



Nova Scotia Regulator
OF
DENTISTRY AND DENTAL ASSISTING

Dental Practice Review 2025 Self-Assessment Form

(Adapted from PDBNS form 2025-04-22)

All licensed dentists (owners or associates) selected in the random sampling under the NSRDDA Dental Practice Review (DPR) process must complete and upload this Self-Assessment Form to their Alinity profile for review by the DPR Committee by the published deadline.

Please note that it is the responsibility of the DENTIST selected to ensure that the information submitted is accurate.

SECTION 1 - GENERAL INFORMATION

Name: _____

Practice Address: _____

Information Regarding All Clinical Staff in the Office Where You Practise

Number of registered dental hygienists: _____ Is there verification of their license on site? Yes No

Number of registered dental assistants: _____ Is there verification of their license on site? Yes No

Number of non-licensed assistants: _____

Professional Corporation Permits

Are all certificates of incorporation displayed in a prominent place (as per the Professional Corporations Regulations)?

Yes No Not applicable

SECTION 2 – FACILITY REVIEW

Infection Prevention and Control (IPAC)

Please refer to the “NSRDDA Standard of Practice for Infection Prevention and Control)” under the “Licensees” tab of the PDBNS Website.

1. Are office protocols aligned with the NSRDDA IPAC Standard?	Yes	No
--	-----	----

If no, what areas are you working on to reach compliance?

2. Is your office’s IPAC manual readily available?	Yes	No
--	-----	----

3. Are operatories decluttered to facilitate disinfection?	Yes	No
--	-----	----

4. Are patient-specific gowns or lab coats used as appropriate?	Yes	No
---	-----	----

5. Is clinic attire which is worn for patient care removed by all staff prior to leaving office?	Yes	No
--	-----	----

6. Is the flow and spacing of instrument reprocessing area appropriate (clean and dirty areas)?	Yes	No
---	-----	----

7. Are sterile instruments stored in an appropriate area (i.e., not the “dirty” area)?	Yes	No
--	-----	----

8. Are instruments appropriately packaged prior to sterilization?	Yes	No
---	-----	----

9. Is spore testing performed as per the IPAC standard?	Yes	No
---	-----	----

10. Are process indicators included in each package/cassette?	Yes	No
---	-----	----

Reviewer’s Comments (To be completed by DPR Committee member only)

Radiographic Safety

- | | | | |
|---|-----|----|----------------|
| 1. Are all staff who take radiographs licensed to do so? | Yes | No | |
| 2. Are all dentists who prescribe, take, or interpret CBCT images authorized by the PDBNS? | Yes | No | Not applicable |
| 3. Have all other dental staff who take CBCT scans received appropriate training (from dentist or otherwise)? | Yes | No | Not applicable |
| 4. Is shielding used when appropriate? | Yes | No | |

Sedation/Anesthesia **NOTE: This section refers only to sedation other than minimal oral sedation.**

- | | | |
|---|-----|----|
| 1. Is sedation (<u>other than minimal oral sedation</u>) administered in your clinic? | Yes | No |
|---|-----|----|

If yes, please list all practitioners (DDS or MD) who administer sedation in your clinic:

Provider's Name	Modality/Modalities for Each Provider

- | | | | |
|--|-----|----|----------------|
| 2. Are PDBNS Sedation Permits displayed for each provider? | Yes | No | Not applicable |
| 3. Is the clinic's Facility Sedation Permit displayed? | Yes | No | Not applicable |
| 4. Is the servicing of sedation equipment current? | Yes | No | Not applicable |

Botox

- | | | |
|--|-----|----|
| 1. Do you or anyone in your office administer Botox? | Yes | No |
|--|-----|----|

If yes, please list all practitioners who administer Botox in your clinic:

Provider's Name	Levels

- | | | | |
|---|-----|----|----------------|
| 2. Are pharmaceuticals related to neuromodulators stored appropriately? | Yes | No | Not applicable |
|---|-----|----|----------------|

Medical Emergency Preparedness

- | | | |
|--|-----|----|
| 1. Are all necessary drugs present and current (i.e., not expired)? | Yes | No |
| 2. Is there verification that all clinical staff have current certification in CPR/BLS? | Yes | No |
| 3. Is there an oxygen delivery system in your office? | Yes | No |
| 4. Is there a Materials Safety Data Sheet (MSDS) binder maintained in your office? | Yes | No |
| 5. Are there periodic reviews or drills with staff related to the management of medical emergencies? | Yes | No |

Reviewer's Comments (To be completed by DPR Committee member only)

SECTION 3 – DENTIST-SPECIFIC RECORD REVIEW

Please refer to the "Recordkeeping Guidelines" under the "Licensees" tab of the NSRDDA Website.

General

- | | | |
|---|-----|----|
| 1. Is sufficient patient information recorded? | Yes | No |
| 2. Regarding medical history: Is there sufficient information? | Yes | No |
| Is there documentation that med history reviewed by dentist? | Yes | No |
| Is it dated? | Yes | No |
| Is there evidence of regular updates? | Yes | No |
| 3. Is there sufficient information regarding patients' dental history? | Yes | No |
| 4. Are extraoral findings (including NAD or WNL) recorded and updated at recalls? | Yes | No |
| 5. Is there sufficient charting of intraoral hard and soft tissue findings? | Yes | No |
| 6. Are intraoral findings (including NAD or WNL) recorded and updated at recalls? | Yes | No |
| 7. Are periodontal findings recorded and updated at recalls? | Yes | No |

Radiographs

Please refer to the "Guidelines for Prescribing and Taking Dental Radiographs" under the "Licensees" tab of the NSRDDA Website.

- | | | |
|---|-----|----|
| 1. Are radiographs of acceptable diagnostic quality? | Yes | No |
| 2. Are radiographs labeled and dated (electronically or otherwise)? | Yes | No |
| 3. For new patients, does a preliminary clinical exam occur prior to the prescription of radiographs? | Yes | No |
| 4. Is there evidence that the prescription of radiographs is patient-specific? | Yes | No |

Diagnosis and Treatment Planning

- | | | |
|--|-----|----|
| 1. Is there a record of a diagnosis for treatment planned and performed? | Yes | No |
| 2. Is diagnosis substantiated by recorded clinical findings? | Yes | No |
| 3. Are treatment plans recorded and dated in charts? | Yes | No |

Informed Consent

Please refer to the "Informed Consent Guidelines" under the "Licensees" tab of the NSRDDA Website.

- | | | |
|--|----------|------------------|
| 1. Is there a protocol in place in the office to ensure that patients are provided with sufficient information to give informed consent? | Yes | No |
| 2. Are patients presented with a range of treatment options (including risks/benefits) as appropriate? | Yes | No |
| 3. Is there sufficient information recording in the chart such as a record of conversations with patients to demonstrate informed consent? | Yes | No |
| 4. How do you explain fees to patients? | Verbally | In writing/print |

Confidentiality and Disclosure of Dental Records

- | | | |
|--|-----|----|
| 1. Are dentists, staff and others (e.g., cleaners) aware of maintaining confidentiality of patient information and dental records? | Yes | No |
| 2. Is patient information stored in a secure manner to ensure confidentiality? | Yes | No |

Release and Transfer of Records

- | | | |
|---|-----|----|
| 1. Are dental records transferred in an appropriate and timely manner when requested by patients? | Yes | No |
|---|-----|----|

Clinical Progress Notes

- | | | |
|--|-----|----|
| 1. Is there a detailed record of local anesthetic or other sedative drugs used? | Yes | No |
| 2. Is there a detailed record of restorative materials and techniques used? | Yes | No |
| 3. Is there a record of advice given to patients? | Yes | No |
| 4. Are notable interactions (e.g., disagreements) with patients/caregivers recorded? | Yes | No |
| 5. Are all entries attributable to the 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 (To be completed by DPR Committee member only)

Please ensure that all sections of the Self-Assessment Form are complete. By submitting this, you as the dentist are attesting that the information provided is accurate to the best of your knowledge.

Name or Signature of Dentist

Date