Virginia Board of Dentistry Dental Inspection Form **Date** **Hours** **Case#**

Commonwealth of Virginia
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4538

TYPE OF INSPECTION

_____COMPLAINT INVESTIGATION _____COMPLIANCE _____OMS COSMETIC PROCEDURES AUDIT

_____PERIODIC PERMIT HOLDER Permit type: _____ Conscious/Moderate ____Deep Sedation/General Anesthesia
Permit#: _____ Exp. Date: _____ Facility #: _____

NAME OF SUBJECT DENTIST **LICENSE #**

PRACTICE NAME **SPECIALTY PRACTICE**

STREET ADDRESS **CITY** **STATE** **ZIP** **CURRENT ADDRESS OF RECORD**

PHONE: **FAX:** **HOURS OF OPERATION:**

STAFF: (Identify dentists, hygienists, assistants, and general office staff)	POSITION	LICENSE	EXP. DATE	Assists in Sedation GA

C NC NA	18VAC60-20-200 Utilization of Dental Hygienists and Dental Assistants II No more than 4 dental hygienists or dental assistants II in any combination practicing under direction at the same time.
C NC NA	18VAC60-20-210 I f Dental Hygienists practice under general supervision determine if: Y N Written orders are in the patient record. Y N The services on the original order are to be rendered within a specific time period not to exceed 10 months. Y N The dental hygienist has consented in writing to providing services under general supervision. See personnel record. Y N The patient is informed before the appointment that he will be treated under general supervision. See patient record. Y N Written basic emergency procedures are established and the hygienist is capable of implementing those procedures. See the procedures. Ask the hygienist about preparation and training. If any of the requirements above are not met obtain a copy of one patient record to support an allegation of non-compliance.

POSTING OF CURRENT LICENSES, CERTIFICATES, AND REGISTRATIONS

C NC NA	54.1-2720	Name of every dentist practicing in this office is displayed at the entrance of the office.
C NC NA	54.1.2721	Dental Licenses are posted in plain view of patients.
C NC NA	54.1-2727	Dental Hygiene Licenses are posted in plain view of patients.
C NC NA	18VAC60-20-16	Dental Assistant II Registrations are posted in plain view of patients.
C NC NA	18VAC60-20-195	Radiation Certificate is posted for each person who exposes dental x-ray and is not otherwise licensed.
C NC NA	12VAC5-481-370.A (1) B	Department of Health's certification of x-ray machine is current and posted near the x-ray machine.
C NC NA	18VAC60-20-110(D)	Deep Sedation/General Anesthesia Permit or AAOMS certificate AND DEA registration are posted in plain view of patients.
C NC NA	18VAC60-20-120(G)	Conscious/Moderate Sedation Permit or AAOMS certificate AND DEA registration is posted in plain view of patients.

EDUCATION		
C NC	Check which option applies: ____18VAC60-20-50 Dentists must hold current certification in basic life support or cardiopulmonary resuscitation with hands-on airway training for healthcare providers. Current training in advanced resuscitation techniques with hands on simulated airway training for health care providers meets this requirement. OR ____18VAC60-20-110(C)(2) and 18VAC60-20-120(F) Dentists who administers conscious/moderate sedation, deep sedation or general anesthesia must hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers including basic electrocardiographic interpretation	
C NC NA	18VAC60-20-50	Dental hygienists must hold current certification of completion of a hands-on course in basic cardiopulmonary resuscitation for health care providers
C NC NA	18VAC60-20-50	Dental assistants II must hold current certification of completion of a hands-on course in basic cardiopulmonary resuscitation for health care providers
C NC NA	18VAC60-20-107(I)	Dentists who administers conscious/moderate sedation, deep sedation or general anesthesia has completed at least four hours of continuing education directly related to such administration within the past 2 years
C NC NA	18VAC60-20-107(I)	Dental hygienists who monitor patients under conscious/moderate sedation, deep sedation or general anesthesia has completed at least four hours of continuing education directly related to such monitoring within the past 2 years
C NC NA	18VAC60-20-107 (G)(2)	Written basic emergency procedures are readily accessible when any level of sedation or general anesthesia is administered
C NC NA	18VAC60-20-107(G)(2)	Record of staff training to carry out emergency procedures when any level of sedation or general anesthesia is administered NOTE THE MOST RECENT DATE OF TRAINING:_____
C NC NA	18VAC60-20-135	Personnel, i.e. dental assistants, who assist in the administration and monitoring of conscious/moderate sedation or deep sedation and general anesthesia, must hold current certification in basic resuscitation techniques with hands-on airway training for health care providers.

RECORDKEEPING 18VAC60-20-15 and 18VAC60-20-107

Obtain Patient Records for content and compliance review by the Board as follows:

- For inspections addressing Complaint Investigations related to treatment or billing practices obtain the treatment records of all patients identified in the complaint.
- For inspections addressing Complaint Investigations related to unsafe/unsanitary conditions or practices obtain the source's patient record and two (2) additional patient records of patients who were recently treated. Review the patient schedule and randomly select the patients. Interview the source and these two (2) patients about their experience/observations.
- For sedation and anesthesia Permit Holders obtain two (2) patient records of patients who were recently treated under sedation or anesthesia. Review the patient schedule and randomly select the patients.
- Inspect each record collected to determine if:
  - ___ All handwritten and electronic documents and evidence are legible and complete
  - ___ Both sides of 2 sided documents are included
  - ___ X-rays, digital images and photographs are labeled with patient's name, date taken and content of the image including teeth numbers
  - ___ Patient and insurance billing records/correspondence are included
  - ___ Laboratory work orders are included
  - ___ Computerized prescriptions are included
  - ___ Periodontal charting is included
  - ___ CDs will open and content is accessible and legible

ENVIRONMENTAL CONDITIONS §54.1-2706(5) and/or §54.1-2706(11)
Reference the CDC Guidelines for Infection Control in Dental Health-Care Settings

All sections of the facility appear neat and clean without any safety hazards Yes No

Observed equipment with broken or missing parts; oil/grease on any equipment; or dirty suction hoses, etc. Yes No
If yes, describe and photograph:

Describe sterilization process to include equipment used (should include heat and/or spore indicators.)

Who processes spore indicators? Obtain names and positions held.
Verify that results are maintained. Yes No

What is office protocol when sterilization equipment indicates equipment is not working properly?

Is the protocol available to staff in a print or electronic document? Yes No

How are sterilized instruments maintained?
How are clinical surfaces disinfected and sanitized? Frequency? Solutions used?
Are sharps containers available? Yes No Verify that there is a current contract, bill or receipt to document service for disposing of sharps/biohazard waste. Yes No
Appropriate personal protective equipment including gloves, face protection, eye protection and lead aprons are in stock. Yes No
Safe and accessible building exits in case of fire or other emergency were observed. Yes No

DRUG SECURITY, INVENTORY AND RECORDS §54.1-2706(5), §54.1-2706(11) and/or §54.1-2706(15)

The dentist only maintains Sch VI controlled drugs. Yes No

If yes, answer the first question below then skip to the ANESTHESIA, SEDATION AND ANALGESIA section.

If the dentist maintains any Sch II –V controlled drugs complete this section.

C NC		Expired drugs are stored separate from the working stock of drugs until properly disposed
C NC	CFR 1301.75 (b)	Sch II-V controlled substances are stored in a securely locked, substantially constructed cabinet
C NC	CFR 1304.04 (f)	Inventories and records of Sch II controlled substances are maintained separately from all other records and are readily retrievable
C NC	CFR 1304.04 (f)	Inventories and records of Sch III-V controlled substances are maintained either separately from all other records or in such a form that the information is readily retrievable
C NC		Records of Sch II-V controlled substances are maintained in chronological order
C NC	54.1- 3404. F	Required records are maintained completely and accurately for two years from the date of the transaction
C NC	54.1-3404. C	Records of receipt include the actual date of receipt, name and address of the person from whom received, and the name, strength and quantity of drug received
C NC	54,1-3404. D	Records of drugs sold, administered, dispensed or disposed of include the date of the transaction, name of patient, drug name, quantity of drug, and signature of person making the transaction
C NC	54.1-3404. A& B	Biennial inventory of Sch II-V drugs available was taken on a date within two years of the previous biennial inventory
C NC	54.1-3404. A & B	Biennial inventory is dated and indicates whether it was taken at the opening or close of business. Specify.
C NC NA	54.1-3404. E	Theft or unusual loss of drugs in Sch II-V is reported to the board of Pharmacy and an inventory taken if the registrant is unable to determine the exact kind and quantity of drug loss

ANESTHESIA, SEDATION AND ANALGESIA

Dentist only administers local anesthesia? Yes No If yes, stop here. The remaining sections do not apply.

Dentist only administers minimal sedation? Yes No If yes, complete the question on emergency procedures and only the first columns in the next two sections.

Dentist has a conscious/moderate sedation permit? Yes No If yes, complete the question on emergency procedures and only the third columns in the next two sections.

Dentist has a deep sedation and general anesthesia permit? Yes No If yes, complete the question on emergency procedures and only the second columns in the next two sections.

Note here any descriptions provided on the administration practices followed and/or on the level of effect and condition of patients to help the Board assess the level of administration being administered:

EQUIPMENT REQUIREMENTS FOR ANESTHESIA, SEDATION AND ANALGESIA		
18VAC60-20-108 (B) A dentist who administers MINIMAL SEDATION (anxiolysis or inhalation analgesia) shall maintain the following operational equipment and be trained in its use	**18VAC60-20-110(F) A dentist who administers DEEP SEDATION/GENERAL ANESTHESIA shall maintain the following operational equipment in sizes for adults or children as appropriate for the patient being treated**	**18VAC60-20-120(I) A dentist who administers CONSCIOUS/MODERATE SEDATION shall maintain the following operational equipment in sizes for adults or children as appropriate for the patient being treated**
C NC Blood Pressure Monitoring	**C NC Full face mask**	**C NC Full face masks**
C NC Positive Pressure Oxygen	**C NC Oral and Nasopharyngeal airway management adjuncts**	**C NC Oral and Nasopharyngeal airway management adjuncts**
C NC Mechanical (hand) respiratory bag	**C NC ET tubes with appropriate connectors or airway adjuncts such as a laryngeal mask**	**C NC ET tubes with appropriate connectors or airway adjuncts such as a laryngeal mask**
	C NC Laryngoscope with reserve batteries and bulbs and appropriately sized blades	**C NC Pulse Oximetry and BP Monitoring**
	C NC Source of delivery of oxygen under controlled positive pressure	**C NC Pharmacological antagonist agents unexpired**
	C NC Mechanical (hand) respiratory bag	**C NC Positive Pressure Oxygen**
	C NC Pulse Oximetry and BP monitoring	**C NC Emergency drugs for resuscitation**
	C NC Emergency drugs for resuscitation	**C NC Mechanical (hand) respiratory bag**
	C NC EKG/ Temp monitoring equipment	**C NC Suction apparatus**
	C NC Pharmacological antagonist agents	**C NC Throat Pack**
	C NC External defibrillator (manual or automatic)	**C NC External defibrillator (manual or automatic)**
	C NC An end-Tidal CO2 monitor for intubated patients	**C NC Precordial or pretracheal sthethoscope**
	C NC Suction apparatus	**C NC Temp measuring device**
	C NC Throat Pack	**C NC Electrocardiographic monitor**
	C NC Precordial or pretracheal sthethoscope	

STAFFING REQUIREMENTS FOR ANESTHESIA, SEDATION, & ANALGESIA		
Y N Dentist has written basic emergency procedures and staff is trained to carry out the procedures. See the procedures. Ask staff about preparation and training.		
18VAC60-20-108 **A dentist who administers MINIMAL SEDATION by only using nitrous oxide/oxygen assures that:** **C NC NA The person who administers the nitrous oxide/oxygen or another dental staff member is always present with the patient until discharged.** **A dentist who administers MINIMAL SEDATION by anxiolysis with or without nitrous oxide/oxygen uses a:** **C NC NA Treatment team which includes the dentist & a second person to assist, monitor & observe the patient until discharged.**	**18VAC60-20-110** **A dentist who administers DEEP SEDATION/GENERAL ANESTHESIA uses a:** **C NC Treatment team which includes the operating dentist, a second person to monitor & observe the patient, & a third person to assist the operating dentist**	**18VAC60-20-120** **A dentist who administers CONSCIOUS/MODERATE SEDATION uses a:** **C NC Treatment team which includes the operating dentist & a second person to assist, monitor, & observe the patient.**

ORAL AND MAXILLOFACIAL SURGEONS

Y N 18VAC60-20-250 Has Current Board Registration
Y N 18VAC60-20-260 Has updated practitioner profile. Attach Profile.
Y N 18VAC60-20-290 Performs cosmetic procedures and is certified by the Board according to §54.1-2709.

Please check all certifications for cosmetic procedures this licensee holds:

A. [ ] Rhinoplasty/similar procedures
B. [ ] Blepharoplasty/similar procedures
C. [ ] Rhytidectomy/similar procedures
D. [ ] Submental liposuction/similar procedures
E. [ ] Browlift/either open or endoscopic technique/similar procedures
F. [ ] Otoplasty/similar procedures
G. [ ] Laser resurfacing or dermabrasion/similar procedures
H. [ ] Platysmal muscle plication/similar procedures

Compliant (C) Non Compliant (NC) Not Applicable (NA)

Additional Inspection Observations and Notes

Signature of Inspector **Date**

Signature of Licensee **Date**