



Provincial Dental Board of Nova Scotia

Dental Practice Review

Self Assessment Document

SECTION 1 GENERAL INFORMATION

Dentist's Name _____ Unique Number _____

Contact Information

Practice Address

Telephone _____ Fax _____ Email _____

Incorporated practice: Yes No Current year permit: Yes No

Staffing: Number of ____

Licensed dental hygienists _____ License verification _____

Licensed dental assistants _____ License verification _____

Non licensed dental assistants _____

SECTION 2 FACILITY REVIEW

Infection Control

- | | | |
|--|-----|----|
| 1. Is Office Protocol for Sterilization / Disinfection consistent with the NSDA Guidelines? | Yes | No |
| 2. Is infection control and asepsis procedure resource information readily available to staff? | Yes | No |
| 3. Are appropriate barriers used? | Yes | No |
| 4. Is there a system in place to prevent cross contamination? | Yes | No |
| 5. Is sterilization equipment properly maintained / monitored? | Yes | No |

Reviewer's Comments:

Radiographic Safety

- | | | |
|--|-----|----|
| 1. Are all staff who take radiographs licensed to do so? | Yes | No |
| 2. Gonadal shielding – routinely used? | Yes | No |
| 3. Thyroid shielding – routinely used? | Yes | No |

Sedation/Anaesthesia

- | | | | | |
|---|-----|----|----------------------|----|
| 1. Sedation available: | | | | |
| Oral sedation | Yes | No | <u>Permit</u> | |
| Nitrous Oxide-Oxygen | Yes | No | Yes | No |
| Nitrous Oxide-Oxygen plus oral sedative agent | Yes | No | Yes | No |
| Parenteral Conscious Sedation | Yes | No | Yes | No |
| Deep Sedation / General Anaesthesia | Yes | No | Yes | No |
| 2. Facility in compliance with PDBNS Guidelines | | | Yes | No |

Reviewer's Comments:

Medical Emergencies in the Dental Office

- | | | |
|---|-----|----|
| 1. Is there an emergency kit / drugs available? | Yes | No |
| 2. Are the emergency drugs current? | Yes | No |
| 3. Does the dentist and / or key staff have current CPR certification? | Yes | No |
| 4. Are staff aware of protocol and procedures to effectively deal with medical emergencies? | Yes | No |

Reviewer's Comments:

SECTION 3 – LICENSEE SPECIFIC REVIEW

RECORD REVIEW - (refer to PDBNS Record Keeping Guidelines)

Patient Information	Sufficient Information	Yes	No
Medical Information	Sufficient Information	Yes	No
	Signed by dentist	Yes	No
	Dated	Yes	No
	Evidence of updates	Yes	No
Dental History	Sufficient Information	Yes	No
Intra Oral Charting	Sufficient Information	Yes	No
Extra Oral Charting	Sufficient Information	Yes	No
Periodontal Charting	Sufficient Information	Yes	No
Radiographs	Diagnostic quality	Yes	No
	Labeled and dated	Yes	No
	Evidence that ordering radiographs is patient specific	Yes	No

Reviewer's Comments:

Diagnosis

- | | | |
|--|-----|----|
| 1. Is diagnosis recorded in the chart? | Yes | No |
| 2. Is diagnosis substantiated by recorded clinical findings? | Yes | No |

Reviewer's Comments

Treatment Plan

- | | | |
|--|-----|----|
| 1. Is treatment plan recorded in chart and dated? | Yes | No |
| 2. Is there a protocol in place in the office to ensure that patients are provided with sufficient information to give informed consent? | Yes | No |

Reviewer's Comments

Clinical Progress Notes

- | | | |
|--|-----|----|
| 1. Are local / other anesthetics / sedatives recorded? | Yes | No |
| 2. Are materials / techniques used recorded? | Yes | No |
| 3. Is any advice given to patient recorded? | Yes | No |
| 4. Is commentary from patient relating to treatment (s) recorded ? | Yes | No |
| 5. Are entries attributable to treating professional? | Yes | No |
| 6. Are chart entries legible? | Yes | No |
| 7. Are chart entries dated? | Yes | No |
| 8. Is treatment explained by chart entries? | Yes | No |

Reviewer's Comments
