

OFFICE COMPLIANCE OF ATTESTATION

Office Name:	Office Address:
Contact (Name and Title):	

Please verify your office is compliant with all evaluation measures listed and check the box next to each. If your office is not found to be compliant, please list the specific corrective action being taken to ensure compliance in the box located to the right of each measure.

	EVALUATION MEASURE	IF COMPLIANT WITH MEASURE <input checked="" type="checkbox"/>	CORRECTIVE ACTION
I. Accessibility			
24 Hour Emergency Contact System	There must be in place an effective system for after hour provider accessibility. 1. Patients informed of emergency system in place to contact the provider outside of normal business hours. Note: Inability to provide access for dental emergencies is a departure from accepted standards of care.	<input type="checkbox"/>	
II. Facility and Equipment			
Clean, Safe, Neat and Well Maintained	1. Office location: good access, nice appearance, handicap accessible, well marked. 2. Operatories: clean, organized. 3. Waiting room: sufficient chairs, clean, comfortable, no stains or significant scarring of furniture. 4. Restrooms: clean, well maintained.	<input type="checkbox"/>	
Radiation Safety	1. There should be a lead apron present and must be used on all patients when exposing radiographs. 2. X-ray units are certified.	<input type="checkbox"/>	
Dentists and Staff	1. Dentists and Hygienists are licensed with the Nevada State Board of Dental Examiners. 2. Dentists are credentialed with PrimeCare Administrators	<input type="checkbox"/>	
III. Emergency Procedures and Equipment			
Medical Emergency Kit	1. Medical emergency kit is easily accessible and labeled with an inventory of contents. 2. The kit does not contain expired medications. 3. Staff is aware of location of kit. Note: Recommend staff in-service training for general use of contents.	<input type="checkbox"/>	

Portable Oxygen Supply Available	<p>Portable oxygen supply tank/ambu bag for medical emergencies should be available</p> <ol style="list-style-type: none"> 1. Oxygen tanks are maintained full and a positive pressure bag or ambu bag is available for use. 2. Staff should receive training or use of emergency oxygen source. 3. Staff should be aware of and have access to its location. 	☐	
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IV. Sterilization and infection control

Sterilization and Infection Control Training	<ol style="list-style-type: none"> 1. Staff trained in sterilization and infection control procedures and protocols (point of hire and annually). 2. Infection control competency certification is completed prior to assignment and annually thereafter. 	☐	
Weekly Biological Monitoring of Sterilizer (Spore Testing)	<ol style="list-style-type: none"> 1. Spore testing must be performed weekly and recorded for each autoclave. 2. System in place to track and process instruments following sterilizer failure. 	☐	
Instruments and Hand-pieces Properly Cleaned, Sterilized and Stored	<ol style="list-style-type: none"> 1. All heat tolerant critical and semi-critical items undergo sterilization in FDA approved impervious wrappers/pouches and remain sterile until use (no open, broken, or wet pouches). 2. Staff demonstrate compliance with manufacturer's guidelines when mixing and using products used for infection control and instrument processing (e.g. time, temp, use, reuse, and dilution). 3. All sterilized items are bagged prior to sterilization and remain bagged until use. There should be no evidence of moisture, open or punctured bags. 4. All sterilization practices include internal indicators specific to process used. 5. High level disinfectant should be utilized only on instruments that cannot be subjected to other methods of sterilization. <ol style="list-style-type: none"> a. appropriate rinse procedures, consistent with manufacturer guidelines specific to the product used, are performed. b. MEC is confirmed prior to each use or as directed by the manufacturer guidelines specific to the product used. 	☐	
Personal Protective Equipment	<ol style="list-style-type: none"> 1. The employer provides appropriate personal protective equipment (PPE) to all staff including but not limited to: gloves, masks, ANSI approved eye protection with side shields, gowns. 2. Employees consistently wear appropriate personal protective equipment when they reasonably anticipate exposure to blood or OPIM and when handling chemicals. 3. Reusable PPE is disinfected between uses (stays wet for "kill time"). 4. Disposable PPE is discarded. 	☐	

Disinfection Techniques	<ol style="list-style-type: none"> 1. Surface disinfectants are used consistent with CDC and manufacturer guidelines. The process should include disinfectants cleaning the surface first and then disinfecting, ensuring the surface stays wet for designated "kill time". (spray/wipe/spray, or wipe/wipe). 2. Surfaces not capable of being disinfected by routine methods should be covered with a barrier. Clinical contact barriers are changed between patients. 3. Objects and environmental surfaces are disinfected at beginning of day. 	<input type="checkbox"/>	
Proper Use of Single Use Only Items	<ol style="list-style-type: none"> 1. Never reuses IV fluids or infusion sets. 2. Never reuses medications, medicaments, irrigation solutions or administration sets/devices. 3. Single use devices are never reused or reprocessed. 	<input type="checkbox"/>	
Waterlines Maintained	<ol style="list-style-type: none"> 1. Waterlines, including hand piece lines are flushed 2 minutes at beginning of every day and at least 20 seconds between each patient. Note: Waterline maintenance should be in place to control biofilm in lines (follow manufacturer's guidelines for testing and treatment protocols). 	<input type="checkbox"/>	
Laboratory Infection Control	<ol style="list-style-type: none"> 1. Rag wheels and lab implements are sterilized after each use and maintained in sterile pouches until used. Pumice pan is cleaned and disinfected after each use. 2. Impressions, dentures, and other appliances going to and coming from the laboratory are properly rinsed and disinfected. 	<input type="checkbox"/>	
Hand Hygiene	Employees demonstrate compliance with CDC/WHO guidelines for hand hygiene.	<input type="checkbox"/>	
V. OSHA and HIPAA			
OSHA Procedure Manual	OSHA procedure manual is specific for location.	<input type="checkbox"/>	
HIPAA Compliance	<ol style="list-style-type: none"> 1. Notice of Privacy Practices is available to patients. 2. Privacy of records and patient information must be maintained. 	<input type="checkbox"/>	

Dentist's Signature: _____

Date: ____ / ____ / ____