

Questionnaire on Compliance with Codes of Practice For Dentists and Dental Specialists

Contact Details

Name: Dr

Registration No: DD

Telephone:

Email:

Please tick 'Yes', 'No' or 'NA' (Not Applicable) for every question.

Section One: Infection Control

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|--|------------------------------|-----------------------------|-----------------------------|
| 1. Safe working environment maintained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2. Protocol for infection control available and staff trained in protocol? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3. Medical histories thorough, relevant, and up-to-date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4. Personal Protective Equipment: | | | |
| – gloves worn (single use)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| – face mask worn and changed as appropriate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| – protective clothing/equipment worn in clinical area only? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| – suitable protective eyewear available for patient? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5. Appropriate hand / forearm washing undertaken? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 6. Primary clinical area established? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 7. Effective sterilisation and disinfection carried out between all patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 8. Protective barriers are used for non-sterilised equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 9. Items in contact with blood, saliva, and mucous membranes either disposed of or sterilised between patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 10. New needle and anaesthetic cartridge used for each patient with appropriate recapping techniques? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 11. Appropriate and validated autoclave used in designated area and process validated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 12. Appropriate decontamination undertaken prior to disinfection or sterilisation procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 13. Handling and disposal of sharps and waste appropriate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 14. Storage of instruments is appropriate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 15. Appropriate procedures are in place for cleaning and disinfection of environmental surfaces between patients, and relevant materials are appropriately labelled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 16. Items for dispatch to a laboratory, or that are received from a laboratory, are handled appropriately? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 17. No food or drink is consumed in clinical and sterilising area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
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Section Two: Informed Consent

1. Systems are in place for verbal and written consent as required? Yes No NA
 2. Systems are in place for language /communication difficulties? Yes No NA
 3. The dentist understands and is conversant with patient rights under the Health and Disability Commissioner Act 1994? Yes No NA
 4. Patients are informed about, and records contain appropriate details regarding,-
 - explanation of existing condition? Yes No NA
 - results of tests or procedures? Yes No NA
 - treatment options, including possible consequences? Yes No NA
 - estimated costs of options? Yes No NA
 - consent noted? Yes No NA
 - whether research or teaching will be involved? Yes No NA
 - consent in writing where appropriate? Yes No NA
 - when consent from representative is needed, including details of age and comprehension of the patient? Yes No NA
 - treatment refused and consequences of the decision? Yes No NA
 - option for referral if appropriate? Yes No NA
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Section Three: Medical emergencies

1. Practitioner has completed training to the level required? Yes No NA
 2. Staff trained in emergency procedures including CPR? Yes No NA
 3. Manual for dealing with emergencies immediately available including essential telephone numbers? Yes No NA
 4. Patient medical histories are up-to-date? Yes No NA
 5. Appropriate emergency drug kit and equipment are up-to-date, operational, and readily available? Yes No NA
 6. After an emergency a patient never leaves unaccompanied? Yes No NA
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Section Four: Patient information and records

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|--|------------------------------|-----------------------------|-----------------------------|
| 1. Legible, indelible, understandable and time-bound for all patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2. Accurate, complete, relevant and up-to-date? Explanation given to patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3. Privacy and confidentiality provisions in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4. Storage of records is adequate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5. Computerised records are adequately protected? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 6. Patient access provisions are in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 7. Basic information up-to-date: | | | |
| - name, date of birth, gender? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - if under 16, contact details of parent or guardian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - medical history (signed by the patient)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 8. All treatment and services by dentist or other health professional / other employee are recorded? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 9. Records contain appropriate details, including, but not limited to: | | | |
| - all visits, failures and cancellations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - presenting complaint? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - history? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - clinical findings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - diagnosis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - options and treatment plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - treatment carried out? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - treatment patient unwilling to proceed with? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - consent obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - medication prescribed or dispensed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| - details of professional advice given/sought? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
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Section Five: Transmissible Major Viral Infections

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|--|------------------------------|-----------------------------|-----------------------------|
| 1. Patients with a TMVI are not refused treatment unless appropriate referral arrangements have been made? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2. Patients exposed to blood or other body fluids of another individual are promptly notified and the appropriate follow-up is established? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3. Practitioner is aware of his/her TMVI status and is immunised as appropriate, and encourages staff to follow this protocol? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4. If a practitioner suspects or knows they are HBV, HBC or HIV infected, then the appropriate medical advice is sought and acted upon? Practitioner encourages staff to follow this protocol? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5. Written protocol is in place for prompt management of exposure to TMVI? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> |
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Section Six: Intravenous sedation for dental procedures (if providing sedation)

Do you provide intravenous sedation?

Yes No

If no please proceed to Section Seven

1. Appropriate level of conscious sedation training? Yes No NA
 2. Appropriate level of emergency training is current? Yes No NA
 3. Techniques involving loss of consciousness have anaesthetist in attendance? Yes No NA
 4. Patient medical histories up-to-date and relevant? Yes No NA
 5. Pre- and post-operative instructions given? Yes No NA
 6. Informed consent detailed in records? Yes No NA
 7. Patient records detail drugs, dosage, and timing? Yes No NA
 8. Equipment appropriate, available, and maintained in operating areas and recovery areas? Yes No NA
 9. Continuous monitoring with pulse oximetry carried out for all patients? Yes No NA
 10. Facilities adequate (including for recovery, when necessary)? Yes No NA
 11. Appropriately trained staff always present during procedure? Yes No NA
 12. Appropriate emergency drugs available? Yes No NA
 13. Discharge protocol in place? Yes No NA
 14. Protocol in place for transfer for medical care if required? Yes No NA
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Section Seven: Professional relationships associated with the practise of dental therapy (where relevant)

Do you have a professional relationship with a dental therapist

Yes No

If no please proceed to Section Eight

1. A signed professional agreement is in place with the therapist(s) in relation to the provision of advice, radiography, access to prescription medicines, and referrals? Yes No NA
 2. Therapist refers where appropriate with documentation? Yes No NA
 3. The dentist provides advice on the same working day as it is sought? Yes No NA
 4. The dentist ensures access to timely advice in the event of his or her unavailability? Yes No NA
 5. The dentist keeps accurate records of advice given? Yes No NA
 6. The dentist ensures that the specific requirements in relation to dental therapists registered in the additional radiography and adult scopes are met? Yes No NA
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Section Eight: Professional relationships associated with the practise of dental hygiene (where relevant)

Do you have a professional relationship with a dental hygienist and dental auxiliaries?

Yes No

If no please proceed to Section Nine

1. A signed professional agreement is in place with the hygienist(s) in relation to the provision of clinical guidance, direct supervision, radiography, and access to prescription medicines, as required by the scope of practise for a hygienist? Yes No NA
 2. Hygienists practise within the appropriate scope and dentist is aware of the requirements of the scope(s)? Yes No NA
 3. Practising certificate displayed where appropriate? Yes No NA
 4. The dentist examines all new patients, assesses the medical history, and develops the oral health care plan? Yes No NA
 5. The dentist provides timely advice and ensures the hygienist has access to advice and guidance when off-site? Yes No NA
 6. Signed code of practise agreement with clinical guidance relationship? Yes No NA
 7. The dentist assesses the medical history of patients who self-refer to the hygienist, and makes recommendations for dental care plan? Yes No NA
 8. Off-site (e.g., nursing home) treatment protocols in place? Yes No NA
 9. The dentist is onsite when dental hygiene services are provided to patients who self-refer to the hygienist, or who have been referred by other dentists? Yes No NA
 10. Dental hygienists registered to provide LA do so only when the dentist provides direct supervision? Yes No NA
 11. Dental hygienists only treat patients under sedation in accordance with the Code of Practise on Conscious Sedation? Yes No NA
 12. Treatment plan prepared by dentist/specialist prior to orthodontic procedures being commenced by a hygienist who has a limited scope of practise? Yes No NA
 13. All activities performed by a hygienist who has a limited scope of practise are under the direct clinical supervision of the dentist who remains onsite? Yes No NA
 14. The dentist ensures that the specific requirements in relation to dental hygienists registered in the additional radiography and orthodontic procedures scopes are met? Yes No NA
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Section Nine: Professional relationships associated with the practise of dental technology and clinical dental technology (where relevant)

Do you have a professional relationship with a dental technologist and/or clinical dental technologist?

Yes No

If no , you have completed the questionnaire

1. Dental technicians practise within their scope? Yes No NA
 2. Patients are informed of all treatment options available and referrals made when appropriate? Yes No NA
 3. Timely advice is provided to the technician undertaking, on request, the dentist's work? Yes No NA
 4. Dental technology services are sourced from registered practitioners? Yes No NA
 5. Overseas dental technology services are sourced from ISO-accredited laboratories Yes No NA
 6. Oral health certificates are only provided when there is no diseased or unhealed hard or soft tissues or any other contraindicating abnormalities? Yes No NA
 7. Accurate records are kept on advice given, prescriptions provided, and oral health certificates issued? Yes No NA
 8. The dentist keeps accurate records of advice given? Yes No NA
 9. The dentist is aware of his or her responsibilities in particular for the preparation of teeth and/or soft tissues for partial dentures, immediate dentures and over-dentures and for the final fitting and clinical care outcomes of immediate dentures and root or implant supported over-dentures? Yes No NA
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