



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

Requirements of the Quality Assurance Program and Guidelines for Continuing Competency

Introduction

The Quality Assurance Program was developed to help dental hygienists reflect on their dental hygiene practice, to identify areas of their practice that require enhancement/improvement and to customize their continuing quality improvement activities in a manner that suits their personal situation and resources. These guidelines are provided to further assist dental hygienists in the selection of appropriate learning goals and activities.

Quality Assurance (QA) Program – Questions and Answers

Why do dental hygienists need to participate in the QA Program?

The Quality Assurance Committee conducts annual reviews of selected dental hygienist's quality assurance records in order to meet their obligation to the law, specifically, the *Regulated Health Professions Act, 1991*, as set out by the Ontario Government. This requirement was developed to assist all regulated health professions to improve the overall quality of health care, with the anticipated result of improved client health.

How are Quality Assurance records used?

Quality Assurance records serve two functions. Firstly, they help to verify a dental hygienist's on-going involvement in their profession and provide a method of verifying their current knowledge, skills and judgment. It is through these records that they will be able to demonstrate their current level of competence to practise when asked. Secondly, their records are used for peer assessment purposes. Once established, they will be useful to the individual dental hygienists and to the CDHO to help document and monitor their professional growth and development and the impact of this growth and development on their client care/outcomes.

Who is required to maintain QA records?

All dental hygienists registered to practise in Ontario are required to participate in the program. This includes registrants holding both active and inactive certificates of registration. In other words, **every registered dental hygienist** is required to maintain their QA records.

Demonstrating Compliance with Quality Assurance Requirements

Dental hygienists are required to show that they are participating in the Quality Assurance Program in two ways:

1. Complete the on-line Self-Assessment Tool by January 31st annually. Participation is tracked by Skilsure and reported to the College.
2. When notified, complete and submit the documentation required under Option 1, 2, or 3.

Quick Reference Guide to the Quality Assurance Program

All registrants are required to enter their Quality Assurance information into the online System for Managing Individual Learning (SMILE Portal) and to complete the Self-Assessment Tool on an annual basis. When selected to participate in the peer review component of the program, registrants will be able to choose from one of three options for demonstrating their competence.

The following table shows the three options available:

	Option 1	Option 2	Option 3
Mandatory Self-Assessment (using the online System for Managing Individual Learning [SMILE Portal])			
Allows for demonstration and verification of knowledge	Learning portfolio*	Written assessment (QA Test)**	Written assessment (QA Test)**
Allows for demonstration and verification of skills and judgment	Practice Profile***	Practice Profile***	On-site practice review

* *Learning Portfolio to include: Reporting on goals and learning activities. Goals are suggested and established based on the completed self-assessment.*

** *A fee of \$150.00 is charged for the administration of each attempt of this assessment.*

*** *Practice Profile to include: Description of typical day in practice with prompting and checkboxes in the online System for Managing Individual Learning (SMILE Portal) to cover services provided, infection control and record keeping.*

Maintenance of a Learning Portfolio (Required for Option 1, Recommended for Options 2 and 3)

Dental hygienists planning to submit their Quality Assurance information under Option 1 must maintain a Learning Portfolio and complete continuing quality improvement (CQI) activities that are sufficient to ensure their continued competence. The Learning Portfolio serves as a positive focus for continuous quality improvement and permits dental hygienists to review their practice through self and peer assessment. It also helps dental hygienists reflect on their dental hygiene practice, to identify areas of their practice that require enhancement/improvement and to customize their continuing quality improvement activities in a manner that suits their personal situation and resources.

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 1, they must electronically submit their Learning Portfolio that includes their learning goals and learning activities for the previous three years.

- A bibliography for all self-learning must be included.

- For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included.
- Dental hygienists are required to keep proof, such as certificates of attendance, biographies of presenters and receipts, for all CQI activities, which may be requested by the Quality Assurance Committee.

In a three-year period, dental hygienists should complete 75 hours of CQI activities, averaging approximately 25 hours per year. At least 80% of learning activities must be directly related to the dental hygienist's learning goals and practice. The remaining 20% of CQI activities may come from activities that relate to dental hygiene but do not necessarily relate to the learning goals. For example: attending conferences and dental hygiene society meetings.

Setting Learning Goals

Every year dental hygienists will select learning goals that identify gaps in practice knowledge identified through self-assessment. The number of goals dental hygienists select for each year will vary depending on their knowledge needs and the amount of learning required in achieving each goal. Goals should be concrete enough to enable the dental hygienist to seek learning activities that enhance knowledge and guide behaviour change sufficiently to make a positive impact on her/his dental hygiene practice. Each goal should be completed in one year. A large goal that would otherwise take more than one year to complete can be divided into yearly achievable milestones. It is acceptable to have goals on related topics from year to year, as long as there is new learning occurring in subsequent years.

Goals for those in clinical practice should be directly related to one or more of the following:

- Dental hygiene science
- Dental hygiene practice
- Ethical and legal obligations of dental hygienists
- Communication, cultural awareness, inclusive practice
- Infection control
- Record keeping
- Management of Quality Assurance records
- Self-initiation
- Social justice as it relates to dental hygiene, access to care
- Interprofessional collaboration, multi-disciplinary practice
- Radiography, radiation safety, radiation protection officer training
- Health and safety, WHMIS
- Process of care
- Peer mentorship training, acting as a mentor/receiving mentorship through the Peer Mentorship Program.

Goals for dental hygienists who are not in clinical practice should be directly related to their specific practice and/or to general dental hygiene knowledge. Goals for educators should relate to their area of teaching and/or educational theory and practice.

The online System for Managing Individual Learning (SMILE Portal) will assist you in determining and defining your learning goals based on your self-assessment that will be used to generate suggested goals. Please note that you are under no obligation to use the suggested goals and are free to modify or delete them altogether from your online information and establish your own goals.

Selecting Learning Activities

Recommended learning activities:

- Courses or workshops designed for health professionals offered by professional associations, societies or study clubs
- Presentations, publications, or learning modules offered by the CDHO
- Courses or workshops offered by accredited dental hygiene schools
- Courses or workshops offered at Community Colleges or Universities
- Home study courses designed for dental hygienists offered by reputable sources that have post-test and grant a certificate of successful completion
- Giving an original presentation of a paper, essay, or formal lecture in dental hygiene to a recognized group of fellow professionals at a scientific meeting
- Writing an original scientific paper that is published in a scientific professional journal
- Creating an original scientific, educational, or clinical exhibit at a professional meeting
- Observation of a peer in practice if it can be applied to a goal and only if it is combined with other sources of learning
- Self-study conducted using current dental, dental hygiene and/or medical peer reviewed journals and textbooks.

Suggested activities for non-goal related learning:

- Holding a leadership position as a representative of the CDHO, National or Provincial association
- Attendance at a dental hygiene conference or symposium
- Attendance at society meetings and formal study clubs
- Reading dental hygiene scientific journals (note that full bibliography details of every article read must be included in the Learning Portfolio in order to be credited for time spent)
- Volunteer work in a community oral health project *within Ontario*
- Participating in programs that provide substantial pro bono dental hygiene services to the dentally underserved populations or to persons who reside in areas of critical need within Ontario
- Acting as a mentor to a colleague who requires mentoring through the CDHO Peer Mentorship Program or the Quality Assurance Program
- Receiving mentorship as a requirement of the CDHO Peer Mentorship Program or the Quality Assurance Program.

Please note: The time spent for any course/workshop attended can only be used for Quality Assurance purposes if the course/workshop is taken within the specified assessment period.

Activities Not to Include for Goal-Related or Non-Goal-Related Learning

Note: Not every course or learning resource offered by an association or continuing education provider is suitable to use in your Learning Portfolio. If in doubt, always check with CDHO to confirm whether an activity is suitable.

The following activities are never suitable to use:

- Attending business meetings
- Giving a speech at a luncheon or banquet
- Giving speeches or presentations to community, school or church groups
- CPR and first aid certification or re-certification
- Attending “lunch and learn” or other product demonstrations
- Self-study from non-professional magazines, books or journals
- Discussions with product sales representatives, employers, and colleagues, including staff meetings, informal study groups, etc.
- Activities related to ergonomics or personal health and wellness, such as taking Yoga, fitness and/or stress reduction classes, or courses about posture for the dental hygienist
- Reading books related to personal wellness, stress reduction or weight loss
- Activities related to increasing profit or productivity, including those related to operating a business, starting a business or opening a practice, marketing, employment or legal matters, etc.
- Activities unrelated to or with no connection to dental hygiene

Bibliography for Learning Activities

All CQI activities used to support goals require a bibliography for the resources used. The resources should be fully referenced when reporting on their goals. Samples of the information that should be included for the different types of bibliographic references for various CQI activities are listed below.

Presenter/Speaker

Course title/Project	Presenter or Resources Used	Type of Activity
Detecting Oral Cancers in the Mouth	Marvin Von Scapel, MD, oncologist, Any Hospital	Slide presentation

Course/Workshop

Course title/Project	Presenter or Resources Used	Type of Activity
The Dental Hygiene Process of Care	Ontario Dental Hygienists' Association, Dental Pro Learn (include website address)	On-line course

Journal article

Course title/Project	Presenter or Resources Used	Type of Activity
Prevalence of Oral Cancer in Smokers	Layton, P. Name of Scientific Journal, Volume 1, Spring 2010, p 34-56	Self-study

Self as Presenter

Course title/Project	Presenter or Resources Used	Type of Activity
Client's preferences to ultrasonic instruments – master's thesis presented at National Conference	Your Name RDH, MSc	Slide presentation of original research

CDHO Knowledge Network

Course title/Project	Presenter or Resources Used	Type of Activity
Dementia	College of Dental Hygienists of Ontario, CDHO Advisory Dementia, 2015/06/30	Self-study

Maintenance of a Practice Profile (Option 1 and 2 only)

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 1 or 2, they must maintain and electronically submit their *Practice Profile*, which describes their current dental hygiene practice(s) and demonstrates their skills and judgment. The online System for Managing Individual Learning (SMILE Portal) guides completion of the *Practice Profile* and dental hygienists are prompted to submit a separate practice profile for each type of dental hygiene practice.

The *Practice Profile* of dental hygienists who provide direct client care provides a snapshot of the clinical dental hygiene practice. This may include dental hygienists who work in general, orthodontic, restorative, public health or institutional dental hygiene practices. In this section, dental hygienists are asked to provide specific information regarding their practice including the client base, dental hygiene services rendered, infection control, record keeping practices and the time frame in which these services are delivered. The focus of the questions is on ensuring that clients get comprehensive care and recognize that all procedures may not necessarily be completed by the dental hygienist. Checkboxes and short answer questions provide a description of which conditions apply to all dental hygiene practices in which clinical care is provided.

If a dental hygienist is working in more than one practice environment of a similar type, they will prepare the practice profile for their first practice of that type. At the end of the profile, they are given the opportunity to note any differences between the practices of the same type. If they work in different types of practices, they must prepare a profile for each practice. Many dental hygienists choose to work as regular temporary placements in different practice environments. The concept of the *Practice Profile* still applies and they will complete the profile describing a “typical” temping position in a practice.

Those who do not provide direct clinical care as the major focus of their practice have to be a bit creative to provide descriptions of their workplaces. This includes dental hygienists working in public health, educational or other non-traditional practices. The information provided may be quite different from that of the majority of dental hygienists. Their clients may be students, community groups, educators, etc., depending on the scope of their position. It will be helpful for the dental hygienist to define the types of people or groups which constitute their “client” as part of their written practice/workplace description. In addition to an open text box to enter their information they also have the ability to upload any documentation that will help to describe their practice(s).

A telephone interview and/or on-site practice review may be indicated for clarification following the *Practice Profile* assessment.

Completion of the Quality Assurance Written Assessment (QA Test) (Required for Options 2 and 3)

It is suggested that dental hygienists who plan to choose to write this assessment continue to maintain a *Learning Portfolio as described above* including goals and activities designed to remain abreast of current developments, practices and theories in dental hygiene. As new information becomes available, it is incorporated into the QA Test. All dental hygienists have full access to the goal-setting capabilities of the online System for Managing Individual Learning (SMILE Portal) regardless of which option they choose.

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 2 or 3, they must electronically indicate their choice of option 2 or 3 through the online System for Managing Individual Learning (SMILE Portal). By indicating a choice of option 2 or 3 they will be able to take the QA Test. More information about the development and administration of the QA Test can be found at [New QA Written Assessment \(QA Test\)](#). Dental hygienists have a maximum of three attempts to successfully complete the assessment. Those unable to successfully complete the assessment after three attempts are referred to the Quality Assurance Committee for a decision regarding further assessment or remediation activities.

It is expected that preparation to write the QA Test will take 75 hours over a three-year period. At the current time, there is a fee of \$150 to complete the assessment. In addition to this fee, dental hygienists will be responsible for purchasing any study materials needed to prepare for the assessment.

Completion of the On-site Review (Required for Option 3)

For those who are notified by the Quality Assurance Committee that they are to participate in a quality assurance review, and who choose to comply by completing Option 3, they must electronically indicate their choice to be assessed through an on-site practice review. The dental hygienist will be contacted by a Quality Assurance Assessor to make arrangements for the review to be completed. The review will allow dental hygienists to demonstrate their skills and judgment in their practice. At this visit they will have ample time to demonstrate that their work environment and practices comply with the Standards of Practice and that their infection control and record keeping are consistent with current guidelines and regulations. For details on the areas reviewed during an on-site review, refer to the QA Practice Assessment Tool below. Upon completion of the assessment, a report of the assessor's findings are sent to the dental hygienist for review at which time the dental hygienist may provide a submission detailing additional information or clarification of the assessor's findings. Both the assessor's report and any submissions are reviewed together by the Quality Assurance Committee.

CPR Requirement

In addition to the 75 hours, each dental hygienist involved in clinical practice must hold current a CPR certificate at the basic life support level, which includes training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags resulting in certification or recertification by the Heart and Stroke Foundation of Canada, the Canadian Red Cross or an entity with equivalent requirements.

All CPR certification or re-certification courses must include a hands-on component. Online CPR courses for certification or re-certification are not acceptable.

Appendix 3.1: Quality Assurance Records Assessment – Worksheet 1 – General

Assessor _____ Assessment Status A1 A3 A4

Registrant _____

Phone No. (H) _____

Phone No. (C) _____

Email _____

Number of Offices _____

Days / Office 1. _____ 2. _____ 3. _____

CDHO Registration Number _____

Registrant Status:

Active Inactive Resigned

Path Selected:

1 2 3

QA Test:

Passed Failed N/A

Practice Profile

▪ **Process of Care**

- Assessment
 - MH
 - Vital signs if required
 - IOE
 - EOE
 - OCS / Soft tissue
 - Hard tissue
 - Perio (Probing +/- PSR, BOP, CAL, Furc, Tissues)
 - Indices
- Dental Hygiene Diagnosis
- Goals and care plan (client involved)
- Implementation
 - Scaling / root planing as required
 - Selective polish
 - Fluoride as required
 - OHE as required
 - Radiographs as Rx
 - Referrals as required
- Evaluation

▪ **Infection Control**

- Eye protection (client and operator)
- PPE (Clinical attire, mask, gloves)
- Hand hygiene
- Disposable gowns available
- Barriers
- Suction lines
- Purging waterlines, hand-piece, Cavitron when applicable
- Disinfection where applicable
- Ultrasonic/washer
- Sterilization (wrapped/bagged)

- Biohazards/sharps
- Appropriate chemical indicators being used (internal and external)
- Spore testing (each day the sterilizer is in use and for each cycle)
- Recall Policy and tracking being done

▪ **Record Keeping**

- Name / contact of primary care provider
- Privacy policy
- MH updates
- Informed consent/refusal
- Protocols, orders if required
- Client concerns
- Radiograph Rx / findings / areas surveyed
- Findings (assessment/evaluation)
- DH diagnosis
- Goals / care plan
- Treatment rendered / time spent
- Referrals
- Dated
- Signed by DH

▪ **Valid CPR**

- Yes
- No – Expired or inappropriate level
- No – Currently not practising (i.e., inactive, no employment, strictly administrative, on parental leave, etc.)

Expiry Date _____/_____/_____

Goal Related Learning

<p>Year _____ <input style="width: 150px; height: 30px;" type="text"/></p> <p>Acceptable hours for year</p>	<p>Total hours for 3-year period (75 hours) <input style="width: 150px; height: 30px;" type="text"/></p>
<p>Year _____ <input style="width: 150px; height: 30px;" type="text"/></p> <p>Acceptable hours for year</p>	<p>Assessed Status:</p> <p><input type="checkbox"/> A1 – Meets assessment guidelines</p> <p><input type="checkbox"/> A2 – Telephone interview required (incl. phone report)</p> <p>Appointment booked ____/____/____ <input type="checkbox"/> am <input type="checkbox"/> pm</p> <p><input type="checkbox"/> A3 – On-Site Practice Review recommended</p> <p><input type="checkbox"/> A4 – Practice meets the assessment guidelines but other deficiencies noted:</p> <ul style="list-style-type: none"> ▪ Does not adhere to Continuing Competency Guidelines <ul style="list-style-type: none"> ○ Insufficient hours spent on CQI ○ Unacceptable activities ○ Unacceptable goals/topics ○ Missing or expired CPR ○ More information required regarding what was learned, changes to practice and/or benefits to clients ○ Other: _____ _____ _____
<p>Year _____ <input style="width: 150px; height: 30px;" type="text"/></p> <p>Acceptable hours for year</p>	
<p>Total hours from Goal Related Learning (approximate minimum of 60 hours) <input style="width: 150px; height: 30px;" type="text"/></p>	
<p>Non-Goal Related Learning</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Additional notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Acceptable hours from Non-Goal Related learning for 3-year period (approximately 15 hours allowed) <input style="width: 150px; height: 30px;" type="text"/></p>	

Appendix 3.2: Quality Assurance Records Assessment – Worksheet 1 – Specialty

Assessor _____ Assessment Status A1 A3 A4

Registrant _____

Phone No. (H) _____

Phone No. (C) _____

Email _____

Number of Offices _____

Days / Office 1. _____ 2. _____ 3. _____

CDHO Registration Number _____

Registrant Status:

Active Inactive Resigned

Path Selected:

1 2 3

QA Test:

Passed Failed N/A

Practice Profile

Orthodontic Services

- Follows care plan as per specific order
- Uses proper isolation technique in bonding/banding
- Follows manufacturer's directions in use of products

Restorative Services

- Follows care plan as per specific order
- Uses proper isolation technique in bonding/banding
- Records full details of materials used
- Follows manufacturer's directions in use of products
- Finishing restoration(s) and adj. occlusion

Periodontal Services

- Med. History (initial and updates)
- Perio assessment as required (Probing +/- PSR, BOP, CAL, Furc, Tissues, Mobility, recession)
- Indices
- OHE as required

Infection Control

- Eye protection (client and operator)
- PPE (Clinical attire, mask, gloves)
- Hand hygiene
- Disposable gowns available
- Barriers
- Suction lines
- Purging waterlines, hand-piece, Cavitron when applicable
- Disinfection where applicable
- Ultrasonic/washer
- Sterilization (wrapped/bagged)

- Biohazards/sharps
- Appropriate chemical indicators being used (internal and external)
- Spore testing (each day the sterilizer is in use and for each cycle)
- Recall Policy and tracking being done

Record Keeping

- Name / contact of primary care provider
- Privacy policy
- MH updates
- Informed consent/refusal
- Protocols, orders if required
- Client concerns
- Radiograph Rx / findings / areas surveyed
- Findings (assessment/evaluation)
- DH diagnosis
- Goals / care plan
- Treatment rendered / time spent
- Referrals
- Dated
- Signed by DH

Valid CPR

- Yes
- No – Expired or inappropriate level
- No – Currently not practising (i.e., inactive, no employment, strictly administrative, on parental leave, etc.)

Expiry Date _____/_____/_____

Assessor: _____

Registrant: _____

CDHO Registration No.: _____

Appendix 3.3: Quality Assurance Records Assessment – Worksheet 2 – Learning Portfolio

Year	#	Goal Topic	Activities	Hours Claimed	Hours Accepted	Comments
			<input type="checkbox"/> Unacceptable activities <input type="checkbox"/> Inappropriate time spent <input type="checkbox"/> Bibliography not included <input type="checkbox"/> No learning has occurred <input type="checkbox"/> No learning related to practice <input type="checkbox"/> No positive changes/improved outcomes			
			<input type="checkbox"/> Unacceptable activities <input type="checkbox"/> Inappropriate time spent <input type="checkbox"/> Bibliography not included <input type="checkbox"/> No learning has occurred <input type="checkbox"/> No learning related to practice <input type="checkbox"/> No positive changes/improved outcomes			
			<input type="checkbox"/> Unacceptable activities <input type="checkbox"/> Inappropriate time spent <input type="checkbox"/> Bibliography not included <input type="checkbox"/> No learning has occurred <input type="checkbox"/> No learning related to practice <input type="checkbox"/> No positive changes/improved outcomes			
			<input type="checkbox"/> Unacceptable activities <input type="checkbox"/> Inappropriate time spent <input type="checkbox"/> Bibliography not included <input type="checkbox"/> No learning has occurred <input type="checkbox"/> No learning related to practice <input type="checkbox"/> No positive changes/improved outcomes			
			<input type="checkbox"/> Unacceptable activities <input type="checkbox"/> Inappropriate time spent <input type="checkbox"/> Bibliography not included <input type="checkbox"/> No learning has occurred <input type="checkbox"/> No learning related to practice <input type="checkbox"/> No positive changes/improved outcomes			

Appendix 3.4: Peer Assessment – Professional Portfolio / Practice Review (PPPR) – TELEPHONE INTERVIEW REPORT

Assessor: _____

Registrant: _____ Reg No.: _____

Date of Interview: _____ Duration: _____

Areas of Concern:

1. _____
2. _____
3. _____

Brief Summary of Telephone Interview by Concern:

1. _____
2. _____
3. _____

CONCLUSION: (Select Only One)

After the phone interview, the Registrant’s professional portfolio is now:

- A1 – The professional portfolio now meets the assessment guidelines.**
- A3 – On-Site Practice Review is required. Practice areas that may not meet the assessment guidelines:**



In addition, deficiencies (non-practice) noted in the professional portfolio are:

A4 – The practice now meets the assessment guidelines but other deficiencies noted in the professional portfolio are:

Appendix 3.5: Assessment Guidelines for Quality Assurance Practice Review (On-Site)

Registrant's Name: _____ CDHO Reg. N°: _____

Practice Address: _____

Date of Assessment: _____

Assessor's Name: _____

Work Environment

Assessment Guidelines for Identified Deficiencies	Standard	Yes	No	N/A	Comments
1. The office has a written policy for the collection and maintenance of client information.	#1, 2, 5				
2. Current scientifically accepted infection control procedures are in place.	#6, 8				
3. Emergency protocol, emergency supplies, equipment and oxygen are in place.	#6, 8				
4. Registrant has proof of current CPR certification.	#8				
5. Exposing and processing of radiographs and radiation hygiene are consistent with the <i>Healing Arts Radiation Protection Act</i> .	#1				
6. Equipment is current and in good repair.	#6				
7. Instruments are sharp and the original design has been maintained.	#6				
8. Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene services.	#3, 6				

Chart Audit

Assessment Guideline for Identified Deficiencies	Standard	Yes	No	N/A	Comments
9. An initial medical history and updates are in client record.	#8				
10. The clinical assessment is complete* and supports the dental hygiene diagnosis. *client interviews, health, dental and pharmacological history, clinical and radiographic examination.	#8				
11. An individual dental hygiene treatment plan has been established and includes: a) goals/objectives b) sequence of activities c) client participation	#5, 8				
12. The client's informed consent for treatment has been obtained.	#1, 5				
13. The date and particulars of each professional contact with the client is documented in accordance with the CDHO record keeping regulation.	#1, 2, 8				
14. A clinical re-assessment is performed and the dental hygiene treatment plan is reviewed and modified as required.	#8				
15. The client has received appropriate recommendations and instructions in oral self-care.	#8				
16. The registrant consults and/or refers to other health professionals as required.	#1, 5, 7, 8				
17. Other					

Assessor's Signature: _____

Date _____

Appendix 3.6: Infection Prevention and Control (IPAC) Checklist

	✓	Criteria	Comments
Written policies and procedures for infection prevention and control	<input type="checkbox"/>	Does my office have written policies and procedures for infection prevention and control?	<ul style="list-style-type: none"> • Is there a policy for education and training of staff? • Is there a policy for the recall of improperly reprocessed and faulty equipment including tracing of clients potentially infected as a result? • Is there a policy for disposal and storage of sharps? • Is there a policy for management of needlestick injury? • Is there a policy for scheduled preventive maintenance of cleaning (ultrasonics, automatic washer/disinfectors) and sterilization equipment (autoclaves, sterilizers)? • Is there a policy for the cleaning of spilled bodily fluids (vomit, urine etc.) • Is there a policy for maintaining and updating Materials Safety Data Sheets (MSDS) in accordance with WHMIS? • Is there a policy for the management of hazardous waste? • Is there a policy for suction line maintenance? • Is there a policy for waterline maintenance? • Is there a policy for environmental cleaning (e.g. reception area, toys)?
Are biohazardous wastes segregated and disposed of in accordance with provincial regulations?	<input type="checkbox"/>	Are there puncture-resistant sharps containers at point-of-use AND/OR are sharps transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover) or cassette?	<ul style="list-style-type: none"> • Sharps containers are not overfilled past the fill line and are appropriately labelled
	<input type="checkbox"/>	Is a biohazardous waste receptacle available for blood-soaked gauze?	
Does the reception area meet Public Health guidelines?	<input type="checkbox"/>	Is there 70%–90% alcohol-based hand rub available at reception?	<ul style="list-style-type: none"> • Alcohol-based hand rub and hand soap cannot be topped up
	<input type="checkbox"/>	Is there appropriate signage to alert clients to report symptoms of illness (e.g. influenza, fever, cough, vomiting, diarrhea or bad cold) displayed prominently in the reception area?	
Are water and suction lines being properly maintained?	<input type="checkbox"/>	Are water lines being purged when required?	
	<input type="checkbox"/>	Are suction lines being maintained as required?	

	✓	Criteria	Comments
Are clinic areas and high-touch surfaces being cleaned?	<input type="checkbox"/>	Are barriers used when needed?	
	<input type="checkbox"/>	Are approved and appropriate disinfectant products (low-intermediate level) available and used according to manufacturer's instructions?	
	<input type="checkbox"/>	Is there a dedicated hand washing sink and/or is there 70%–90% alcohol hand-based rub used in each operatory?	<ul style="list-style-type: none"> Alcohol-based hand rub and hand soap cannot be topped up
Is appropriate personal protective equipment (PPE) available and appropriately used?	<input type="checkbox"/>	Is appropriate PPE available for client care?	<ul style="list-style-type: none"> Safety glasses, masks, gloves (latex alternative if required), disposable gowns (if applicable)
	<input type="checkbox"/>	Is appropriate PPE available for the client?	<ul style="list-style-type: none"> Safety glasses
	<input type="checkbox"/>	Is clinic attire being worn for direct care being removed before leaving the office?	<ul style="list-style-type: none"> Masks removed and disposed of after each client
Is the reprocessing area following appropriate IPAC principles?	<input type="checkbox"/>	Is there a one-way work flow from dirty to clean?	<ul style="list-style-type: none"> Reprocessing area is in a designated area that is physically separate from direct client care areas
	<input type="checkbox"/>	Is there a dedicated hand washing sink and/or 70%–90% alcohol hand-based rub available in the reprocessing area?	<ul style="list-style-type: none"> Alcohol-based hand rub and hand soap cannot be topped up
	<input type="checkbox"/>	Are PPE supplies available and accessible?	<ul style="list-style-type: none"> Not stored under sink
Are instruments being pre-cleaned and cleaned according to IPAC principles?	<input type="checkbox"/>	Are critical and semi-critical instruments either single-use and disposed of, or sterilized?	
	<input type="checkbox"/>	Is gross soil being removed from instruments during or immediately after client care at point of use?	<ul style="list-style-type: none"> If gross soil is not removed immediately, the instruments are kept moist
	<input type="checkbox"/>	Are instruments being cleaned?	Method: <ul style="list-style-type: none"> Scrubbing? Washer/Disinfectant? Ultrasonic Washer?
	<input type="checkbox"/>	If scrubbing, is the brush used disposed of or sterilized at the end of the day?	<ul style="list-style-type: none"> Metal brushes not appropriate to use
	<input type="checkbox"/>	Are instruments rinsed and dried prior to packaging?	<ul style="list-style-type: none"> Dried with a lint-free cloth
	<input type="checkbox"/>	Are instruments being disassembled and hinged instruments opened?	<ul style="list-style-type: none"> e.g. handpieces and mirrors separated e.g. ortho pliers opened MIFU's being followed

	✓	Criteria	Comments
Are items packaged according to IPAC principles?	<input type="checkbox"/>	Are appropriate packages being used and not overloaded for sterilization?	<ul style="list-style-type: none"> • Pouches or wrapped cassettes • Packaging disposed of after use
	<input type="checkbox"/>	Is there an appropriate external chemical indicator being used for each package?	<ul style="list-style-type: none"> • Type 1 (minimum)
	<input type="checkbox"/>	Is there an appropriate internal chemical indicator being used for each package?	
	<input type="checkbox"/>	Is there an appropriate label on every package?	Packages appropriately labeled with: <ul style="list-style-type: none"> • Date processed • Sterilizer used • Load number • Contents (if not visible) • Initials of individual who processed the package
Is sterilizing being done according to IPAC principles?	<input type="checkbox"/>	Are items appropriately loaded in the sterilizer?	<ul style="list-style-type: none"> • Racks being used if applicable • Packages not overlapping
	<input type="checkbox"/>	Are instruments run for the full sterilization cycle and are they completely dry before removing?	
Are packages being stored according to IPAC principles?	<input type="checkbox"/>	Are packages stored securely in a manner that keeps them clean, dry and prevents contamination?	<ul style="list-style-type: none"> • Packages are not punctured • Stored away from heat or moisture • Not stored under sink
Are solutions being discarded, monitored and logged appropriately, according to IPAC principles?	<input type="checkbox"/>	If high level disinfectant (i.e., cold soak) is being used, is it being used appropriately?	<ul style="list-style-type: none"> • Changed every day and logged
	<input type="checkbox"/>	If an ultrasonic is being used, is it being used appropriately and tested?	<ul style="list-style-type: none"> • Solution changed daily or more often as required and logged • Ultrasonic is tested weekly and logged
	<input type="checkbox"/>	Are biological indicators (BI) being used each day the sterilizer is in use, and for each cycle type and logged appropriately?	<ul style="list-style-type: none"> • Done in a Process Challenge Device with an appropriate chemical indicator strip inside. Refer to decision tree.
	<input type="checkbox"/>	Are instruments being quarantined pending BI results?	
	<input type="checkbox"/>	Are sterilizer mechanical parameters or USB or printout checked, verified and signed for each cycle by the individual sterilizing the instruments?	
Miscellaneous	<input type="checkbox"/>	Are instruments being transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover) or cassette?	
	<input type="checkbox"/>	Is there a plumbed or self-contained eyewash station within a 10-second walk (16 to 17 metres [55 feet]) of the reprocessing area?	
	<input type="checkbox"/>	Is food stored in a separate refrigerator from medications and or client care items.	<ul style="list-style-type: none"> • e.g. alginate impressions