

Questionnaire on compliance with practice standards for dental therapists

Section One: Informed consent				
Please circle 'Yes', 'No' or 'N/A' (Not Applicable) for every question. <u>Attach</u> an explanation for all 'No' and 'N/A' responses.				
<i>Do you comply with, or have the following in place in relation to informed consent?</i>				
1	Systems for oral and written consent as required?	Yes	No	-
2	Systems for language / communication difficulties?	Yes	No	-
3	Do you understand and are you conversant with patient rights under the Health and Disability Commissioner Act 1994?	Yes	No	-
4	Do you inform patients about, and record appropriate details in patient records regarding:			
	a. Explanation of existing condition?	Yes	No	-
	b. Results of tests or procedures?	Yes	No	-
	c. Treatment options available, including possible consequences/side effects?	Yes	No	-
	d. Estimated costs of the options available?	Yes	No	NA
	e. Research or teaching that will be involved?	Yes	No	NA
	f. Any treatment refused by the patient, and the potential consequences of their decision?	Yes	No	-
	g. Options for referral, if appropriate?	Yes	No	-
5	Do you obtain consent:			
	a. in writing where appropriate?	Yes	No	-
	b. from a representative, where appropriate, including the details of the patient's age and their comprehension?	Yes	No	-

Section Two: Patient information and records

Please circle 'Yes', 'No' or 'N/A' (Not Applicable) for every question. Attach an explanation for all 'No' and 'N/A' responses.

Do you comply with, or have the following in place in relation to patient information and records?

1	Legible, indelible, understandable and time-bound records for all patients?	Yes	No	-
2	Accurate, complete, relevant and up-to-date records for all patients?	Yes	No	-
3	Privacy and confidentiality provisions?	Yes	No	-
4	Adequate storage of records?	Yes	No	-
5	Adequate protection of computerised records?	Yes	No	N/A
6	Provisions for patient's access to records?	Yes	No	
7	Is the following essential patient information up-to-date:			
	a. Name, date of birth, gender?	Yes	No	-
	b. Address?	Yes	No	-
	c. For patients under 16, the contact details of their parent or guardian?	Yes	No	-
	d. Medical history signed by the patient or guardian?	Yes	No	-
8	Are all treatment and services provided by you or your colleague(s) recorded?	Yes	No	-
9	Do the patient records contain appropriate details, including, but not limited to:			
	a. All visits, failures and cancellations?	Yes	No	-
	b. Reason for visit?	Yes	No	-
	c. History?	Yes	No	-
	d. Clinical findings?	Yes	No	-
	e. Assessment and preliminary diagnosis?	Yes	No	-
	f. Options and treatment plan with the appropriate explanations?	Yes	No	-
	g. Treatment carried out?	Yes	No	-
	h. Treatment patient declined?	Yes	No	-
	i. Consent obtained?	Yes	No	-
	j. Medication prescribed or dispensed?	Yes	No	-
	k. Details of professional advice given/sought?	Yes	No	-
	l. Estimate of costs?	Yes	No	N/A
	m. Presenting a complaint?	Yes	No	-

Section Three: Advertising

Whilst you may not personally advertise, it is each practitioner's individual responsibility to ensure that they are familiar with the requirements of this practice standard and that if they undertake advertising of any form, that they ensure compliance.

Please circle 'Yes', 'No' or 'N/A' for every question. Attach an explanation for all 'No' and 'N/A' responses.

Do you comply with, or have the following in place in relation to advertising?

1	Are you familiar with the relevant legislation and standards relating to advertising- such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers' Rights, and the Advertising Standards Authority's Codes?	Yes	No	-
2	Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?	Yes	No	-
3	Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?	Yes	No	-
4	Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?	Yes	No	-
5	Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?	Yes	No	-
6	Are you certain that any claims made in your advertisement can be supported by best available evidence?	Yes	No	-
7	Do you advertise in a manner that avoids disparaging other practitioners and the services they offer in any way?	Yes	No	-
8	Do you maintain responsibility for the form and content, its accuracy and compliance with the practice standard requirements, of the advertising of health-related services and products associated with your practice?	Yes	No	-
9	If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?	Yes	No	N/A
10	Are you mindful of the principles of ethical conduct as set out in the Dental Council's Standards Framework for Oral Health Practitioners?	Yes	No	-
11	If you have answered 'No' or 'N/A' to any of the above questions because you do not personally advertise, are you aware of the Advertising Practice Standard and its requirements in case you do choose to advertise at a later date?	Yes	No	-

Section Four: Transmissible major viral infections

Please circle 'Yes' or 'No' for every question. Attach an explanation for all 'No' responses.

Do you comply with, or have the following in place in relation to transmissible major viral infections (TMVI)?

1	Are you aware of testing requirements:		
	a.	Following exposure to HBV, HCV or HIV ¹ (initial and follow-up testing)?	Yes No
	b.	Subsequent to a positive test result for HBV, HCV and/or HIV?	Yes No
	c.	For ongoing monitoring of viral load levels, if infected?	Yes No
2	Are you aware of your requirements in the event of a positive test result:		
	a.	To immediately stop performing exposure-prone procedures?	Yes No
	b.	To promptly advise the Registrar of the Council?	Yes No
	c.	To comply with any other Council requirements?	Yes No
3	Are you aware of your requirement to seek medical advice:		
	a.	For appropriate post-exposure prophylaxis if exposed to a TMVI?	Yes No
	b.	If you receive a positive test result?	Yes No
	c.	For ongoing care if infected?	Yes No
4	Are you aware of your notification obligations to the Registrar of the Council, if you:		
	a.	Know or suspect you are TMVI infected?	Yes No
	b.	Suspect that a known TMVI infected practitioner is not complying with their Council obligations?	Yes No
	c.	Suspect that a practitioner is TMVI infected?	Yes No
5	Are you aware of your notification obligations to a patient if you sustain an injury resulting in exposure of the patient's tissues to your blood, if you are:		
	a.	TMVI infected?	Yes No
	b.	Not known to be infected with a TMVI and subsequently you have a positive test result from the test taken at the time of injury?	Yes No
6	Do you have in place the relevant procedures in the event you sustain an injury resulting in exposure of the patient's tissues to your blood, whether you are TMVI infected or not known to be TMVI infected?		Yes No

¹ Hepatitis B virus ('HBV'), hepatitis C virus ('HCV') and human immunodeficiency virus ('HIV')

Section Five: Control of cross infection

Please circle 'Yes', 'No' or 'N/A' (Not Applicable) for every question. Attach an explanation for all 'No' and 'N/A' responses.

Do you comply with, or have the following in place in relation to cross infection control?

1	Are you aware of the correct techniques for use of alcohol based hand rub and hand washing, and apply them at the correct times?	Yes	No	-
2	Do you routinely practise other hand hygiene protective measures?	Yes	No	-
3	Do you use personal protective equipment properly during all procedures and activities when contact with blood or saliva is possible, and/or when aerosols, splashes or sprays are generated?	Yes	No	-
4	Do you follow safe practices for the handling and disposal of sharps?	Yes	No	-
5	Do you ensure the safe handling and disposal of hazardous and controlled waste?	Yes	No	-
6	Do you employ measures to minimise the degree and extent of contamination within a contaminated zone, and the spread of contamination to a clean zone?	Yes	No	-
7	Do you ensure all surfaces, equipment and instruments are cleaned and disinfected, as defined within the practice standard?	Yes	No	-
8	Are you assured that the water in your practice environment, including your waterlines, is safe to drink?	Yes	No	-
9	Are you aware of when transmission-based precautions are required in addition to standard precautions, and either follow them, or refer appropriately?	Yes	No	-
10	Do you ensure contaminated items for dispatch are decontaminated, packaged and labelled appropriately before dispatch?	Yes	No	-
11	Do you ensure equipment and materials used in the repair or modification of dental appliances, which have been in contact with the patient's mouth, are handled appropriately?	Yes	No	-
12	Do you discard single-use items after use on the patient?	Yes	No	-
13	Do you ensure that reusable items are reprocessed properly, as appropriate for their intended use?	Yes	No	-
14	Do you ensure an appropriate reprocessing area is designated with distinct areas for reprocessing procedures, which facilitates contaminated to clean reprocessing flow?	Yes	No	-
15	Do you ensure all contaminated reusable items are properly cleaned and dried?	Yes	No	-
16	Do you ensure all critical items are packaged and labelled with batch control identification information before sterilisation?	Yes	No	N/A
17	Do you ensure all reusable critical and semi-critical items are sterilised using a steam steriliser with an appropriate cycle type?	Yes	No	-
18	Are all packaged items processed in a steam steriliser with drying capability?	Yes	No	-
19	Do you ensure each sterilisation cycle is appropriately monitored, and the steriliser used properly to ensure sterilisation is achieved?	Yes	No	-

Section Five: Control of Cross Infection

Continued from above...

20	Do you ensure appropriate storage and handling of: critical items to maintain their sterility until point of use, and semi-critical and non-critical items to protect from contamination before re-use?	Yes	No	-
21	Do you ensure the appropriate performance tests for each piece of reprocessing equipment are carried out at the correct times?	Yes	No	-
22	Do you ensure reprocessing equipment is appropriately cleaned, daily maintenance checks performed, and preventative maintenance carried out at least annually?	Yes	No	-
23	Do you ensure validation and annual performance re-qualification are properly performed for each steriliser and instrument washer-disinfector at the correct times, and by the appropriate personnel?	Yes	No	-
24	Are you aware of the procedures you must follow in the event of a sharps injury?	Yes	No	-
25	Do you comply with the documentation requirements of the practice standard?	Yes	No	-
26	Do you maintain and refresh your knowledgeable on infection prevention and control measures at least annually?	Yes	No	-

Section Six: Professional relationships associated with dental therapy practice

Please circle 'Yes' or 'No' for every question. Attach an explanation for all 'No' responses.

Do you comply with, or have the following in place in working relationship with a dentist/dental specialist?

1	Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of clinical guidance, advice, radiography, access to prescription medicines, and referrals, as required by the scope of practice for a therapist?	Yes	No
2	Does the dentist/dental specialist ensure that you practise within the appropriate scope(s) of practice and are they aware of the requirements of your scope(s) of practice, and any possible exclusions?	Yes	No
3	Does the dentist/dental specialist provide you with advice on the same working day as it is sought?	Yes	No
4	Does the dentist/dental specialist ensure access to timely advice in the event of his/her unavailability?	Yes	No
5	Do you keep accurate records of advice received?	Yes	No

Section Seven: Medical emergencies

Please circle 'Yes' or 'No' for every question. Attach an explanation for all 'No' responses.

Do you comply with, or have the following in place in relation to medical emergencies?

1	Do you record and regularly update the medical history of all patients?	Yes	No
2	Does your practice have written protocols describing the staff members' roles in management of a medical emergency, and do you know your specific role in a medical emergency?	Yes	No
A. Only complete section A if your resuscitation training certificate had expired prior to 30 September 2016, and you have renewed your resuscitation training.			
3	Do you have a current resuscitation training certificate to CORE Level 4 or equivalent?	Yes	No
4	Did your resuscitation training course (including any overseas courses) cover the following minimum modules:		
Airway management			
	a. Manual airway opening?	Yes	No
	b. Airway suction?	Yes	No
	c. Oropharyngeal airway insertion?	Yes	No
	d. Mouth to mask ventilation?	Yes	No
	e. One person bag-mask ventilation?	Yes	No
	f. Two person bag-mask ventilation?	Yes	No
	g. Oxygen delivery?	Yes	No
Adult collapse			
	a. Adult collapse management plan?	Yes	No
	b. Team scenario practice for adult collapse?	Yes	No
	c. Use of Automatic External Defibrillation?	Yes	No
Childhood collapse			
	a. Childhood collapse management plan?	Yes	No
	b. Team scenario practice for childhood collapse?	Yes	No
	c. Use of Automatic External Defibrillation?	Yes	No
5	Did you read the Medical Emergencies – Information and Specific responses section of the practice standard (Appendix 1) before your resuscitation training?	Yes	No
6	Are you aware that your resuscitation training must in future be revalidated every two years – i.e your certificate is only valid for two years?	Yes	No

Section Seven: Medical emergencies

Continued from above...

7	Do you have ready access to the following emergency equipment:		
	a. Oxygen cylinder, regulator and associated equipment suitable for delivering high flow oxygen?	Yes	No
	b. Bag mask device with oxygen reservoir?	Yes	No
	c. Basic airway adjuncts (oropharyngeal airways) materials used?	Yes	No
8	Is this equipment available in different age appropriate sizes, and checked monthly to ensure it's fully operational?	Yes	No
9	Do you have easy access to oxygen, and check the expiry date on a regular basis?	Yes	No
10	Are the emergency drugs within their expiry date at all times?	Yes	No
B. Only complete section B if your current resuscitation training certificate has not yet expired , and you have not yet renewed your certificate at CORE Level 4.			
11	Do you have a current resuscitation training certificate to CORE Level 3, or higher?	Yes	No
12	Do you have ready access to the following emergency equipment:		
	a. Bag mask device with oxygen reservoir?	Yes	No
	b. Basic airway adjuncts (oropharyngeal airways) materials used?	Yes	No
13	Is this equipment available in different age appropriate sizes, and checked monthly to ensure it's fully operational?	Yes	No
14	Are you aware that if your current resuscitation training certificate has not yet expired, or is due to expire, that you are required to renew this at CORE Level 4 or higher prior to 30 September 2016?	Yes	No