordance with SANS 10248-3.

Healthcare risk waste must be transported in a manner that prevents spillages and contamination. Temporary healthcare risk-waste storage areas must be locked and inaccessible to unauthorised persons, adequately ventilated and illuminated, have non-porous floor surfaces, be equipped with a spill kit and display the appropriate international hazard signs.

Section 8.11 provides that:
"All healthcare risk waste must be treated before disposal by a licenced treatment facility and only disposed of at a licenced disposal facility."

STORAGE FACILITIES – SECTION 8.12
Separate storage facilities must be provided for medicines and drugs; cleaning equipment, pesticides and other potentially dangerous hazardous substances; expired medications; clean and dirty linen; and food items, as applicable.

Storage rooms must contain adequate movable shelving made of impervious material. Every shelf must have a minimum height of 225 mm above the floor. Storerooms must be kept clean and cleaned routinely at least once a week.

Hazardous substances must be stored and disposed of safely and separately from non-hazardous materials. Expired medicines must be stored separately and disposed of safely. Equipment, including heavy equipment and gas cylinders, must be safely stored and must not obstruct passages, entrances or exits.

LAUNDRY AND LINEN – SECTIONS 8.13 AND 8.14
Where a dental practice provides on-site laundry facilities, Section 8.13 requires the laundry to be arranged to prevent contamination of clinical areas. Clean and soiled linen areas must be physically separated, appropriate drainage and ventilation must be provided, and laundry staff must be provided with appropriate personal protective equipment.

Section 8.14 requires a linen-management policy, appropriate infection/ contamination-control procedures and appropriate procedures for the handling of soiled linen. These provisions must be applied where laundry and linen handling are undertaken by the establishment.

GENERAL HYGIENE – SECTION 8.15
Section 8.15 requires that:
"The premises must be maintained to be clean and free from offensive odours, unsightly accumulation of debris, litter, and miscellaneous waste at all times."

Cleaning staff must be trained and competent, cleaning materials and detergent must be available and properly stored, and a cleaning schedule must be kept for all maintained areas. Appropriate cleaning materials and equipment must be used, toilets must be kept clean and in good repair, hand-wash facilities must consistently have potable running water, and measures must be taken to prevent the spread of infection.

Dental practices should ensure that their premises and procedures comply with the requirements of Section 8 of the August 2026 National Environmental Health Norms and Standards, insofar as those requirements apply to the facilities and services provided by the practice.

Reference: National Health Act, 2003 (Act 61 of 2003); National Environmental Health Norms and Standards, August 2026; Section 8 – Standards and Requirements for Health Establishments.

A new chapter in TB prevention: Why South Africa's dental profession should take note
New-generation TB vaccines could transform prevention over the coming decades, with South Africa playing an important role in the research behind one of the leading candidates. For oral healthcare professionals, the development is particularly relevant because infection prevention, early recognition of possible disease and appropriate referral remain important parts of patient care.

Tuberculosis remains a formidable global health challenge, but 2026 has brought renewed optimism that vaccination could become a much more powerful tool in controlling the disease.

New analysis from Gavi, the Vaccine Alliance estimates that next-generation TB vaccines expected to become available from 2029 could prevent as many as **7.3 million deaths between 2030 and 2050**. Gavi also estimates that their introduction could generate up to **US$135 billion in economic benefits** across low- and middle-income countries.

The figures are projections rather than a guarantee. The vaccines must successfully progress through clinical development, regulatory processes and eventual implementation, and their impact will depend heavily on countries being able to obtain sufficient, predictable and affordable supplies. Gavi estimates average demand among low- and middle-income countries could reach **86 million vaccination courses a year**.

Moving beyond a century of BCG
For more than 100 years, BCG has been the only licensed vaccine against TB. While it provides important protection to infants and young children against severe forms of the disease, its protection wanes over time. This leaves an important gap in preventing pulmonary TB among adolescents and adults.

That gap is precisely where the new generation of vaccines could make a difference.
One candidate with particular relevance to South Africa is **M72/AS01E**. In August 2026, the South African National Department of Health confirmed that the candidate was in Phase 3 trials in South Africa, Kenya, Zambia, Malawi and Indonesia. The Department said it was already preparing for the possibility of registering and introducing the vaccine locally if the trial proves successful and the vaccine receives approval from SAHPRA.

South Africa is therefore not simply watching developments from the sidelines. The country is actively participating in the research that could help shape the next era of TB prevention.

The South African Government has also reported that arrangements concerning future vaccine manufacture envisage progressive production by pharmaceutical partners in South Africa and Indonesia.

Why does this matter to dentists?
For members of **SADA**, the significance of TB extends beyond developments in vaccination.

Dental professionals work in close proximity to patients' mouths and airways. The prospect of stronger population-level protection against pulmonary TB is therefore a development worth following closely from an occupational and public-health perspective.

It is equally important, however, not to view a future vaccine as a replacement for the fundamentals of good clinical practice. Candidate vaccines are still being evaluated, and South Africa's Department of Health has made clear that M72/AS01E would first need successful trial results and regulatory registration before introduction.

For dental teams, the practical message today is therefore one of **awareness rather than changed clinical practice**.

Dentists and their teams should continue applying the infection-prevention standards and patient-management protocols appropriate to their practices. At the same time, the profession should remain alert to future national guidance as vaccine evidence develops and any new products progress towards regulatory consideration.

An opportunity for the wider healthcare community
A successful adolescent and adult TB vaccine would represent a significant change in the global approach to TB prevention. Gavi describes the emerging vaccines as having the potential to become one of the most impactful new immunisation tools in decades, but stresses that their benefits depend upon high-burden countries obtaining affordable and reliable access.

For South Africa, where the M72/AS01E Phase 3 programme is already under way, that possibility is especially significant.

For dentistry, it is also a reminder that oral healthcare does not operate separately from wider public health. Developments capable of reducing the burden of an infectious respiratory disease have implications for patients, healthcare workers and the environments in which healthcare is delivered.

The next few years will determine whether the promise demonstrated by new TB vaccine candidates translates into approved vaccines and, ultimately, meaningful protection for communities.

For now, optimism should be accompanied by scientific caution. **There is not yet a new approved adult TB vaccine for South Africans**, but the progress being made represents an important development that SADA members should continue to watch.

SADArite takeaway
What members should know

- Gavi projects that new TB vaccines could avert up to **7.3 million deaths between 2030 and 2050** if successfully introduced.
- New vaccines are intended to address an important gap in protection against pulmonary TB among adolescents and adults.
- **M72/AS01E is undergoing Phase 3 evaluation in South Africa and other countries.**
- The South African National Department of Health is preparing for its potential introduction, but this depends on successful trial results and registration by SAHPRA.

AI is entering healthcare fast. What does it mean for South African dentistry?
"The question for dentistry is no longer simply whether AI will be used, but how it can be used without compromising professional judgement, patient safety or trust."
KC Makhubele

Artificial intelligence promises to make healthcare more efficient and data-driven, but for dentists the most important question may not be what AI can do, but when it should be trusted.

Artificial intelligence is moving rapidly from novelty to practical healthcare tool. Systems capable of analysing information, supporting clinical decisions and automating aspects of healthcare administration are increasingly part of discussions about the future of medicine.

Dentistry will inevitably be part of that conversation.

The opportunity is significant, but so is the responsibility that comes with it.

For South African dental professionals, the emerging message from regulators and international health authorities is increasingly clear: AI can support healthcare professionals, but its implementation must preserve patient safety, professional accountability, privacy and meaningful human oversight.

This is not simply a theoretical consideration. In 2025, the Health Professions Council of South Africa published ethical guidelines specifically addressing the use of artificial intelligence by registered health practitioners. The guidelines cover areas including accountability, transparency and equity, safety and quality of care, clinical decision-making, continuing professional development, data privacy and regulation.

AI as an assistant, not an automatic authority
One of AI's attractions is its ability to recognise patterns and process large quantities of information.

In a dental setting, that broader capability potentially makes AI relevant wherever clinicians are presented with complex information that needs to be interpreted efficiently.

But a technologically impressive output is not automatically a clinically correct one.
The World Health Organization has cautioned that although AI offers opportunities in diagnosis, clinical care, health research, drug development and public health, ethics and human rights need to remain central to its design, deployment and use.

Its subsequent guidance on large multimodal AI models makes another important distinction: demonstrating medical knowledge is not equivalent to providing safe and effective clinical care. The organisation says considerably more research is required to establish the safety, reliability, efficacy and privacy of such technology in healthcare settings.

For practitioners, therefore, AI output should not acquire authority simply because it is produced quickly, confidently or in a technically sophisticated format.
The dentist remains the healthcare professional in the room.

South Africa is already developing an AI health framework
South Africa's regulatory environment is also evolving alongside the technology.

The South African Health Products Regulatory Authority has issued regulatory requirements addressing AI and machine-learning-enabled medical devices, including software used for a medical purpose. SAHPRA says its approach is intended to promote patient safety, compliance and responsible innovation while responding to the rapid development of these technologies.

Importantly, the regulatory discussion extends beyond whether an algorithm is technically accurate.

SAHPRA's guidance addresses matters including risk management, data quality, clinical evaluation, cybersecurity, transparency, performance and the ability of AI systems to perform appropriately in the populations in which they will be used.
That last point is especially pertinent to South Africa.

An algorithm developed or trained using data from another country or population cannot simply be assumed to perform identically in a South African healthcare environment. SAHPRA's framework specifically recognises the importance of South Africa's healthcare and data-governance context in the safe integration of AI-enabled medical technology.

The dental record deserves particular caution
For dentists, AI is not only a clinical question. It is also an information-governance question.

Digital tools can potentially interact with highly sensitive patient information, from medical histories and treatment notes to clinical photographs and diagnostic imaging.
That creates an important distinction between using an AI system for a general administrative task and entering identifiable clinical information into an external AI platform.

South African professional guidance explicitly includes **data privacy and protection** among the ethical considerations healthcare practitioners must address when using AI.

The practical implication is that convenience should never override confidentiality.

Before incorporating an AI service into a practice workflow involving patient information, a practitioner needs to understand how that service deals with the information supplied to it and whether its use is consistent with applicable professional, privacy and regulatory obligations.

AI can be wrong, and confidently so
Another challenge is particularly relevant to generative AI systems.
These technologies can produce convincing responses even where their conclusions are incomplete or incorrect. In healthcare, an apparently authoritative error can have considerably greater consequences than a poorly written email or an incorrect internet search.

That is one reason international guidance continues to place emphasis on human oversight. The World Health Organization notes that AI for health presents both opportunities and ethical risks, and its governance recommendations are intended to keep stakeholders accountable to healthcare workers and to the people whose health may be affected.

Within dentistry, this suggests a sensible principle:

Use AI to strengthen professional judgement, not to surrender it.
A dentist who uses an AI-supported system still brings something the algorithm does not: the complete clinical encounter, professional training, patient communication, contextual understanding and accountability for the care ultimately provided.

Five questions to ask before using AI in your practice
For SADA members considering an AI-enabled product or service, a useful starting point is to ask:

1. What exactly is the AI doing?
Is it performing an administrative function, presenting information or influencing a clinical decision?

2. What patient information will it receive?
Consider whether identifiable health information, clinical images or records are being processed outside your existing practice systems.

3. Has the technology been appropriately evaluated?
A marketing claim about "AI accuracy" should not be confused with evidence of clinical safety or usefulness.

4. Can I independently review its output?
A clinician should be particularly cautious where an AI recommendation cannot reasonably be questioned, checked or understood.

5. What happens when the AI is wrong?
A safe workflow needs to account for errors rather than assuming that they will never occur.

These questions are practical editorial suggestions rather than a substitute for SADA, HPCSA, SAHPRA or legal guidance.

AI literacy may become part of professional literacy
The rise of AI also adds a new dimension to continuing professional development.

The HPCSA's AI guidelines specifically include continuing professional development alongside clinical decision-making, privacy, regulation and patient safety.

Dentists do not necessarily need to become computer scientists. They do, however, increasingly need enough understanding to recognise what an AI tool is being asked to do, identify its limitations and decide when its output requires additional scrutiny.
That may ultimately prove more valuable than enthusiasm for any particular product.

A tool, not a replacement for the practitioner
There is good reason for optimism about AI in healthcare. There is equally good reason not to confuse technological capability with clinical competence.
For the dental profession, the most productive future is unlikely to involve choosing between humans and machines. Instead, it will involve identifying where technology genuinely improves care while protecting the elements that define professional healthcare: judgement, accountability, confidentiality, communication and trust.

As AI becomes more capable, those principles become **more important, not less**.

For SADA members, embracing innovation and exercising professional caution therefore do not need to be opposing positions.

They may, in fact, be two sides of responsible modern dental practice.

SADArite takeaway
Before bringing AI into your practice, remember:

- **Clinical responsibility remains human.** AI output should support, rather than automatically determine, professional decision-making.
- **Protect patient information.** Consider carefully what information is being supplied to an AI system and how it will be handled.
- **Verify before relying.** A polished AI response is not proof that its conclusion is clinically correct.
- **Ask about local relevance.** South African regulators recognise the importance of appropriate clinical evaluation and consideration of local populations when assessing AI-enabled healthcare technology.
- **Know whether you're dealing with a medical device.** SAHPRA has issued specific requirements concerning AI/ML-enabled medical devices in South Africa.
- **Keep learning.** The HPCSA's ethical AI guidance specifically addresses professional development, clinical decision-making, privacy and regulation.

SADA MEMBER LIFESTYLE BENEFITS

Yours in Oral Health
KC Makhubele
Chief Executive Officer

UPCOMING EVENTS

10 Oct	**SADA Border Kei Branch CPD Day - East London - 10 October 2026 (BK046)**
13 Oct	**SADA Annual General Meeting - Financial Year 2024**
15 Oct	**SADA Algoa Midlands - 15 October 2026 (AM037)**
17 Oct	**SADA North West Branch, Rustenburg CPD Day - 17 October 2026 (NW028)**
17 Oct	**FDI Tobacco Cessation Workshop - 17 October 2026 SADA Head Office (HO025)**
24 Oct	**SADA Southern Cape CPD Day - 24 October 2026 (WC071)**

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