

MANITOBA DENTAL ASSOCIATION FACILITY ASSESSMENT

TO BE COMPLETED BY ALL MEMBERS AND RETURNED BY A SPECIFIC DATE

In attached documents, please provide the following and return to the Director of Facility Assessments

1. A written outline of the duties and responsibilities of the Director/Owner.
2. An outline of the facility's administration with an organizational chart.
3. Job descriptions, which include duties and responsibilities for all personnel.
4. The name(s) of the director(s) and owner(s) of the facility, including any members who have a direct or indirect financial interest in the facility.
5. Names of its officers and directors, if the facility is a dental corporation.
6. The names, credentials, and CPR status of all staff and dentists requesting privileges at the facility. Please enclose a copy of their certificate.
7. A copy of the policy and procedure manual
8. Complete records of all dentists who have privileges at the facility, including their applications and schedules for procedures.
9. Any service agreements need to be included.

Practice Profile

1. Name of Office:

a. Address:

b. Telephone: () _____ Facsimile: ()

c. Owner(s):

d. List names of other dentists who provide treatment in office:

e. General Practice Specialist : Specialty:

2. Dental Assistants:

a. Names of Office Trained Assistants:

b. Names of Registered Dental Assistants:

3. Hygienists:

a. Names of Registered Dental Hygienists:

4. Other Staff and Their Position:

Staff and Staff Health

1. Are all staff providing treatment working within their scope of practice?

Yes If No, Please

explain _____

2. Does the facility require that health care workers be up to date in immunizations as per the Canadian Immunization Guide from Health Canada?

Yes No

3. Does the facility have a policy for providing hepatitis B vaccine to all health care workers?

Yes No

4. Does this facility have a policy in place for providing flu shots to all health care workers?

Yes No

5. Does the facility have a policy in place for testing and follow up for health care workers and patients who may have been exposed to blood borne pathogens?

Yes No

6. Are policies in place for:

- a. Sexual harassment policy
- b. Infection control protocols
- c. Inspection of quantity and viability (unexpired) of drugs
- d. Security, storage and control in-office drugs to protect against abuse
- e. Retrieving instruments from closed/uncontaminated locations (i.e. drawers) in operatory
- f. Avoid cross contamination when transferring equipment or material between operatories (if applicable)
- g. Single use/disposable supplies protocols ensure proper disposal or disinfection techniques are acceptable and adequate
- h. Emergency plan
 - i. Fire
 - ii. Patient care
 - iii. Violence
 - iv. Medical

Yes If No, please explain _____

7. Are logbooks in place for:
- a. Sterilization with spore test results
 - b. Monitored use of drugs stored in-office

Yes If No, Please explain _____

Reception Area

1. Is your dental license visible to the public and registered?
Yes No
2. Is your permit for use of Nitrous Oxide, IV/IM Sedation, or General Anesthetic current and visible to the public? (If applicable)
Yes No
3. Does your front reception prevent disclosure of personal health information?
Yes No
4. Are your charts stored in a secure manner? (chart information not viewable by unauthorized individuals)
Yes No
5. Is your reception area computer:
- a. In a secure location
 - b. Password protected
 - c. Monitor is not viewable by unauthorized individuals
 - d. Registers changes in patient record
- Yes If No, please explain _____

Operatories

1. Is equipment CSA certified where applicable?
Yes No
2. Is your office in compliance with current mercury hygiene protocols?
Yes No

3. Are all dental materials within expiry date?

Yes No

4. Are appropriate barriers used for patients and staff?

Yes No

Sterilization Area

1. Is a process in place to update staff on infection control practices?

Yes No

2. Do you have infection control training as part as your new employee's orientation?

Yes No

3. How often does your office spore test?

4. How many sterilizers are in your office?

5. Are water lines flushed prior to usage without hand pieces? And how are water lines flushed after treatment?

6. When are the evacuation lines cleaned?

7. Are curing lights tested and how?

8. Are protocols in place for sterilization/disinfection of instruments/equipment:

a. Hand Instruments

b. Hand pieces- attachments and motors

c. Heat sensitive instruments or equipment

d. Dental materials

e. Dental impressions

Yes If No, please
explain _____

9. Do you have a safety container for disposable sharps and a program to dispose of them?

Yes No

10. What company do you use to dispose of Biomedical waste?

Central Radiograph Processing and Safety

1. Are all staff equipped with dosimeter badges?

Yes No

2. How long do you keep a copy of your dosimeter results?

3. Protocols in place to avoid cross contamination on radiographs, charts, processor and lead apron?

Yes No

4. Do your lead aprons have thyroid collars?

5. Yes No

6. Do you hang or fold your lead aprons?

7. When was the last time your radiograph equipment inspected?

8. Do you have a quality assurance program in place to ensure image?

Drugs and Emergency Kit

1. Is your emergency kit up to date and easily accessible?

Yes No

2. Is there secure storage access to authorized personal?

Yes No

3. Do you regularly review to detect undocumented loss (two person)?

Yes No

4. Are prescriptions written contemporaneously?

Yes No

5. Are prescription pads secured and inaccessible to unauthorized personal?

Yes No

6. Is prescription medication is stored under lock and key and accessed only by authorized personnel?

Yes No

Other

1. Is your office compliant with WHMIS requirements?

Yes No

2. Is your amalgam separator functioning (if applicable)?

Yes No

Comments

Dentist Signature: _____ Date: _____
