

FY2023 Quality and Safe Care Assessment Checklist

Table Guide for Performance and Administrative Operations

Responsible Provider:		Date:	
Provider License Number:		Oral Health Consultant:	
Entity:		Unannounced Visit <input type="checkbox"/> Announced Visit <input type="checkbox"/>	
Entity Email:		Follow-up Visit <input type="checkbox"/>	
School Name:		School Code:	
School Address:		School Telephone:	
Pre-Check	1 Photo ID matches provider's license 2 Dental equipment that includes suction, air/water syringe, compressor, vacuum, and direct light source is available and fully functional 3 Provider team has an Anaphylaxis Response MOU on site	1 Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Yes <input type="checkbox"/> No <input type="checkbox"/> 3 Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments
HFS Dental Program	HFS Program Compliance 4 Scheduling calendar current and up-to-date 5 Dentist name listed on scheduling calendar is accurate 6 Take Home Form 7 School Exam Form 8 Provider can render the full scope of preventive school-based services for an out-of-office setting (DORM) 9 Chair-side education during treatment, based on risk assessment 10 Case management / Referral plan (DORM)	4 Yes <input type="checkbox"/> No <input type="checkbox"/> 5 Yes <input type="checkbox"/> No <input type="checkbox"/> 6 Yes <input type="checkbox"/> No <input type="checkbox"/> 7 Yes <input type="checkbox"/> No <input type="checkbox"/> 8 Yes <input type="checkbox"/> No <input type="checkbox"/> 9 Yes <input type="checkbox"/> No <input type="checkbox"/> 10 Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Comments <i>Option 1 – Provider refers child to the office or clinic where they work</i> <i>Option 2 – Provider returns to school for follow up care</i> <i>Option 3 – Case manage to another provider</i> YES: Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/>
CDC Standards	Retention Checks 11 Records are available for retention checks Short-term retention rate <input type="checkbox"/>	11 Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last retention check & finding:
ADA Standards	Intraoral Examination / Dental Prophylaxis Technique 12 Direct lighting 13 Use of blunt ended explorer consistent with standard of practice 14 Decayed, Missing, Sealed, and Filled tooth status recorded 15 Tactile and visual exam for calculus 16 If present, calculus removed 17 Written order for sealant placement 18 Teeth are polished to remove stain / plaque 19 Proper paste grit / Fine 20 Improvements in clinical processes needed 21 Improvements in operational processes needed	12 Yes <input type="checkbox"/> No <input type="checkbox"/> 13 Yes <input type="checkbox"/> No <input type="checkbox"/> 14 Yes <input type="checkbox"/> No <input type="checkbox"/> 15 Yes <input type="checkbox"/> No <input type="checkbox"/> 16 Yes <input type="checkbox"/> No <input type="checkbox"/> 17 Yes <input type="checkbox"/> No <input type="checkbox"/> 18 Yes <input type="checkbox"/> No <input type="checkbox"/> 19 Yes <input type="checkbox"/> No <input type="checkbox"/> 20 Yes <input type="checkbox"/> No <input type="checkbox"/> 21 Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADA Standards Product Instructions	Sealant Placement 22 Sealing all appropriate teeth 23 Adequate - isolation 24 Adequate - etch time 25 Adequate - rinse time 26 Adequate - curing time 27 Adequate - sealing of tooth surface 28 Adequate - post-application occlusion assessment 29 Explorer used to check sealant	22 Yes <input type="checkbox"/> No <input type="checkbox"/> 23 Yes <input type="checkbox"/> No <input type="checkbox"/> 24 Yes <input type="checkbox"/> No <input type="checkbox"/> 25 Yes <input type="checkbox"/> No <input type="checkbox"/> 26 Yes <input type="checkbox"/> No <input type="checkbox"/> 27 Yes <input type="checkbox"/> No <input type="checkbox"/> 28 Yes <input type="checkbox"/> No <input type="checkbox"/> 29 Yes <input type="checkbox"/> No <input type="checkbox"/>	
IL Dental Practice Act	30 RDHs Present _____ DAs Present _____ 31 Original or duplicate original licenses displayed Public Health Dental Hygienist Certification 32 PHDH has certification on site 33 PHDH has a collaborative agreement with a licensed dentist(s) for follow up care needs 34 PHDH has assessed that patients meet the insurance and income criteria Expanded Function Dental Assistant Certification / Coronal Scaling 35 <u>To December 31, 2022:</u> EFDA has 16-hour coronal scaling and polishing certifications onsite and children treated are 12 years of age or younger 36 <u>Beginning January 1, 2023:</u> EFDA has 32-hour coronal scaling and polishing certifications onsite and children treated are 17 years of age or younger 37 Children treated are not special needs or medically compromised 38 Child does not present with periodontal diseases or gingival inflammation 39 Supragingival scaling, on the clinical crown, with hand instruments only (no ultrasonics)	30 Yes <input type="checkbox"/> No <input type="checkbox"/> 31 Yes <input type="checkbox"/> No <input type="checkbox"/> 32 Yes <input type="checkbox"/> No <input type="checkbox"/> 33 Yes <input type="checkbox"/> No <input type="checkbox"/> 34 Yes <input type="checkbox"/> No <input type="checkbox"/> 35 Yes <input type="checkbox"/> No <input type="checkbox"/> 36 Yes <input type="checkbox"/> No <input type="checkbox"/> 37 Yes <input type="checkbox"/> No <input type="checkbox"/> 38 Yes <input type="checkbox"/> No <input type="checkbox"/> 39 Yes <input type="checkbox"/> No <input type="checkbox"/>	License #s:

IL Dental Practice Act (continued)	40 Supervising dentist examines child before and directs EFDA on teeth to be scaled	40 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	41 Supervising dentist ensures calculus is removed before fluoride is applied	41 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	42 Dentist completes a final exam on child after all services performed by an EFDA	42 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	43 Dentist supervises no more than to 2 EFDAs actively scaling at one time	43 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Expanded Function Dental Assistant Certification / Polishing and Dental Sealant Placement		
	44 EFDA has coronal polishing certification onsite	44 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	45 EFDA has dental sealant placement certification onsite	45 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	46 Supervising dentist examines child first and removes calculus	46 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	47 Supervising dentist examines child after polish and/or sealant placement before fluoride is applied	47 Yes <input type="checkbox"/> No <input type="checkbox"/>	
48 Dentist completes a final exam on child after all services performed by an EFDA	48 Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fluoride	Fluoride Application Technique		
	49 Proper application of fluoride (following manufacturer's instructions)	49 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	50 Follow up instructions provided	50 Yes <input type="checkbox"/> No <input type="checkbox"/>	
School Input	School Input		
	51 Staff interviewed: Administrator <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/>	51 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	52 Overall satisfaction with follow up care plans for the school	52 Yes <input type="checkbox"/> No <input type="checkbox"/>	
	53 Comments on any aspect of school program	53 Yes <input type="checkbox"/> No <input type="checkbox"/>	

Levels of anticipated contact between the health care worker and the patient's mucous membranes, blood or saliva visibly contaminated with blood to determine the suggested elements for the infection control program. This checklist is designed to provide information for 3 levels of programs:

- Level I** Anticipated contact with the patient's mucous membranes, blood or saliva visibly contaminated with blood.
- Level II** Anticipated contact with the patient's mucous membranes but not with blood or saliva visibly contaminated with blood.
- Level III** No anticipated contact with the patient's mucous membranes, blood, or saliva visibly contaminated with blood.

Level I	Level II	Level III	Infection Control Program Operating Procedures Based on CDC Guidelines for Infection Control		Comments
x	x	x	54 Are backflow devices in use or are patients advised not to close lips around suction to prevent potential backflow?	54 Yes <input type="checkbox"/> No <input type="checkbox"/>	
x	x	x	55 Are providers using hand sanitizers between each patient and as necessary for infection control?	55 Yes <input type="checkbox"/> No <input type="checkbox"/>	
x	x		Personal Protective Equipment (PPE) 56 Are providers using a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown (closed at neck) or protective clothing, and gloves during procedures likely to generate splashing or spattering of blood or other body fluids? 57 Are children wearing properly disinfected, protective eyewear?	56 Yes <input type="checkbox"/> No <input type="checkbox"/> 57 Yes <input type="checkbox"/> No <input type="checkbox"/>	
x	x		Environmental Surfaces: (e.g., light handles and countertops) 58 Are surfaces cleaned and disinfected between each patient? 59 Is barrier protection in use with each patient? 60 Are all chemical disinfectant products hospital grade? 61 Are non-disposable items replaced for each patient? 62 During unit setup, is it wiped with hospital grade wipes? 63 Are non-removable parts sleeved or wrapped for each patient? 64 Are the detachable portion of hand pieces sterilized, per patient, per CDC guidelines? 65 Are air driven scalars (not just the tip) sterilized between patients and the water line drained? 66 Are all instruments sterile and remain in the sealed sterilized package for each patient?	58 Yes <input type="checkbox"/> No <input type="checkbox"/> 59 Yes <input type="checkbox"/> No <input type="checkbox"/> 60 Yes <input type="checkbox"/> No <input type="checkbox"/> 61 Yes <input type="checkbox"/> No <input type="checkbox"/> 62 Yes <input type="checkbox"/> No <input type="checkbox"/> 63 Yes <input type="checkbox"/> No <input type="checkbox"/> 64 Yes <input type="checkbox"/> No <input type="checkbox"/> 65 Yes <input type="checkbox"/> No <input type="checkbox"/> 66 Yes <input type="checkbox"/> No <input type="checkbox"/>	
x	x		Housekeeping Surfaces (e.g., desks, tables) 67 Are housekeeping surfaces being cleaned and disinfected? 68 Is there adequate space for the processing area to be divided into clean and dirty areas?	67 Yes <input type="checkbox"/> No <input type="checkbox"/> 68 Yes <input type="checkbox"/> No <input type="checkbox"/>	

x	x	Patient Items 69 Are disposable items unit-dosed for each patient? 70 Are non-disposable items replaced for each patient? 71 Are syringes that deliver sealant and etching material wiped and sleeved? 72 Are single use items (disposable items that cannot be autoclaved) disposed of after each use (i.e., plastic mirrors)? 73 Is there an adequate inventory of instruments for the # of patients? 74 Has the sterilizer(s) been spore tested within the last 7-10 days? 75 Is the current sterilization log with results available for viewing? 76 Are written protocols in place and appropriate action taken to handle positive spore test results? 77 Are containers for holding or transporting contaminated instruments puncture proof, secured, and labeled as a biohazard?	69 Yes <input type="checkbox"/> No <input type="checkbox"/> 70 Yes <input type="checkbox"/> No <input type="checkbox"/> 71 Yes <input type="checkbox"/> No <input type="checkbox"/> 72 Yes <input type="checkbox"/> No <input type="checkbox"/> 73 Yes <input type="checkbox"/> No <input type="checkbox"/> 74 Yes <input type="checkbox"/> No <input type="checkbox"/> 75 Yes <input type="checkbox"/> No <input type="checkbox"/> 76 Yes <input type="checkbox"/> No <input type="checkbox"/> 77 Yes <input type="checkbox"/> No <input type="checkbox"/>	
x	x	Water Control 78 Is water quality tested quarterly or according to manufacturer instructions? (Review records.) 79 Are water and air discharged for a minimum of 20-30 seconds between patients?	78 Yes <input type="checkbox"/> No <input type="checkbox"/> 79 Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Comments:

Required Actions*:

***A written response of a corrective plan is required within 15 days to the Division of Oral Health, 535 W. Jefferson, Springfield, IL 62761 or email <DPH.OralHealth@illinois.gov>**

Inspected by _____ Date _____

Responsible Provider receiving report _____ Date _____