

Questionnaire on compliance with practice standards for dentists and dental specialists

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.				
Do you comply with, or have the following in place in relation to informed consent?				
1	Systems for oral and written consent as required?	Yes	No	-
2	Systems for language / communication difficulties?	Yes	No	-
3	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 conditions?	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	-
	e. research or teaching that will be involved?	Yes	No	N/A
	f. any treatment refused by the patient, and the potential consequences of the 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. <u>Attach</u> an explanation for all 'No' and 'N/A' responses.				
Do you 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	-

Section Two: Continued from page 1

4	Adequate storage of records?	Yes	No	-
5	Adequate protection of computerised records?	Yes	No	N/A
6	Provisions for patients' 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	N/A
	d. medical history signed by the patient or guardian?	Yes	No	N/A
8	Are all treatment and services provided by you 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 attendance?	Yes	No	-
	c. history?	Yes	No	-
	d. clinical findings?	Yes	No	-
	e. 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	-

Section Three: Infection prevention and control

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	-

Section Three: Continued from page 2

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 reprocessing flow from contaminated to clean?	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	-
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	-

Section Three: Continued from page 3

25	Do you comply with the documentation requirements of the practice standard?	Yes	No	-
26	Do you maintain and refresh your knowledge on infection prevention and control measures at least annually?	Yes	No	-

Section Four: Conscious sedation for dental procedures

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

Do you provide conscious sedation? <i>If <u>no</u> please proceed to Section Five</i>		Yes	No	-
<i>Do you comply with, or have the following in place in relation to conscious sedation?</i>				
1	Appropriate level of conscious sedation training?	Yes	No	-
2	Up-to-date emergency training to the appropriate level?	Yes	No	-
3	Attendance of an anaesthetist during techniques involving a patient's loss of consciousness?	Yes	No	N/A
4	Relevant and up-to-date patient medical histories?	Yes	No	-
5	Pre- and post-operative instructions given to the patient?	Yes	No	-
6	Informed consent detailed in the patient records?	Yes	No	-
7	Patient records contain detail on the drugs, dosage, and time administered?	Yes	No	-
8	Appropriate equipment available and maintained in the operating and recovery areas?	Yes	No	-
9	Continuous pulse oximetry during intravenous sedation?	Yes	No	N/A
10	Adequate facilities, including a recovery area?	Yes	No	-
11	Appropriately trained staff always present with the sedated patient during the procedure and recovery?	Yes	No	-
12	Appropriate emergency drugs available?	Yes	No	-
13	Discharge protocol in place and being followed?	Yes	No	-
14	A protocol for transfer of patients that require further medical care?	Yes	No	-

Section Five: Working relationships with other oral health practitioners within your practice, where relevant

Part 1 -Dental Hygienist

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

Do you have a professional relationship with a dental hygienist in your practice?		Yes	No	-
<i>If <u>no</u> please proceed to Part 2 - Orthodontic Auxiliary</i>				
Do you comply with, or have the following in place for your working relationship with your dental hygienist?				
1	A signed professional agreement with the hygienist in relation to the provision of clinical guidance, direct clinical supervision, radiography, and access to prescription medicines, as required by the scope of practice for a hygienist?	Yes	No	-
2	Are you aware of the requirements of the hygienist's scope, and any possible limitations or exclusions on their scope?	Yes	No	-
3	Do you examine all new patients, assess their medical history, and develop their oral health care plan?	Yes	No	-
4	Do you provide timely advice and ensure the hygienist has access to advice and guidance when off-site?	Yes	No	-
5	Do you assess the medical history of patients who self-refer to the hygienist, and make recommendations for their oral health care plan?	Yes	No	-
6	Are you onsite when dental hygiene services are provided to patients who self-refer to the hygienist, or for patients who have been referred by other dentists?	Yes	No	-
7	Do you have protocols for off-site treatment (e.g. nursing homes)?	Yes	No	N/A
8	Do you provide direct clinical supervision for the hygienist when administering local anaesthetic, if allowed within the hygienist's scope?	Yes	No	N/A
9	Do you prepare the treatment plan prior to orthodontic procedures being commenced by the hygienist?	Yes	No	N/A
10	Are all activities by the hygienist with a limited scope of practice, performed under your direct clinical supervision onsite?	Yes	No	N/A
11	Is the practising certificate, for a hygienist with a limited scope of practice, displayed?	Yes	No	N/A

Section Five: Continued from page 5

Part 2 - Orthodontic Auxiliary

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

Do you have a professional relationship with an orthodontic auxiliary in your practice?		Yes	No
<i>If <u>no</u> please proceed to Part 3 – Dental Therapists</i>			
Do you comply with, or have the following in place for your working relationship with your orthodontic auxiliary, if relevant?			
1	A signed professional agreement with the orthodontic auxiliary(s) in relation to the provision of direct supervision and radiography; as required by the scope of practice for an orthodontic auxiliary?	Yes	No
2	Are you aware of the requirements of the orthodontic auxiliary's scope, and any possible limitations or exclusions on their scope?	Yes	No
3	Do you examine all new patients, assess their medical history, and develop their oral health care plan?	Yes	No

Part 3 - Dental Therapist

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

Do you have a professional relationship with a dental therapist in your practice?		Yes	No
<i>If <u>no</u> please proceed to Part 4 – Dental Technician/Clinical Dental Technician</i>			
Do you comply with, or have the following in place for your working relationship with your dental therapist, if relevant?			
1	A signed professional agreement with the therapist 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	Are you aware of the requirements of the dental therapist's scope, and any possible exclusions on their scope(s) of practice?	Yes	No
3	Does the therapist refer to you, where appropriate, with the correct documentation?	Yes	No
4	Do you provide advice on the same working day as it is sought?	Yes	No
5	Do you ensure access to timely advice in the event of your unavailability?	Yes	No
6	Do you keep accurate records of advice given?	Yes	No

Section Five: Continued from page 6

Part 4 - Dental Technician/Clinical Dental Technician

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

Do you have a professional relationship with a dental technician and/or clinical dental technician in your practice?	Yes	No
<i>If <u>no</u> please proceed to Section Six</i>		

Do you comply with, or have the following in place for your working relationship with the dental technician/clinical dental technician that you source work from, if relevant?

1	Timely advice is provided to the technician undertaking, on prescription, your work?	Yes	No
2	Do you ensure that all products purchased and supplied by the laboratory are of an acceptable quality and standard and that a custom made appliance supplied to you or the patient can be traced in the event of a product recall or an adverse reaction or allergy complaint?	Yes	No
3	Oral health certificates are only provided when there are no diseased or unhealed hard or soft tissues or any other contraindicating abnormalities?	Yes	No
4	Accurate patient records are kept on advice given, prescriptions provided, and oral health certificates issued?	Yes	No
5	Are you aware of your responsibilities, in particular for the preparation of teeth and/or soft tissues for partial dentures, immediate dentures and over-dentures; the final fitting of the appliances; and the clinical care outcomes of immediate dentures, root and implant supported over-dentures?	Yes	No

Section Six: 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 Seven: 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' 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 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

Section Eight: Sexual boundaries in the dentist/patient relationship

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 maintaining sexual boundaries in the dentist/patient relationship?

1	Create a practice environment that fosters mutual respect and trust in which the patient has confidence and feels safe?	Yes	No
2	Understand and respect sexual boundaries?	Yes	No
3	Presence of a third party during patient contact, particularly during sedation, after-hours consultations or when dealing with patients more likely to misinterpret any event?	Yes	No
4	Relevant history taking?	Yes	No

Section Nine: 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
3	Do you have a current resuscitation training certificate to the required level: <ul style="list-style-type: none"> If <u>not</u> providing sedation (or providing relative analgesia: CORE Level 4 or equivalent? If providing sedation (excluding relative analgesia): NZRC CORE Level 5? <p>If your CORE Level 4 resuscitation certificate has not yet expired, and you have not yet completed the Level 5 training, are you aware that you need to complete a NZRC CORE Level 5 course before 30 September 2016?</p>	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 be revalidated every two years – i.e your certificate is only valid for two years?	Yes	No

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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)?	Yes	No
	d. Syringes and needles for drawing up and administering drugs?	Yes	No
	e. Spacer device to deliver Salbutamol?	Yes	No
8	Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational?	Yes	No
9	Do you have ready access to the following drugs:		
	a. Oxygen?	Yes	No
	b. Glyceryl trinitrate?	Yes	No
	c. Aspirin?	Yes	No
	d. Adrenaline (1:1000)?	Yes	No
	e. Salbutamol?	Yes	No
10	Are the emergency drugs within their expiry date at all times?	Yes	No
B Only complete section B if you are providing sedation (excluding nitrous oxide/ oxygen)			
11	Do you have ready access to the following additional emergency equipment:		
	a. Advanced airway adjuncts - oropharyngeal and supraglottic airway devices?	Yes	No
	b. Associated equipment for gaining and securing IV access and administering IV fluids and medication?	Yes	No
	c. Automated external defibrillator (AED)?	Yes	No
12	Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational	Yes	No
13	Do you have ready access to the following additional drugs:		
	a. Appropriate antagonists for sedative drugs being administered, where required?	Yes	No
	b. Dextrose 10%?	Yes	No
	c. Glucagon?	Yes	No
	d. Normal saline 1000ml?	Yes	No
	e. Hydrocortisone injection?	Yes	No
14	Are the emergency drugs within their expiry date at all times?	Yes	No