

**Assessor’s Check List**

**national dental accreditation**

**program**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chapter - 1** |  | **YES** | **NO** |
| **1.1** |  |  |  |
|  | Does the applicant have ownership deed of his clinic? |  |  |
|  | If not owned then does the applicant has lease agreement document? |  |  |
|  | Does the applicant have rent deed? |  |  |
|  | Does the applicant have legal registration of the above documents? |  |  |
|  | Do all the documents match with applicant’s full name? |  |  |
|  | Does the validity of ownership/lease of at least one year from the date of the application? |  |  |
| **1.2 & 1.3** |  |  |  |
|  | Does the clinic have sufficient space as follows: (for a clinic with 1 dental chair) |  |  |
|  | 1. Treatment cubical – 60 sq.ft.
 |  |  |
|  | 1. Reception area, waiting area, toilet etc. – 35 sq.ft.
 |  |  |
|  | 1. Ancillary space for sterilization room, dark room, compressor room, store area etc. – 30% of carpet area for 1 dental chair
 |  |  |
|  | Does the clinic have proper space allocation for every different area of the clinic? |  |  |
|  | Does the clinic have natural light and air access? |  |  |
|  | Does the clinic have a separate entrance for patients, doctor & staff and for maintenance & emergency exit? |  |  |
|  | Does the store area have materials well arranged? |  |  |
| **1.4** |  |  |  |
|  | Does the clinic have an easily accessible entrance for geriatric and differently abled patients? |  |  |
|  | Does the clinic have anti-skid ramps? |  |  |
|  | Does the clinic have handles and grab bars along the path of movements? |  |  |
|  | Does the clinic have facilities for wheelchair, stretcher? |  |  |
|  | Does the clinic have same floor level from the entrance? |  |  |
| **2.1** |  |  |  |
|  | Does the operatory temperature has been maintained at 20-28 degree Celsius? |  |  |
|  | Does the operatory humidity have been maintained between 30-70%? |  |  |
|  | Does the operatory have an exhaust outlet and mechanism for air exchange? |  |  |
|  | Does the operatory have an air purifier? |  |  |
|  | Does the applicant has prepared a policy for measuring and recording of the above parameters? And record book for the same? |  |  |
|  | Does the applicant have a record or any system for periodic check-up and maintenance of the above parameters? |  |  |
| **2.2** |  |  |  |
|  | Does the clinic have display poster of the non-smoking zone and anti-smoking helpline number? |  |  |
|  | Does the applicant have record and details of cases treated with NRT? |  |  |
| **2.3** |  |  |  |
|  | Does the air compressor have a quality mark, for example, ISI, FDA (USA) or CE etc.? |  |  |
|  | Does the applicant have a record or any system for periodic check-up and maintenance of compressor? |  |  |
|  | Does the clinic have separate place/room for the compressor? Temperature maintenance of that room?  |  |  |
|  | Does the room have a good light source for better visibility during maintenance?  |  |  |
| **2.4** |  |  |  |
|  | Does the applicant have a record of a periodic check for water quality? |  |  |
|  | Does that record show that CFU/m (colony forming units of heterotrophic bacteria per millimeter of water) is <500 on every periodic checkup? |  |  |
|  | If the CFU is >500 then what was done at that time with records? |  |  |
|  | Does the applicant have a report of periodic water testing? |  |  |
|  | Does the applicant have a record of periodic maintenance of water purifier? (If used) |  |  |
| **3.1 & 3.2** |  |  |  |
|  | Does the applicant have followed local municipal rules for signage board? |  |  |
|  | Does the applicant have followed traffic rules if neon or glow boards are used? |  |  |
|  | Does the signage content is in the local language? |  |  |
|  | Are there any danger signs used for example radiology or electrical or sterilization area? |  |  |
|  | Does signage contain adequate information with readable font size, style and color combination? Information like |  |  |
|  | Name |  |  |
|  | Address |  |  |
|  | Contact information |  |  |
|  | Clinic days and time |  |  |
|  | Services  |  |  |
|  | Does the clinic have all signs of directions/entry/exit/fire plan/emergency exit/danger sign etc.? |  |  |
| **3.3** |  |  |  |
|  | Does the clinic have specialty service board (if any) with specialists’ name, visiting days and hours? |  |  |
| **3.4** |  |  |  |
|  |  |  |  |
| **3.5** |  |  |  |
|  | Does the signage board contain 24/7 helpline or contact information? |  |  |
| **3.6** |  |  |  |
|  | Has the OHCP displayed consultation fees? |  |  |
| **Chapter-2** |  |  |  |
| **1.1** |  |  |  |
|  | Has the clinical area been divided into the blue & red zone? Clean and dirty zone? |  |  |
|  | Does the applicant have SOP to follow sterilization protocols? |  |  |
|  | Are the sterilized instrument kits prepared in the clean area? |  |  |
|  | Does the applicant follow standard instruments delivery system to the chair-side area to prevent contamination of sterilized instruments? |  |  |
|  | Does the applicant prepare sterilized instrument kits according to procedural needs? |  |  |
|  | Does the applicant have an adequate number of sterilized instrument kits with two spare kits? |  |  |
|  | Does the applicant have a list of instruments required for each procedure? Is this list available in the sterilization room and with the chairside assistant? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have SOP for the procurement of instruments? |  |  |
|  | Does the applicant have SOP for disposal of used instruments? |  |  |
|  | Does the applicant have SOP with step by step procedure to evaluate the instrument before disposing of it? |  |  |
|  | Does the applicant have a record of procurement and disposal of instruments? |  |  |
|  | Is the information available for the need for new purchase in advance? |  |  |
| **1.3** |  |  |  |
|  | Do the instruments used by the applicant are standard with any quality mark like ISI/FDA? |  |  |
|  | Does the applicant use all FDA approved dental materials? |  |  |
|  | Does the equipment like UV chamber, glass bead sterilizer etc. are of standard quality with a quality mark of ISI/FDA? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant have SOP for regular maintenance of electrical/mechanical equipment in place? |  |  |
|  | Does the applicant have a record of maintenance of electrical/mechanical equipment? |  |  |
|  | Does the applicant have any schedule for staff training? |  |  |
|  | Does the staff employed by applicant understand and adopts the procedure of maintenance on regular basis? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have all the operating manuals of all equipment/instruments used by him? |  |  |
|  | Does the applicant use all the equipment/instrument as per the instruction manual provided by manufacturers? |  |  |
|  | Has the applicant trained his/her staff for the same? |  |  |
| **1.6** |  |  |  |
|  | Does the clinic have any on-going program for regular calibration of equipment? |  |  |
|  | Does the applicant have reports and records of calibration program? |  |  |
|  | Does the applicant have any action plan for corrective measures after calibration program (if needed)? |  |  |
| **1.7** |  |  |  |
|  | Does the applicant have developed any plan for discarding the dental instrument/equipment/material as per requirement /expiry? |  |  |
|  | Does the plan explain in a language easily understandable by a staff member? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have developed any plan for the maintenance of non-medical equipment like AC, fridge, water purifier, lift etc. for their optimum functioning? |  |  |
|  | Does the plan have been explained in a language easily understandable by staff members? |  |  |
|  | Does the applicant have SOP for the maintenance of non-medical equipment? |  |  |
|  | Does the applicant have maintained records of maintenance program of non-medical equipment? |  |  |
| **2.2 & 2.3** |  |  |  |
|  | Does the applicant have owned any device for electricity back up like UPS/Inverter depending on electricity consumption? |  |  |
|  | Does the applicant have developed an action plan for a periodic check-up and testing of the electricity back up devices for its functioning? |  |  |
|  | Does the applicant has maintained a record of periodic testing of electricity back up devices? |  |  |
| **2.4** |  |  |  |
|  | Does the applicant have owned water purifier to maintain water quality throughout dental office? |  |  |
|  | Does the clinic have provisions for good quality drinking water and water for general use as separate? |  |  |
|  | Does the applicant have a record of periodic checkup/testing of the quality of water used in a dental office? |  |  |
| **Chapter-3** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have developed any evaluation plan for any emergency calamities? |  |  |
|  | Does the clinic have an emergency exit in opposite direction of the entrance? |  |  |
|  | Does the clinical area have neon directional signs for emergency exits? |  |  |
|  | Does the clinic have provision for emergency lights to guide towards the emergency exit? |  |  |
|  | Does the applicant have a training manual for staff for an emergency evacuation plan? |  |  |
|  | Does the applicant have a training manual for staff related to any physical or verbal abuse? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have SOPS for medical & dental procedures in compliance with applicable laws, regulations, and policies? |  |  |
|  | Does the applicant practice according to SOPS for medical and dental procedures? |  |  |
| **2.1 & 2.2** |  |  |  |
|  | Is there a well-maintained emergency kit available in the clinic? |  |  |
|  | Does the applicant have SOP to handle any life-threatening in-house emergency situation? |  |  |
|  | Does the applicant have a schedule to practice the handling of the life-threatening situation? |  |  |
|  | Does the applicant have a record of practice drill to handle the life-threatening situation? |  |  |
|  | Do the applicant and/or staff have a certification like BLS/ACLS to handle the life-threatening situation? |  |  |
|  | Does the clinic have any collaborated physician to handle the life-threatening situation if needed? |  |  |
|  | Does the clinic have collaboration with a nearby hospital to handle the life-threatening situation if needed? |  |  |
| **2.3** |  |  |  |
|  | Do the applicant and staff have vaccination record or certification? |  |  |
| **2.4** |  |  |  |
|  | Does the applicant have developed any system to address and assess the near-miss events? |  |  |
|  | Does the applicant have developed any policies for correction of near-miss events occurred in the past? |  |  |
|  | Does the applicant have a record of all near miss events occurred in the past with their evaluation and corrective measures? |  |  |
| **3.1** |  |  |  |
|  | Does the applicant has developed a disaster management plan for the safety of doctors, staff, patients, and visitors present in dental office premises? |  |  |
|  | Does the clinic have the necessary equipment to execute disaster management plan while in need? |  |  |
|  | Does the applicant have a training manual for staff for practice drill of disaster management events? |  |  |
|  | Does the applicant have a record of practice drills of disaster management events? |  |  |
|  | Does the clinic have an emergency exit on opposite side of the entrance? |  |  |
|  | Does the clinic have neon directional signs leading to emergency exit? |  |  |
|  | Does the clinic have emergency lights? |  |  |
| **Chapter-4** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant use digital patient registration process? |  |  |
|  | Does the applicant use physical case papers for patient registration process? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have developed and implemented a systemic patient registration process? |  |  |
|  | Does the applicant have a patient record of last 3 years? (physical/software data) |  |  |
| **1.3**  |  |  |  |
|  | Does the applicant use system of unique patient code/ unique registration numbers for each patient? |  |  |
|  | Upon checking does the data matches with unique patient code and patient data? |  |  |
| **1.4** |  |  |  |
|  | Does the employed staff have been trained to follow proper patient registration procedure? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have forms/formats to record relevant medical and non-medical details of patients? |  |  |
|  | Does the applicant have implemented or follow any specific system to ensure the recording of all patient details? |  |  |
|  | Does the applicant have safe storage and easy retrieval of any patient data? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant follow confidentiality agreement with a patient that is to share patients’ relevant medical record with the person who needs to know by educating the patient about it? |  |  |
|  | Does the applicant have prepared any instructional sheet for the patient to maintain the confidentiality of his agreement? |  |  |
| **2.3** |  |  |  |
|  | Does the applicant have provisions to protect patients’ records against loss, destruction, tampering or unauthorized use? (if computerized then back up of data) |  |  |
| **Chapter-5** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant has proof/evidence to show for his/her |  |  |
|  | 1. Graduation
 |  |  |
|  | 1. Post-graduation
 |  |  |
|  | 1. Registration with state dental council
 |  |  |
|  | 1. Professional skill upgradation certificate
 |  |  |
|  | Does the applicant have proof/evidence of the above same of visiting consultant doctors’? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have complete patient case history sheet which includes: |  |  |
|  | 1. His/her complete relevant medical history
 |  |  |
|  | 1. All necessary tests done with results
 |  |  |
|  | 1. Based on above two complete treatment plan with prognosis
 |  |  |
| **1.3** |  |  |  |
|  | Does the applicant follow proper procedure to ensure the complete examination & evaluation of a patient with respect to their chief complaint and their other oral healthcare needs with recording all necessary findings during the examination? |  |  |
|  | Does the applicant present or showcase summary of few cases? |  |  |
| **1.4** |  |  |  |
|  | Can the applicant present any proof/evidence to show that he has advised only essential and necessary investigations relevant to the case to reach a definitive diagnosis? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have any proof/evidence to show that he takes consent from patients for a treatment plan and scheduling of appointments? |  |  |
|  | Does the applicant have any proof/evidence to show that upon deviation from the treatment plan/scheduling an appointment, he takes consent of patient? |  |  |
| **2.1 & 2.2** |  |  |  |
|  | Does the applicant have developed any referral policy and referral sheets for referring a patient to another doctor outside the premises? |  |  |
|  | Does the referral sheet contain all the necessary clinical information of a patient for the person who needs to know? |  |  |
|  | Can the applicant present a list of all in-house doctors with their all necessary documents like |  |  |
|  | 1. Graduation certificate
 |  |  |
|  | 1. Post-graduation certificate
 |  |  |
|  | 1. Registration with state dental council
 |  |  |
|  | 1. CV
 |  |  |
|  | Can the applicant present a list of all outside specialist doctors with whom he/she is affiliated/connected with their necessary documents same as above? |  |  |
| **2.3** |  |  |  |
|  | Does the applicant has developed standard instruction sheet for patient referral and made it available with the receptionist? |  |  |
| **2.4** |  |  |  |
|  | Has the applicant developed their own HER card for each patient? |  |  |
|  | Can the applicant present few referral card copies which should include a summary of the case, the reason for referral along with other necessary information? |  |  |
| **Chapter-6** |  |  |  |
| **1.1 & 1.2 & 1.3** |  |  |  |
|  | Does the applicant have made all imaging services available to meet patient needs in-house or through a referral if needed? |  |  |
|  | Does the applicant have maintained records of utilization of in-house or external radiological facilities? |  |  |
|  | Does the in-house radiological facilities, AERB approved? |  |  |
|  | Does the in-house radiological facility area meet AERB requirements? |  |  |
|  | 1. Wall thickness
 |  |  |
|  | 1. Total area
 |  |  |
|  | 1. Use of radiological safety equipment
 |  |  |
|  | Does the applicant have record or policy that mentions the exact timeframe for the specific procedure depending on the requirement or seriousness of the case? |  |  |
| **2.1** |  |  |  |
|  | Does the in-house imaging services operated and maintained by qualified staff? |  |  |
|  | Does the applicant have maintained the register for repeat procedures especially with digital imaging? |  |  |
|  | Does the register use for the purpose of staff training? |  |  |
|  | Does the register show necessary exposure parameters and provisional diagnosis? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have a record of adequate supplies of required materials like IOPA films, developer & fixer solutions for the conventional imaging services? |  |  |
| **2.3** |  |  |  |
|  | Does the applicant have developed quality assurance program to verify and validate the quality of imaging process, results and reports periodically? |  |  |
|  | Does the applicant have maintained a record of periodic internal imaging audit? |  |  |
| **3.1**  |  |  |  |
|  | Does the applicant use a lead apron, rubber mat to avoid electric shock, thyroid collar, TLD/film badge etc. for the purpose of radiation safety? |  |  |
|  | Does the radiation safety program is documented and practiced in premises? |  |  |
|  | The results of TLD/film badges are maintained? |  |  |
|  | Sign of warning for a pregnant woman? |  |  |
|  | Does the applicant have a contract with any radiation safety organization/lab for periodic testing of the devices? |  |  |
|  | Does the applicant have records of periodic testing of the devices? |  |  |
| **3.2** |  |  |  |
|  | Does the person, operating the imaging device is trained to practice radiation safety measures? |  |  |
|  | Does the applicant have records of training for the same? |  |  |
| **Chapter-7** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have developed and documented the standard treatment protocols which are evidence-based and as per good clinical practice guidelines? Which should be as follows |  |  |
|  | 1. Emergency care first
 |  |  |
|  | 1. Then pain reliever/oral bacterial flora
 |  |  |
|  | 1. Then chief complaint & other treatment as per treatment plan protocol
 |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have documented the specific treatment plan for each patient based on their specific clinical evaluation? |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have established a documented policy which describes roles and scopes of dental professionals as per their qualifications and expertise? |  |  |
|  | Does the applicant practice four hand dentistry? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant have developed and adopted a policy which describes a multidisciplinary approach for the patient whenever needed? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have developed and adopted policies and processes for the care of geriatric, pediatric, pregnant patients and differently abled patients? |  |  |
| **1.6** |  |  |  |
|  | Does the applicant have developed a policy document containing protocols for the management of anxious patient? |  |  |
| **1.7** |  |  |  |
|  | Does the applicant have all post-operative instructions in written in a language understood by patient/guardian/caretaker? |  |  |
|  | Do the instructions also verbally explained to the patient/guardian/caretaker? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have developed any policy for obtaining the informed consent of the patient? |  |  |
|  | Does the applicant able to present few informed consents taken in past few years? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have an additional consent form for the purpose of using patient details, photographs taking and any other relevant details for publishing in a journal or for case presentation? |  |  |
| **3.1** |  |  |  |
|  | Does the applicant have developed any policy and process for ensuring patient safety during treatment? |  |  |
|  | Policy checklist must include: |  |  |
|  | 1. Preventing nerve damage
 |  |  |
|  | 1. RC instrument broke/engulf
 |  |  |
|  | 1. Lead apron
 |  |  |
|  | 1. Tongue-cheek guard
 |  |  |
|  | 1. Tooth avulsion into pterygoid spaces
 |  |  |
|  | 1. Mandibular fracture
 |  |  |
|  | 1. Eye protection
 |  |  |
| **3.2** |  |  |  |
|  | Can an applicant present well defined and documented policy exists within the clinic to prevent adverse events during treatment? |  |  |
|  | Has the applicant included drug history in the medical history section of case sheet? |  |  |
|  | Can an applicant present few case sheets to observe the drug history of patients with test results if done? |  |  |
| **4.1** |  |  |  |
|  | Does the applicant has developed any well-defined policy for recall & follow up of patients after completion of their respective treatments? |  |  |
|  | Does the applicant able to present the record of patient recall and follow up after completion of their treatments with media by which communication was done? |  |  |
|  | Does the applicant have developed a system to issue a discharge card to patients mentioning existing condition and treatment done? |  |  |
| **4.2** |  |  |  |
|  | Does the applicant have a well-defined policy for patients who miss their follow up appointments? With the method of follow up done for e.g. emails, phone calls, SMSs etc. |  |  |
|  | Does the applicant have a list of patients who habitually missed follow-up appointments? |  |  |
| **5.1** |  |  |  |
|  | Does the applicant have a well-defined policy for the medical emergency management? |  |  |
|  | Does the clinic have all the necessary facilities, devices, emergency medication, oxygen cylinders etc. readily available? |  |  |
| **5.2 & 5.3** |  |  |  |
|  | Does the applicant have developed well-defined protocols for the medical emergency management? |  |  |
|  | Does the applicant conduct practice drills on regular basis with staff with their specific roles & responsibilities? |  |  |
|  | Does the applicant have a record of practice drills? |  |  |
|  | Has the staff been trained for BLS and/or ACLS? |  |  |
|  | Does the applicant have any record of a medical emergency from past? |  |  |
| **5.4** |  |  |  |
|  | Does the applicant have developed a policy for the post-event analysis to implement corrective and preventive measures and maintain the record of same? |  |  |
| **6.1** |  |  |  |
|  | Does the applicant have developed any policy and procedure to follow for the dental emergency? |  |  |
|  | Policy checklist should include: |  |  |
|  | 1. Pain relief
 |  |  |
|  | 1. IM analgesics
 |  |  |
|  | 1. Abscess draining
 |  |  |
|  | 1. Emergency opening of the pulp chamber
 |  |  |
| **6.2** |  |  |  |
|  |  |  |  |
| **7.1** |  |  |  |
|  | Has the applicant developed SOP to implement standard policies and processes for treatment of patients with special needs? |  |  |
|  | SOP should include: |  |  |
|  | 1. Appointment schedule
 |  |  |
|  | 1. Medical consultation
 |  |  |
|  | 1. Risk assessment
 |  |  |
|  | 1. Treatment planning with histories
 |  |  |
|  | 1. Informed consent & behavioral modification
 |  |  |
|  | 1. Prevention program
 |  |  |
| **7.2** |  |  |  |
|  |  |  |  |
| **7.3** |  |  |  |
|  | Does the applicant have developed and implemented a documented procedure for obtaining informed consent from the legal representative of patients with special needs? |  |  |
| **8.1** |  |  |  |
|  | Does the applicant have developed sop for pain management? |  |  |
|  | SOP should include: |  |  |
|  | 1. Caries risk assessment
 |  |  |
|  | 1. Periodontal risk assessment
 |  |  |
|  | 1. At every stage means pre-treatment, treatment, and post-treatment
 |  |  |
|  | 1. Verbal and charted out if possible
 |  |  |
|  | 1. Pain control should be in the treatment proforma
 |  |  |
| **Chapter-8** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have policy and documents to inform patients about their rights and responsibilities, in a manner and language they understand? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have educated his/her staff regarding the same? |  |  |
|  | Policy document contains: |  |  |
|  | 1. Patient right to emergency care
 |  |  |
|  | 1. Care is given to preserving the dignity of the patient
 |  |  |
|  | 1. No discrimination on cast, religion/socio-economic status
 |  |  |
|  | 1. Right to recall & consultation
 |  |  |
|  | Does the applicant have a record of staff training for the same? |  |  |
| **2.1 & 2.2** |  |  |  |
|  | Does the applicant have developed policy and process for patient grievances? |  |  |
|  | Does the applicant have developed a process to inform patients about their right to express their grievances and the protocol to do so? |  |  |
|  | Does the patient grievances information easily accessible & available? (In pamphlet) |  |  |
| **2.3 & 2.4** |  |  |  |
|  | Does the applicant have developed a process to take patients’ feedback form regularly to improve the standard of services? |  |  |
|  | Can applicant present the record of patient feedback forms and actions for the corrective measures? |  |  |
| **3.1 & 3.2** |  |  |  |
|  | Does the applicant have developed policy and process for patient education? |  |  |
|  | Does the applicant have models/information pamphlets etc. for patient education? (Information should be in a language easily understood by patients.) |  |  |
| **Chapter-9** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have outsourced dental lab work with any certified dental laboratory? |  |  |
|  | Does the applicant have evidence to show that well-documented MOU exists between clinic and dental lab? |  |  |
|  | Does the MOU consist of following? |  |  |
|  | 1. Does the dental lab in business since last 5 years?
 |  |  |
|  | 1. Does the dental lab have at least 50% qualified personnel?
 |  |  |
|  | 1. Should dental lab have all the licenses specially GUMASTA?
 |  |  |
|  | 1. Does the applicant have proof of above three?
 |  |  |
| **1.2**  |  |  |  |
|  | Does the applicant have well-defined and documented policies and procedural guide for the identification, handling & safe transportation of impressions, models, and prosthesis? |  |  |
| **1.3** |  |  |  |
|  | Can the applicant present a record that shows that lab person has informed the applicant of failure or delays to provide work in time? |  |  |
|  | Can the applicant present a copy of blank & filled forms for exchange of information between clinic & dental lab? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant have maintained a record of all work that is outsourced to lab including repeat or correction work? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have developed and implemented corrective & preventive measures after careful analysis to reduce the number of repetitions and alterations? |  |  |
|  |  |  |  |
|  | In house Lab: |  |  |
| **1.1**  |  |  |  |
|  | Has the applicant hired qualified personnel to work in-house dental lab? |  |  |
|  | Does the person working in the in-house dental lab have degree/diploma or adequate certification? (proof) |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have developed well defined and documented procedural guide for the identification, handling, processing & safe transportation of impressions, models, and prosthesis for internal work? |  |  |
|  | Are machines and equipment maintained in good condition? |  |  |
|  | Are machines and equipment of the standard quality mark? |  |  |
|  | Does the applicant have maintained a record book of servicing of machines and equipment? |  |  |
|  | Does the applicant buy material from standard dealers and brands? |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have prepared safety policy for the in-house dental lab?  |  |  |
|  | Policy should include: |  |  |
|  | 1. Cross infection prevention
 |  |  |
|  | 1. Fire or any danger prevention
 |  |  |
| **Chapter-10** |  |  |  |
| **1.1**  |  |  |  |
|  | Does the applicant have developed criteria and guidelines for the selection of standard materials and medications? |  |  |
|  | Does the criteria & guidelines include following: |  |  |
|  | 1. Date of manufacturing
 |  |  |
|  | 1. Expiry date
 |  |  |
|  | 1. Shelf life
 |  |  |
|  | 1. Storage methods & environment
 |  |  |
|  | 1. Setting parameters
 |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have maintained proper inventory record to maintain appropriate quantity as per the usage? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have developed a policy for re-ordering the material based on consumption record? |  |  |
|  | Does the applicant have maintained the record of re-ordering the material? |  |  |
| **1.7** |  |  |  |
|  | Does the applicant have developed labeling system to differentiate similar sounding and similar looking medicines and materials and stored separately? |  |  |
| **1.8** |  |  |  |
|  | Does the applicant have material safety data sheet provided by supplier/manufacturer and stored hazardous materials securely? |  |  |
| **1.9** |  |  |  |
|  | Does the applicant have trained staff to manage mishaps with hazardous materials? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have maintained the details of all dental implant related procedures, materials, medications as well as prognosis in a record book along full patient details? |  |  |
|  | Can the applicant present the records of same & one full case detail? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have maintained records of: |  |  |
|  | 1. Implant type & size
 |  |  |
|  | 1. Make of implant authorization
 |  |  |
|  | 1. The procedure adopted & its authorization
 |  |  |
|  | 1. Batch number & serial number
 |  |  |
|  | 1. Patient’s full case details with all radiographs, laboratory investigations, signed reports, surgical notes & post-surgical follow-up reports?
 |  |  |
| **2.3** |  |  |  |
|  | Does the applicant have developed a policy for analysis of implant failure which helps in assessing reason of failure and corrective measures? |  |  |
|  | Does the applicant have maintained the record of the same? |  |  |
| **Chapter-11** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have developed a comprehensive program for the prevention of infection transmission from: |  |  |
|  | 1. Patient to staff
 |  |  |
|  | 1. Staff to patient
 |  |  |
|  | 1. Patient to patient
 |  |  |
|  | 1. Staff to staff
 |  |  |
|  | 1. Clinical set up to the community
 |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have developed a policy to implement barrier techniques using gloves, masks, wraps/linen covers around dental chair & other equipment? |  |  |
|  | Does the applicant have implemented the use of disposables where ever essential and an evidence-based SOP for sterilization as per standard guidelines? |  |  |
|  | Does the applicant follow standard sterilization protocols for autoclaving and hand washing? Sterilization & disinfection of materials and equipment? |  |  |
|  | Does the applicant have maintained record book for sterilization and autoclaving of equipment? |  |  |
| **1.4** |  |  |  |
|  | Does the Applicant have developed and implemented immunization policy for the staff? |  |  |
|  | Does the applicant have record book of the same? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant practices disinfection of dental unit waterline on regular basis? |  |  |
|  | Does the applicant have a record of the same? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant practices evidence-based infection control surveillance activities targeting high-risk areas within the premises and record of the same? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have developed a policy to conduct regular infection control audits? |  |  |
| **2.3** |  |  |  |
|  | Does the applicant have included monitoring of housekeeping services in surveillance of infection control activities? |  |  |
| **3.3** |  |  |  |
|  | Does the applicant have developed or follow policy for segregation, storage, collection & disposal of bio-medical waste? |  |  |
|  | Does the applicant have maintained a record of BMW collection & disposal? |  |  |
| **3.4** |  |  |  |
|  | Can applicant present a copy of the agreement with BMW collecting agency which should be recognized? |  |  |
| **3.5** |  |  |  |
|  | Can applicant present policy to ensure that all the rules and regulation regarding the BMW management followed as per state/national guidelines? |  |  |
|  | Should its conformity be checked with state/national laws? |  |  |
| **3.6** |  |  |  |
|  | Does the applicant have trained staff to collect, store and transport of BMW safely until the outsourced agency collects BMW? |  |  |
|  | Record of training staff? |  |  |
| **3.7** |  |  |  |
|  | Does the applicant have maintained up to date financial transactions, paperwork and documentation of outsourced agency? |  |  |
| **3.8** |  |  |  |
|  | Does the applicant have adequate provisions for storage and safety of the staff handling BMW? |  |  |
| **3.9** |  |  |  |
|  | Does the applicant have a separate policy for safe storage, handling, segregation, and disposal of mercury and other potentially dangerous materials? |  |  |
| **3.10** |  |  |  |
|  | Does the applicant have the policy to follow for post-exposure protocols as per national guidelines? |  |  |
|  | Records of any exposure and handling of same? |  |  |
| **Chapter-12** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have developed well defined and documented policies and procedures under the quality assurance program? |  |  |
|  | Does the applicant have prepared quality assurance manuals? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have defined a designated person for monitoring the quality assurance program? |  |  |
|  | Should an applicant have mentioned details of qualification of the QA officer and role in QA manual? |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have developed indicators to monitor the availability of materials & medications, patient satisfaction, employee satisfaction, human resource and infrastructure provisions? |  |  |
|  | Does the applicant have established a process of getting feedback from all stakeholders? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant have incorporated risk mitigation program and solutions for it within the QA program? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have trained staff for QAP using training manuals and maintained records of the same? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have established indicators that focus on clinical evaluation, diagnosis, procedures, patient records, infection control activities and adverse events? |  |  |
| **2.2** |  |  |  |
|  | Do the QAP includes the collection and analysis of data to support patient treatment, care, and corresponding outcomes? |  |  |
| **3.1** |  |  |  |
|  | Does the applicant carries out regular data analysis for outcomes of the treatments done and utilizes the same for further improvements? |  |  |
| **Chapter-13** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have prepares a policy for governance and management of a clinic as a whole? |  |  |
|  | Does the policy include following” |  |  |
|  | 1. Budget
 |  |  |
|  | 1. Stock of material
 |  |  |
|  | 1. Quality assurance
 |  |  |
|  | 1. Infection control management
 |  |  |
|  | 1. Annual maintenance
 |  |  |
| **1.2** |  |  |  |
|  | Are the governance responsibilities and management accountabilities well-defined in policy? |  |  |
|  | Are the plans, policies in accordance with the clearly stated vision? |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have identified the types of services required to meet its vision? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant follow the uniform program for the recruitment, retention, development and continuing education of all staff? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant follows and promotes a culture of ethical & rational practice and decision making to ensure that patient care is provided within the financial, ethical and legal norms and protects patients and their rights? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant’s ethical management policy addresses following: |  |  |
|  | 1. Operational activities
 |  |  |
|  | 1. Treatment procedures
 |  |  |
|  | 1. Marketing
 |  |  |
|  | 1. Referral and disclosure of ownership and any business and/or professional conflicts.
 |  |  |
| **3.1** |  |  |  |
|  | Does the applicant have planned and implemented a program to provide a safe and secure environment for patients, families, staff, and visitors? |  |  |
| **4.1** |  |  |  |
|  |  |  |  |
| **4.2** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Chapter-14** |  |  |  |
| **1.1** |  |  |  |
|  | Does the applicant have prepared well-defined policies for human resource employment for every post clinical /non-clinical? |  |  |
|  | Does the policy include job specifications and job description? |  |  |
|  | Does the applicant have identified the adequate number and types of staff require as per its vision, scope, and services? |  |  |
| **1.2** |  |  |  |
|  | Does the applicant have prepared recruitment policy for recruitment of clinical/non-clinical staff? |  |  |
|  | Can applicant present the screening and interviewing policy for candidates and format of appointment letter? |  |  |
| **1.3** |  |  |  |
|  | Does the applicant have prepared and followed privileging policy to authorize clinical and non-clinical staff members to provide relevant services consistent with their qualifications and experience? |  |  |
| **1.4** |  |  |  |
|  | Does the applicant have prepared a performance appraisal policy for all staff members? (applicable to large organizations ) Based on the appraisal is the staff given any benefits? |  |  |
| **1.5** |  |  |  |
|  | Does the applicant have prepared a policy for those clinical and non-clinical staff members who are permitted to do their duties without supervision? |  |  |
| **1.6** |  |  |  |
|  | Does the applicant have maintained a file containing all details of all staff members? |  |  |
|  | Does the file includes: |  |  |
|  | 1. Appointment letter
 |  |  |
|  | 1. Appraisal letter
 |  |  |
|  | 1. Vaccination
 |  |  |
|  | 1. Amount of leaves
 |  |  |
|  | 1. Counseling session
 |  |  |
|  | 1. Disciplinary action is taken etc.
 |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have prepared policy which supports continuing education and training of all staff members? |  |  |
|  | Can the applicant present the record of following: |  |  |
|  | 1. How many doctors went for CDE?
 |  |  |
|  | 1. Evidence of leave
 |  |  |
|  | 1. Certificate of attendance
 |  |  |
|  | 1. CDE points
 |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have developed an orientation program which includes orientation of all staff members to their specific job responsibilities upon joining? |  |  |
| **2.3** |  |  |  |
|  | Does the applicant train staff member periodically on the use of equipment as per the manufacturer's guidelines? |  |  |
|  | Record of same? |  |  |
| **2.4** |  |  |  |
|  | Does the staff training schedule and content is revised and updated periodically as per change in needs of the OHCP, based on audit results? |  |  |
|  | Record of same? |  |  |
| **3.1** |  |  |  |
|  | Does the applicant have prepared all HR policies in accordance with the prevailing laws and regulations of land mainly include education, training, discipline & grievances? |  |  |
|  | Does the OHCP have identified a specific committee/person to provide a neutral hearing to the staff in case of any adverse decision against the staff members? |  |  |
|  | Record of same? |  |  |
| **Chapter-15** |  |  |  |
| **1.1** |  |  |  |
|  | Does the OHCP use standardized codes, symbols, abbreviations, and definitions? |  |  |
| **1.2** |  |  |  |
|  | Does the OHCP have standardized forms and formats for clinical and non-clinical data management? |  |  |
| **1.3** |  |  |  |
|  | Does all the forms and formats are filled in a legible manner and signed by the authorized signatory? |  |  |
|  | Proof of the same? |  |  |
| **1.4** |  |  |  |
|  | Does the OHCP follow the retention time of records, data, and information as per the national/state laws? |  |  |
|  | Record or proof of retention policy? |  |  |
| **1.5** |  |  |  |
|  | Does the OHCP have identified a list of people who are authorized to have access to clinical & non-clinical data records and can modify if needed? |  |  |
| **1.6** |  |  |  |
|  | Does the applicant have prepared and followed a policy to maintain confidentiality, accuracy, and security of all data and information? |  |  |
| **1.7** |  |  |  |
|  | Does the applicant follow any schedule for data entry and maintaining data up to date and accurate? |  |  |
| **1.8** |  |  |  |
|  | Does the data easily retrievable? |  |  |
| **2.1** |  |  |  |
|  | Does the applicant have prepares a policy to periodically audit all records to monitor their accuracy based on which the improvement policies can be implemented? |  |  |
|  | Record & schedule for audit? |  |  |
| **2.2** |  |  |  |
|  | Does the applicant have separate storage of all records relating to the medico-legal cases as per the laws? |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



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