

<i>Policy and Procedure</i>			
Policy Name:	Standards & Methodology for Orthodontia	Policy ID:	UM.003.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	California	Revision Date:	N/A
Application:	Government Programs and Commercial DHMO Programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To provide a specific process for reviewing and monitoring the quality and delivery of orthodontic treatment. This process will be concerned with the patient's dental health, function, stability and aesthetics, and will be a means for identifying potential deficiencies in the delivery of orthodontic services.

Policy

A major component of Premier Access' Quality Management Program is the review of orthodontic provider's charts, facilities and grievances to ensure compliance with professionally recognized standards of care and to help establish and maintain high levels of treatment outcomes and patient satisfaction.

Definitions

There are currently no applicable terms to be defined for this policy.

Procedure

1. The audit cycle shall be as follows:
 - Annually for all independent practices maintained by contracting providers who receive five (5) or more orthodontic referrals per calendar year.
 - The plan may increase or decrease the frequency of the review, if necessary, as a result of a consultant's review of member grievances or other quality management information suggesting that increased or decreased frequency of evaluation reviews may be in order.

2. A review or audit shall consist of a thorough review of each facility and not less than ten (10) patient charts per orthodontic provider at each dental office. The treating orthodontist will not in any way participate in the selection of the charts. The ten charts audited will be selected from a requested group of twenty patient records. The auditor will select seven cases in treatment and three finished cases. Representative groups of patients in treatment for 1-6 months, 6-18 months and 18-24 months will be chosen. The finished cases will be cases of patients whose treatment was finished within a period of six months prior to the audit. Only Premier Access' charts will be reviewed.

3. If the orthodontic provider has less than ten (10) Premier Access patients, the orthodontic consultant will then review all of Premier Access' charts at the practice.

4. The audit score, the nature of the deficiencies, and the consultant's comments can determine the audit frequency.

The overall audit score shall be determined as follows:

Facility Score = actual facility score

Chart Score = $(2/3 \times \text{critical chart score}) + (1/3 \times \text{chart score})$

Overall Audit Score = $(\text{facility score} \times 20\%) + (\text{chart score} \times 80\%)$

Recommendations for next audit review:

Overall audit score of 85 and above -- review in 12 months

Overall audit score 70 to 84 -- review in 6 months

Overall audit score of 69 and below -- take corrective action which may include counseling, calibration, education, and a focused audit.

- a. A standard "Orthodontic Facility and Chart Review" checklist (audit tool) shall be used for each provider audit. (See attached Audit Tool Exhibits)
- b. Orthodontic providers must attain an overall score of at least 85%. If a provider does not attain a score of at least 85%, the orthodontic consultant, in conjunction with other appropriate Plan representatives, shall take the appropriate corrective actions (listed above) with the reviewed orthodontist. Critical area(s) of concern will require immediate attention and correction verification.
- c. A report of findings is generated within 30 working days of completion of the audit
- d. Premier Access will communicate with the provider following the facility and chart audit with an audit response letter detailing the audit findings and require a return signed agreement of compliance. On low scores, the Dental Director will contact the provider on a case by case basis. A written response from the provider will be requested when needed.

The orthodontic consultant will be available to review all member complaints and grievances relating to orthodontic services and will report his findings and recommendations to the Dental Director, the Quality Management Committee, and/or the Peer Review Committee as necessary.

C. Credentials and Calibration of Auditors

The orthodontic auditor(s) will be calibrated. All auditors will be licensed dentists in California with orthodontic credentials based on the same guidelines as the orthodontic providers. Orthodontic auditors will have current CADP certification.

The objectives of calibration of orthodontic auditors are:

1. to provide and keep current the "Quality of Care Guidelines and Criteria";
2. to assess auditing tools and auditing protocol;
3. to verify auditor consistency in the review of treatment records;
4. to review objectives and protocols for identifying problems; and
5. to review the process and effectiveness of corrective actions.

Orthodontic Calibration meetings will be held at least annually. The auditor(s) will be in attendance to assure auditor compliance with industry standards. A Premier Access QM representative will also be invited to attend the calibration.

- ◆ If the findings of the Consultant indicate severe problems or deficiencies that could jeopardize the safety of the member, the Consultant shall instantly place the provider on notice and will provide an immediate corrective action plan. The Consultant will require the provider to correct the deficiencies within 72 hours. The Consultant will then re-audit the provider within 72 hours to ensure compliance with the corrective action plan.
- ◆ If the findings of the Consultant do not point to deficiencies that could jeopardize the safety of the member, the Consultant may select a corrective action plan schedule that varies from three (3) to six (6) months. The Consultant will then re-audit the provider to ensure compliance with the corrective action plan.

Attachments:

Orthodontic Chart Review
 Assessment – Structural Review
 Structural Review Evaluation Measures

References

*This policy was previously tracked as Quality Management Program Policy and Procedure **UM-16 – Standards & Methodology for Ortho.***

Revision History

Date:	Description
01/01/2013	Conversion to new policy and procedure template and naming convention.

**ACCESS DENTAL
Orthodontic Chart Review**

Ortho Office/Provider _____
 Number _____
 Contact _____

Address _____
 City _____
 Phone _____

Patient Charts Reviewed:

Date of Audit _____

Chart #	Name										
1		8									
2		9									
3		10									
4											
5											
6		key	A = Acceptable				N = Not Applicable				
7			U = Unacceptable				C = Cannot Evaluate				

		1	2	3	4	5	6	7	8	9	10
Phase I, II, Finished											
1. Informed Consent Form											
a. Appropriate Content											
b. Signed/dated by Dr.											
c. Signed/dated by patient (or parent)	Critical										
2. Medical-Dental History											
a. Collected, comprehensive, Y/N	Critical										
b. Initialed/dated by Dr.											
c. Signed/dated by patient											
d. Updated periodically											
e. Medical Alerts posted											
f. Follow up on positive responses											
3. Intra/Extra oral examination/Diagnosis											
a. Periodontal screening	Critical										
b. Soft tissue status/oral cancer screening											
c. TMJ screening											
d. Habit evaluation											
e. Caries, restorative problems or clearance											
f. Impactions, root problems or pathology											
g. Angle classification, midlines, overbite over-jet, crowding, crossbites, functional shifts											
4. Diagnostic records											
a. X-Rays											
1. Organized (current, mounted, date, name)											
2. Technical quality											
3. Appropriate baseline	Critical										
4. Cephalometric film											
5. Cephalometric Tracing											
6. FMX/Panograph											
7. Tomograph survey (when appropriate)											
8. Progress (mid-treatment) x-rays as indicated											
b. Study Models trimmed to CR	Critical										
c. Photos (to AAO guidelines)	Critical										
5. Treatment Plan											
a. Patient's Chief Complaint											
b. Treatment Plan Goals listed											
c. Tx. Plan appropriate, detailed, sequenced, & retention plan	Critical										
d. Signature of patient/doctor on treatment plan											
e. Extractions or non- ext. specified											
f. Appliances/auxiliaries listed											
g. Limitations of treatment/alternate plans listed											
h. Estimated treatment time											
6. Preventive											
a. Regular prophyl/ck.up recommended/performed											
b. Initial oral hygiene instruction documented											
c. Hygiene monitored											
7. Legibility - All records legible with names & dates											

	1	2	3	4	5	6	7	8	9	10
8. Progress Notes										
a. General (in ink, clear, complete, next visit noted) Critical										
b. Prescription drugs (Rx, disp, sig, etc.)										
c. Signed/initialed & dated by licensed provider										
d. Emergency treatment documented										
e. Cooperation items/instructions to patient										
9. Treatment										
a. Appt. interval documented and appropriate										
b. Efficient and timely treatment or explained										
c. Documentation of declined treatment										
d. Overall care meets professional standards Critical										
e. Final records incl., x-rays, photos, study models Critical										
f. Retainers monitored properly										
10. Continuity of Care										
a. Treatment plan followed or formally changed										
b. Documentation of broken appointments and follow-up										
c. Documentation of non-compliance and follow-up										
d. Referral to GP or Specialist when indicated										
e. Referral confirmation and follow-up										
f. Transfer case protocol followed										

Total of Acceptable _____ divided by 55 X # of charts minus total # of NA's _____ = _____	Percent Acceptable = _____	
Total of Acceptable "Critical" _____ divided by 10 X # of charts minus total # of NA's _____ = _____	Critical Area Percentage Acceptables = _____	

Summary of areas needing improvement, suggestions made to provider

Comments:

Auxiliaries work within the scope of their license? yes ____ no ____ (as reported)

Exit interview conducted with: _____

Suggested next review date: _____

Auditor signature

Provider/Office Manager signature

Date

ACCESS DENTAL

ASSESSMENT - STRUCTURAL REVIEW

Office Name: _____
 Provider name _____
 Provider ID: _____
 Address: _____

Audit Date: _____
 Auditor: _____

Days and times available for patient care

Day	Time
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

I. ACCESSIBILITY

Points U score Comments/Recommendations

A. 24 hour emergency contact system?	System in place? 2 pts		
	Appropriate Information? 2 pts		
B. Reasonable appt scheduling for plan members?	Initial exam? 3 pts		
	Routine/Working? 3 pts		

II. FACILITY AND EQUIPMENT

A. Clean, safe, neat and well maintained?	Furniture? 2 pts		
	Floors? 2 pts		
	Lighting? 2 pts		
	Equipment? 2 pts		
B. Compliance with mercury hygiene, safety regulations?			
C. Nitrous Oxide recovery system?			
D. Lead apron (with thyroid collar) for patient?	Lead Apron? 2 pts		
	Thyroid collar? 2 pts		

III. EMERGENCY PROCEDURES AND EQUIPMENT

A. Written emergency protocols?	Written protocols? 2 pts		
	Exits signs? 2 pts		
	Emergency #'s posted? 2 pts		
B. Medical emergency kit on-site?	Accessible? 3 pts		
	Staff aware of location? 2 pts		
	Complete? 3 pts		
C. Portable emergency oxygen available?	Portable Oxygen? 3 pts		
	Positive pressure device? 3 pts		
	Staff aware of location? 2 pts		

ACCESS DENTAL

ASSESSMENT - STRUCTURAL REVIEW

IV. STERILIZATION AND INFECTION CONTROL

A. Sterilization and infection control protocols followed?	Protocols in place? 3 pts		
	Protocols followed? 3 pts		
B. Protocol posted for sterilization procedures?	4 pts		
C. Weekly biological (spore) monitoring of sterilizer?	4 pts		
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	Cleaned/sterilized? 2 pts		
	Utility gloves? 2 pts		
	Storage of instruments? 2 pts		
	Handpieces? 2 pts		
E. Log kept monitoring changing of sterilization solutions?	Disposables? 2 pts		
	Acceptable cold sterilant? 2pts		
	Log kept? 2 pts		
F. Staff wears appropriate personal protective equipment?	Appropriate info on log? 2 pts		
	Gloves? 2 pts		
	Masks? 2 pts		
	Eyewear? 2 pts		
G. Proper and adequate use of barrier techniques?	Coats/Gowns? 2 pts		
	Surface disinfectant used? 2 pts		
	Appropriate disinfectant? 2 pts		
H. Hand-pieces & waterlines flushed appropriately?	Barriers? 2 pts		
	4 pts		
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	Pumice changes? 2 pts		
	Rag wheels sterilized? 2 pts		
	Disinfection office/lab? 2 pts		
Total Unsatisfactory Score =			
Facility Score (100 -Total Unsatisfactory Score) =			

Comments

Auditor's Signature _____

Date _____

Provider/Office Manager's Signature _____

Date _____

ACCESS DENTAL

ASSESSMENT - STRUCTURAL REVIEW

Office Name:	
Provider name	
Provider ID:	
Address:	

Audit Date:	
Auditor:	

Days and times available for patient care

Day	Time
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

I. ACCESSIBILITY

	Points	U score	Comments/Recommendations
A. 24 hour emergency contact system?	System in place? 2 pts		
	Appropriate Information? 2 pts		
B. Reasonable appt scheduling for plan members?	Initial exam? 3 pts		
	Routine/Working? 3 pts		

II. FACILITY AND EQUIPMENT

A. Clean, safe, neat and well maintained?	Furniture? 2 pts		
	Floors? 2 pts		
	Lighting? 2 pts		
	Equipment? 2 pts		
B. Compliance with mercury hygiene, safety regulations?			
C. Nitrous Oxide recovery system?			
D. Lead apron (with thyroid collar) for patient?	Lead Apron? 2 pts		
	Thyroid collar? 2 pts		

III. EMERGENCY PROCEDURES AND EQUIPMENT

A. Written emergency protocols?	Written protocols? 2 pts		
	Exits signs? 2 pts		
	Emergency #'s posted? 2 pts		
B. Medical emergency kit on-site?	Accessible? 3 pts		
	Staff aware of location? 2 pts		
	Complete? 3 pts		
C. Portable emergency oxygen available?	Portable Oxygen? 3 pts		
	Positive pressure device? 3 pts		
	Staff aware of location? 2 pts		

ACCESS DENTAL

ASSESSMENT - STRUCTURAL REVIEW

IV. STERILIZATION AND INFECTION CONTROL

A. Sterilization and infection control protocols followed?	Protocols in place? 3 pts		
	Protocols followed? 3 pts		
B. Protocol posted for sterilization procedures?	4 pts		
C. Weekly biological (spore) monitoring of sterilizer?	4 pts		
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	Cleaned/sterilized? 2 pts		
	Utility gloves? 2 pts		
	Storage of instruments? 2 pts		
	Handpieces? 2 pts		
E. Log kept monitoring changing of sterilization solutions?	Disposables? 2 pts		
	Acceptable cold sterilant? 2pts		
	Log kept? 2 pts		
F. Staff wears appropriate personal protective equipment?	Appropriate info on log? 2 pts		
	Gloves? 2 pts		
	Masks? 2 pts		
	Eyewear? 2 pts		
G. Proper and adequate use of barrier techniques?	Coats/Gowns? 2 pts		
	Surface disinfectant used? 2 pts		
	Appropriate disinfectant? 2 pts		
H. Hand-pieces & waterlines flushed appropriately?	Barriers? 2 pts		
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	4 pts		
	Pumice changes? 2 pts		
	Rag wheels sterilized? 2 pts		
	Disinfection office/lab? 2 pts		

Total Unsatisfactory Score =

Facility Score (100 -Total Unsatisfactory Score) =	
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Comments

Auditor's Signature _____ Date _____

Provider/Office Manager's Signature _____ Date _____

ACCESS DENTAL STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
I. Accessibility	
A. 24 Hour Emergency Contact System?	<p>Answering machine, answering service, cell phone, or paging available 24/7 information.</p> <ol style="list-style-type: none"> 1. Patients informed of emergency system for 24/7 access 2. Inability to provide 24 hour access for dental emergencies is a departure from accepted standards of care.
B. Reasonable appointment scheduling for plan members?	<p>The patients wait time to schedule an appointment should be reasonable and appropriate.</p> <ol style="list-style-type: none"> 1. Initial appointment 2. Routine/working appointment
II. Facility and Equipment	
A. Clean, Safe, neat and well maintained?	<p>Verification made that facility and equipment are clean, safe and in good repair</p> <ol style="list-style-type: none"> 1. There are no visible stains or significant scarring of furniture or floors. 2. There is no debris on floors or other areas, especially patient care, reception, infection control areas and laboratories. 3. Décor should be easily cleaned and well maintained 4. For protection of everyone, employees and patients, lighting should be sufficient to allow safe ingress/egress and to maintain good vision without fatigue. 5. Dental equipment should be appropriate and in good working condition: <ol style="list-style-type: none"> 5a. No equipment with obviously broken parts, visible damage, temporary repairs or grossly torn upholstery. 5b. Current certification results for equipment requiring local, state or federal certification on file at the facility.
B. Compliance with mercury hygiene, safety regulations?	<p>Compliance with mercury hygiene, safety regulations.</p> <ol style="list-style-type: none"> 1. Amalgamators covered. 2. Bulk mercury and scrap amalgam sorted in sealed, unbreakable containers. 3. Mercury spill kit.

**ACCESS DENTAL
STRUCTURAL REVIEW
EVALUATION MEASURES**

Review Criteria	Reviewer Evaluation Measures
III. Emergency Procedures and Equipment	
A. Written emergency protocols?	For fire and/or natural disasters: 1. A plan indicating escape routes and staff member's responsibilities, including calling for help. 2. Exits clearly marked with exit signs. 3. Emergency numbers posted, (911, Fire, Ambulance and local 7-digit numbers in both front office and back office or lab. Written protocol for calling for help. Note: If office protocol entails only calling 911, then this section does not apply and evaluation should be marked "N/A"
B. Medical emergency kit on-site?	Medical emergency kit should be complete, easily accessible and labeled with an inventory of contents. Staff should be aware of location of kit. Recommend staff in-service training for general use of contents.
C. Portable oxygen supply available?	Portable oxygen supply tank for medical emergencies should be available. 1. Recommend tanks be maintained full and a positive pressure bag or ambu bag be available. 2. Recommend staff in-service training for use of emergency oxygen. 3. Staff should be aware of location.
IV. Sterilization and Infection Control	
A. Sterilization and infection control protocols followed?	Verify sterilization and infection control procedures are in place. Verify staff trained in sterilization and infection control procedures and protocols. Sterilization and infection control procedures shall conform to the Dental Board of California. (DPA Section 1680dd, January 1993)
B. Protocols posted for sterilization procedures?	Protocols conspicuously posted. Dental Board of California. (DPA Section 1005b23, January 2001)
C. Weekly biological (spore) monitoring of sterilizer?	Sterilization procedures shall be monitored weekly and recorded, by appropriate methods, as required by the Dental Board of California. (DPA Section 1005b14, January 2001)

ACCESS DENTAL STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	<ol style="list-style-type: none"> 1. Contaminated instruments are properly cleaned. <ol style="list-style-type: none"> a. Utility gloves used. b. Ultrasonic cleaning recommended. Solutions changed per manufacturer's specifications. 2. Acceptable procedures for sterilization are: <ol style="list-style-type: none"> a. Storage of instruments shall be in sterile bags or packs that are sealed. There should be no evidence of moisture or torn bags. Instruments must remain in sealed, sterile bags until ready for use. Once opened, all instruments must be rebagged and resterilized, regardless of use. b. Hand-pieces shall be properly sterilized between patients and bagged until use. c. The instruments, which cannot be cold-sterilized, or autoclaved, must be disposable and must be disposed of immediately after use. d. High level disinfectant should be utilized only on instruments that cannot be subjected to other methods of sterilization
E. Log kept monitoring changing of sterilization solution?	<p>Maintain a written log indicating:</p> <ol style="list-style-type: none"> 1. Acceptable EPA registered brand name of the cold sterilant (high-level disinfectant) tuberculocidal hospital disinfectant, utilized according to the manufacturer's recommendations for sterilization. 2. Indicate dates solution changed, and dates of expiration of fresh solution. 3. Indicate name of staff member making the change. (Dental Practice Act)
F. Staff wears appropriate personal protective equipment?	<ol style="list-style-type: none"> 1. Personnel shall always use protective gloves, masks, eyewear, coats or gowns during patient care. 2. Splattered masks and garments should be replaced as necessary. 3. Gloves must be changed between patients and before leaving the operator.
G. Proper and adequate use of barrier techniques?	<ol style="list-style-type: none"> 1. Verification made that hard surfaces in all operatories are disinfected between patients and at the end of each day. A Cal/EPA approved solution should be used. 2. Verification made that surfaces not capable of being disinfected by routine methods should be covered with impervious materials.
H. Hand-pieces and waterlines flushed appropriately?	Operatory unit lines shall be flushed between each patient and in the morning before use, for an appropriate amount of time.
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	<ol style="list-style-type: none"> 1. The pumice pan should be changed after each use and rag wheels should be sterilized or discarded. 2. Impressions, dentures and other appliances going to and coming from the outside laboratory should be disinfected.
I. Accessibility	
A. 24 Hour Emergency Contact System?	<p>Answering machine, answering service, cell phone, or paging available 24/7 information.</p> <ol style="list-style-type: none"> 1. Patients informed of emergency system for 24/7 access 2. Ability to provide 24 hour access for dental emergencies is a departure from accepted standards of care. <p style="text-align: right;">Page 3 Revised 8/29/03</p>

ACCESS DENTAL STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
B. Reasonable appointment scheduling for plan members?	<ol style="list-style-type: none"> 1. Initial appointment 2. Routine/working appointment
II. Facility and Equipment	
A. Clean, safe, neat and well maintained?	<p>Verification made that facility and equipment are clean, safe and in good repair</p> <ol style="list-style-type: none"> 1. There are no visible stains or significant scarring of furniture or floors. 2. There is no debris on floors or other areas, especially patient care, reception, infection control areas and laboratories. 3. Décor should be easily cleaned and well maintained 4. For protection of everyone, employees and patients, lighting should be sufficient to allow safe ingress/egress and to maintain good vision without fatigue. 5. Dental equipment should be appropriate and in good working condition: <ol style="list-style-type: none"> 5a. No equipment with obviously broken parts, visible damage, temporary repairs or grossly torn upholstery. 5b. Current certification results for equipment requiring local, state or federal certification on file at the facility.
B. Compliance with mercury hygiene, safety regulations?	<p>Compliance with mercury hygiene, safety regulations.</p> <ol style="list-style-type: none"> 1. Amalgamators covered. 2. Bulk mercury and scrap amalgam sorted in sealed, unbreakable containers. 3. Mercury spill kit.
III. Emergency Procedures and Equipment	
A. Written emergency protocols?	<p>For fire and/or natural disasters:</p> <ol style="list-style-type: none"> 1. A plan indicating escape routes and staff member's responsibilities, including calling for help. 2. Exits clearly marked with exit signs. 3. Emergency numbers posted, (911, Fire, Ambulance and local 7-digit numbers in both front office and back office or lab. Written protocol for calling for help. Note: If office protocol entails only calling 911, then this section does not apply and evaluation should be marked "N/A"
B. Medical emergency kit on-site?	<p>Medical emergency kit should be complete, easily accessible and labeled with an inventory of contents. Staff should be aware of location of kit. Recommend staff in-service training for general use of contents.</p>
C. Portable oxygen supply available?	<p>Portable oxygen supply tank for medical emergencies should be available.</p> <ol style="list-style-type: none"> 1. Recommend tanks be maintained full and a positive pressure bag or ambu bag be available. 2. Recommend staff in-service training for use of emergency oxygen. 3. Staff should be aware of location.
IV. Sterilization and Infection Control	
A. Sterilization and infection control protocols followed?	<p>Verify sterilization and infection control procedures are in place. Verify staff trained in sterilization and infection control procedures and protocols. Sterilization and infection control procedures shall conform to the Dental Board of California. (DPA Section 16800d, January 1993)</p>
B. Protocols posted for sterilization procedures?	<p>Protocols conspicuously posted. Dental Board of California. (DPA Section 1005b23, January 2001)</p>
C. Weekly biological (spore) monitoring of sterilizer?	<p>Sterilization procedures shall be monitored weekly and recorded, by appropriate methods, as required by the Dental Board of California. (DPA Section 1005b14, January 2001)</p>

ACCESS DENTAL STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	<ol style="list-style-type: none"> 1. Contaminated instruments are properly cleaned. <ol style="list-style-type: none"> a. Utility gloves used. b. Ultrasonic cleaning recommended. Solutions changed per manufacture's specifications. 2. Acceptable procedures for sterilization are: <ol style="list-style-type: none"> a. Storage of instruments shall be in sterile bags or packs that are sealed. There should be no evidence of moisture or torn bags. Instruments must remain in sealed, sterile bags until ready for use. Once opened, all instruments must be rebagged and resterilized, regardless of use. b. Hand-pieces shall be properly sterilized between patients and bagged until use. c. The instruments, which cannot be cold-sterilized, or autoclaved, must be disposable and must be disposed of immediately after use. d. High level disinfectant should be utilized only on instruments that cannot be subjected to other methods of sterilization
E. Log kept monitoring changing of sterilization solution?	<p>Maintain a written log indicating:</p> <ol style="list-style-type: none"> 1. Acceptable EPA registered brand name of the cold sterilant (high-level disinfectant) tuberculocidal hospital disinfectant, utilized according to the manufacturer's recommendations for sterilization. 2. Indicate dates solution changed, and dates of expiration of fresh solution. 3. Indicate name of staff member making the change. (Dental Practice Act)
F. Staff wears appropriate personal protective equipment?	<ol style="list-style-type: none"> 1. Personnel shall always use protective gloves, masks, eyewear, coats or gowns during patient care. 2. Splattered masks and garments should be replaced as necessary. 3. Gloves must be changed between patients and before leaving the operator.
G. Proper and adequate use of barrier techniques?	<ol style="list-style-type: none"> 1. Verification made that hard surfaces in all operatories are disinfected between patients and at the end of each day. A Cal/EPA approved solution should be used. 2. Verification made that surfaces not capable of being disinfected by routine methods should be covered with impervious materials.
H. Hand-pieces and waterlines flushed appropriately?	<p>Operator unit lines shall be flushed between each patient and in the morning before use, for an appropriate amount of time.</p>
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	<ol style="list-style-type: none"> 1. The pumice pan should be changed after each use and rag wheels should be sterilized or discarded. 2. Impressions, dentures and other appliances going to and coming from the outside laboratory should be disinfected.