

National Safety and Quality Health Service Standards for Dental Practice Accreditation (NSQHSS 1st Edition: Standards 1-6)

Sample of Evidence Requirements

This list is not exhaustive and has been created as a guide to be used alongside the self-assessment. Please note that other types of evidence may be submitted to demonstrate compliance within your practice.

Criteria	Examples of Evidence (one or more required for each criteria)	Held in Practice ¹	Submit for review
Standard 1: Governance for safety and quality in health service organisations			
1.1 Implementing a governance system that sets out the policies, procedures and/or protocols			
1.1.1	<input type="checkbox"/> Register or list of all the policies, procedures and protocols including the date of the last review, any changes made, the date of the next review and the person or position responsible <input type="checkbox"/> Evidence of how the practice obtains information about changes to legislation, regulations or professional standards and how this results in changes to how work is done by the practice <input type="checkbox"/> Examples of how team members are informed of new or revised policies, procedures protocols		✓
1.1.2	<input type="checkbox"/> Evidence of a Quality Assurance Program that is considered in business decision making <input type="checkbox"/> Documentation related to strategic, business or operational planning processes, and the impact of this on patient safety and quality of care <input type="checkbox"/> Organisational chart or position descriptions identifying who is responsible for the development, implementation and review of policies, procedures and protocols		✓
1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care			
1.2.1	<input type="checkbox"/> List of safety and quality indicators that have been developed by the practice for reporting with evidence demonstrating the indicators have been reviewed (e.g. reports / meeting minutes) <input type="checkbox"/> Reports describing and analysing: <ul style="list-style-type: none"> • safety and quality data • trends in safety and quality data • safety and quality issues in policies, procedures and protocols <input type="checkbox"/> Memos, newsletters or other forms of communication to team members about changes that have been implemented	✓	
1.2.2	<input type="checkbox"/> Evidence of implementation of new programs or systems <input type="checkbox"/> Agenda items, minutes or other meetings records about safety and quality of care for patients <input type="checkbox"/> Results of reviews and actions taken to address any recommendations <input type="checkbox"/> Findings of audits or reviews that have been communicated to team members <input type="checkbox"/> Memos or other communication to team members about changes that have been implemented	✓	
1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for: patient safety and quality in their delivery of health care the management of safety and quality specified in each of these Standards			
1.3.1	<input type="checkbox"/> Position descriptions / roles and responsibilities statement <input type="checkbox"/> A performance review system which includes reference to safety and quality roles and responsibilities for all team members	✓	

¹ Although not routinely reviewed during the assessment, these must be available within the practice and available to be submitted if requested

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1.3.2	<input type="checkbox"/> Orientation manual or training package documents explaining roles and responsibilities in relation to safety and quality <input type="checkbox"/> Position descriptions / roles and responsibilities statement <input type="checkbox"/> Code of Conduct / Behaviour <input type="checkbox"/> Training attendance records or education resources for dental practitioners in the areas of: <ul style="list-style-type: none"> infection prevention and control medication safety patient identification and procedure matching clinical handover 	✓	
1.3.3	<input type="checkbox"/> Orientation package for agency/locum staff outlining requirements for safety and quality <input type="checkbox"/> Code of Conduct / Behaviour <input type="checkbox"/> Completed checklists for recent agency and/or locum team members to demonstrate that the required information was covered during the induction process	✓	
1.4 Implementing training in the assigned safety and quality roles and responsibilities			
1.4.1	<input type="checkbox"/> Orientation manual or training package <input type="checkbox"/> Completed orientation training checklists <input type="checkbox"/> Supervision policy or process	✓	
1.4.2	<input type="checkbox"/> Mandatory training policy <input type="checkbox"/> Attendance records for mandatory training sessions <input type="checkbox"/> Development plans for team members in relation to their identified training needs	✓	
1.4.3	<input type="checkbox"/> Orientation package for agency/locum staff outlining requirements for safety and quality <input type="checkbox"/> Completed checklists for agency or locum team members demonstrating that the required information was covered during the induction process <input type="checkbox"/> Process for supervision of agency and locum team members	✓	
1.4.4	<input type="checkbox"/> Competency-based training <input type="checkbox"/> Competency-based assessment forms <input type="checkbox"/> Records of team members who have undertaken competency-based assessments <input type="checkbox"/> Certificates of completion of competency-based training <input type="checkbox"/> Evidence of continuing professional development (CP(d) attendance for dental practitioners	✓	
1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality			
1.5.1	<input type="checkbox"/> Policy on risk management system <input type="checkbox"/> Risk / Hazard register <input type="checkbox"/> Records of reviews of the risk register <input type="checkbox"/> Practice Radiation Safety Plan <input type="checkbox"/> Actions to address the identified risks on the risk register <input type="checkbox"/> List of clinical risks associated with the dental practice and what is being done to improve them Also related to: 3.7.1, 3.11.2, 3.11.4, 4.5.2, 4.10.1, 4.10.5, 4.11.1, 5.2.1		✓
1.5.2	<input type="checkbox"/> Records of action taken to reduce risks / hazards and manage safe radiation		✓
1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice			
1.6.1	<input type="checkbox"/> Schedules of reviews and reports to the practice leadership <input type="checkbox"/> Quality Assurance framework and records demonstrating its use and update <input type="checkbox"/> Occupational Health and Safety Manual and records of incidents <input type="checkbox"/> Practice quality/operational plan Also related to: 4.9.3, 4.10.2, 4.10.6		✓

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1.6.2	<input type="checkbox"/> Audit results <input type="checkbox"/> Quality Assurance framework and records demonstrating its use and update <input type="checkbox"/> Practice Radiation Safety Plan and records <input type="checkbox"/> Key performance indicators <input type="checkbox"/> List of quality activities		✓
1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence			
1.7.1	<input type="checkbox"/> Clinical guidelines and policies that are available to dental practitioners <input type="checkbox"/> Privacy Policy is in place	✓	
1.7.2	<input type="checkbox"/> Results of dental record keeping reviews which relate to the compliance with clinical guidelines <input type="checkbox"/> Evidence that use of clinical manuals and policies are monitored		✓
1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm			
1.8.1	<input type="checkbox"/> WH&S Systems and processes are in place <input type="checkbox"/> Medical history section of the dental record <input type="checkbox"/> Medical Emergency Procedure <input type="checkbox"/> Hazard / risk identification process <input type="checkbox"/> Records of compliance testing and safety checks; including chemical agents and SDS <input type="checkbox"/> Process for flagging patients who are at risk of harm	✓	
1.8.2	<input type="checkbox"/> Review of patient dental records demonstrating that patients at increased risk are being appropriately identified <input type="checkbox"/> Review of patient dental records demonstrating that the treatment provided is appropriate to the risks identified		✓
1.8.3	<input type="checkbox"/> Policy, procedure or protocol on the management of medical emergencies <input type="checkbox"/> Attendance records for team members trained in first aid or basic life support measures	✓	
1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care			
1.9.1	<input type="checkbox"/> Standardised templates or forms for patient dental records, electronic or paper based <input type="checkbox"/> Protocols for filing investigation results and correspondence between dental practitioners or clinicians <input type="checkbox"/> System for the retrieval of patient dental records <input type="checkbox"/> System for the retrieval of archived patient dental records Also related to: 1.9.2, 1.18.2, 4.7.1	✓	
1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce			
1.10.1	<input type="checkbox"/> Policy or procedure for credentialing and defining the scope of practice for dental practitioners <input type="checkbox"/> Records of credentialing <input type="checkbox"/> Performance review <input type="checkbox"/> Register or list of dental practitioners with an agreed scope of practice for the dental practice Also related to: 2.2.2	✓	
1.10.2	<input type="checkbox"/> Review of patient dental records to demonstrate dental practitioners are working within their scope of practice <input type="checkbox"/> Records of credentialing <input type="checkbox"/> Performance review	✓	
1.10.3	<input type="checkbox"/> Mix of the dental practitioners meets the requirements of the services offered by the dental practice <input type="checkbox"/> Records of credentialing <input type="checkbox"/> Performance review and planning	✓	

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1.10.4	<input type="checkbox"/> Records of credentialing <input type="checkbox"/> Performance review and planning <input type="checkbox"/> Education and training resources for dental practitioners <input type="checkbox"/> Revised position descriptions <input type="checkbox"/> Documentation of additional skills in dental practitioners' scope of clinical practice	✓	
1.10.5	<input type="checkbox"/> Policy or procedure on supervision of dental practitioners <input type="checkbox"/> Supervision or mentorship program <input type="checkbox"/> Records of performance review	✓	
1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice			
1.11.1	<input type="checkbox"/> Performance review policy and process <input type="checkbox"/> Performance review documentation <input type="checkbox"/> Documentation to explain the performance review process to new team members	✓	
1.11.2	<input type="checkbox"/> Documentation showing performance review schedules, templates or participation sheets <input type="checkbox"/> Review of number of team members who have completed an annual performance appraisal	✓	
1.12 Ensuring that systems are in place for ongoing safety and quality education and training			
1.12.1	<input type="checkbox"/> Education and training policy / information <input type="checkbox"/> Evidence of team members' participation in patient safety and quality education programs or continuing professional development (CPD)	✓	
1.13 Seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation			
1.13.1	<input type="checkbox"/> Team member survey in relation to knowledge of patient safety and quality of care <input type="checkbox"/> Results the staff survey	✓	
1.13.2	<input type="checkbox"/> Actions taken to address identified opportunities for improvement in team member skills and knowledge <input type="checkbox"/> Review of safety and quality information used in planning team education activities <input type="checkbox"/> Education programs implemented to improve team members' skills and knowledge	✓	
1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents, (including near misses), which all result in corrective actions			
1.14.1	<input type="checkbox"/> Incident management system and policy or procedure <input type="checkbox"/> Hazard / risk identification process <input type="checkbox"/> Practice Radiation Safety Plan is in place <input type="checkbox"/> Injury/accident/incident report form <input type="checkbox"/> Records of incidents and the actions taken as a result of the investigation <input type="checkbox"/> Records of induction or orientation training on how to use the incident management system Also related to: 3.1.14, 3.2.1, 3.8.1, 4.4.1	✓	
1.14.2	<input type="checkbox"/> Clinical incident reports <input type="checkbox"/> Injury/accident/incident report form <input type="checkbox"/> Compliance testing program <input type="checkbox"/> Reports analysing clinical incident trends or types Also related to: 3.10.2, 4.3.3, 5.5.3		✓
1.14.3	<input type="checkbox"/> Reports on clinical incident analysis that is provided to all team members <input type="checkbox"/> Records of team members being informed of the incident analysis	✓	
1.14.4	<input type="checkbox"/> Agenda items, minutes or other records of meetings where incidents and near misses are discussed and strategies developed to reduce the likelihood of recurrence <input type="checkbox"/> List of incident reviews that have resulted changes to policy or processes <input type="checkbox"/> Improvement activities undertaken as a result of an incident or near miss	✓	
1.14.5	<input type="checkbox"/> Agenda items, minutes or other records of practice management meetings about incidents and near misses analysis	✓	

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1.15 Implementing a complaints management system that includes partnership with patients and carers			
1.15.1	<input type="checkbox"/> Complaints management system and policy or procedure <input type="checkbox"/> Records of complaints and the actions taken as a result of the investigation		✓
1.15.2	<input type="checkbox"/> Quality Assurance framework <input type="checkbox"/> Patient complaint or feedback systems and reports <input type="checkbox"/> Reports analysing complaint trends or types	✓	
1.15.3	<input type="checkbox"/> There is a method of communicating to staff	✓	
1.15.4	<input type="checkbox"/> Reviewed evidence by the highest level of governance.	✓	
1.16 Implementing an open disclosure process based on the national open disclosure standard			
1.16.1	<input type="checkbox"/> Open Disclosure policy <input type="checkbox"/> Documentation of open disclosure in the patient dental record where required <input type="checkbox"/> Review of open disclosure processes	✓	
1.16.2	<input type="checkbox"/> Training information for team members on open disclosure	✓	
1.17 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights			
1.17.1	<input type="checkbox"/> Charter of patient's healthcare rights which is consistent with the Australian Charter of Healthcare Rights		✓
1.17.2	<input type="checkbox"/> Process regarding the use and distribution of the charter of patient's healthcare rights	✓	
1.17.3	<input type="checkbox"/> Plain English versions of the charter of patient's healthcare rights used by the organisation <input type="checkbox"/> The charter of patient's healthcare rights translated into the various languages of the community the organisation serves <input type="checkbox"/> Training attendance or education resources for team members in relation to the charter of patient's healthcare rights <input type="checkbox"/> Access to qualified interpreters	✓	
1.18 Implementing processes to enable partnership with patients in decision about their care, including informed consent to treatment			
1.18.1	<input type="checkbox"/> Review of patient dental records for documentation of the treatment planning process <input type="checkbox"/> Consent to treatment policy or process	✓	
1.18.3	<input type="checkbox"/> Patient or carer information sheets or resources available in a range of languages and formats, consistent with the patient profile <input type="checkbox"/> Feedback from patients and carers regarding information material Also related to: 2.7.1	✓	
1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information			
1.19.1	<input type="checkbox"/> System for the retrieval of patient dental records <input type="checkbox"/> System for the retrieval of archived patient dental records	✓	
1.19.2	<input type="checkbox"/> Confidentiality and privacy policy and/or procedure <input type="checkbox"/> Appropriate secure storage of paper-based records	✓	
1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance			
1.20.1	<input type="checkbox"/> Policy, procedure or protocol for collection of feedback from patients and carers <input type="checkbox"/> Analysis reports of the surveys, focus groups and suggestions	✓	

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Standard 2 - Partnering with Consumers			
2.1 Establishing governance structures to facilitate partnership with consumers and/or carers			
2.1.1	<input type="checkbox"/> Patient experience survey instrument <input type="checkbox"/> Results of patient experience surveys and results of how these were used within the practice <input type="checkbox"/> Records of discussions with consumers about their experiences of care and the way the practice is organised, for example from focus groups or telephone surveys <input type="checkbox"/> Documentation of how consumer feedback has been incorporated <input type="checkbox"/> Agenda items, minutes or meetings records where consumers have been involved <input type="checkbox"/> Terms of reference for committees with consumer representatives <input type="checkbox"/> Email, website or social media records of consumer feedback about key clinical and organisational management issues <input type="checkbox"/> Management meeting notes describing how consumer feedback was considered when making business decisions <input type="checkbox"/> Action lists and feedback registers which identify consumer feedback on governance issues and action taken to address that feedback	✓	
2.1.2	<input type="checkbox"/> A service profile or other documents about the background of consumers attending the practice <input type="checkbox"/> Evidence that feedback is sought from a broad range of consumers, for example criteria for the selection of consumer representatives <input type="checkbox"/> Records of consultation with vulnerable groups within the local community to seek feedback about improving their dental experience	✓	
2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in: <ul style="list-style-type: none"> • strategic and operational/services planning • decision making about safety and quality initiatives • quality improvement activities 			
2.2.1	<input type="checkbox"/> Records of sessions held with consumers involving strategic and operational planning <input type="checkbox"/> Documentation demonstrating consumers were consulted during the development of strategic or operational plans for the practice <input type="checkbox"/> Documentation showing feedback from consumers was incorporated into practice plans Also related to: 2.5.1, 2.8.1, 2.8.2, 2.9.1, 2.9.2	✓	
2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation			
2.3.1	<input type="checkbox"/> An orientation package for consumers participating in boards or committees <input type="checkbox"/> Consumer evaluation reports of training <input type="checkbox"/> Outline or notes from presentations or written information given to consumers as part of focus groups/workshops/information sessions <input type="checkbox"/> Information about consultation processes and how the information they provide will be used <input type="checkbox"/> Correspondence such as invitations or emails from meetings held with consumers to welcome them, explain their role, activities and expectations <input type="checkbox"/> Feedback from consumers on the support provided when engaging with the practice Also related to: 2.6.1, 2.6.2	✓	
2.4 Consulting consumers on patient information distributed by the organisation			
2.4.1	<input type="checkbox"/> Process / system for consumer feedback <input type="checkbox"/> Records of consumer feedback provided on pre- or post-procedural written information distributed by the practice		✓
2.4.2	<input type="checkbox"/> A register of consumer feedback and actions taken to improve the written information		✓

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Standard 3 Preventing and Controlling Healthcare Associated Infections			
3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risk to patients of healthcare associated infections			
3.1.1	<input type="checkbox"/> An infection prevention and control policy, procedure or protocol that complies with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC) <input type="checkbox"/> Equipment manuals, instruction guides and training manuals, self-audit records, or checklists demonstrating compliance with relevant infection prevention and control policies <input type="checkbox"/> Sterilisation room manual is in place <input type="checkbox"/> A risk management plan incorporating infection prevention and control activities <input type="checkbox"/> Tools used for the assessment, reporting and review of risks Also related to: 3.4.1		✓
3.1.2	<input type="checkbox"/> An infection prevention and control policy which defines methods for monitoring and evaluating infection prevention and control measures in the practice <input type="checkbox"/> A schedule of reviews of infection prevention and control activities to check compliance	✓	
3.1.3	<input type="checkbox"/> Reports on the results of surveillance or incident reviews provided to practice owners, senior dentists or the dental service executive <input type="checkbox"/> Position descriptions detailing accountabilities for preventing and controlling healthcare associated infections		✓
3.2 Undertaking surveillance of healthcare associated infections			
3.2.2	<input type="checkbox"/> The systems within the practice outlined in 3.1.1, which includes reporting of infection data <input type="checkbox"/> Records of monitoring on healthcare associated infections <input type="checkbox"/> Reports about surveillance data provided to practice owners, senior dentists or the dental service executive	✓	
3.2 Undertaking surveillance of healthcare associated infections			
3.2.2	<input type="checkbox"/> The systems within the practice outlined in 3.1.1, which includes reporting of infection data <input type="checkbox"/> Records of monitoring on healthcare associated infections <input type="checkbox"/> Reports about surveillance data provided to practice owners, senior dentists or the dental service executive	✓	
3.3 Developing and implementing systems and processes for reporting, investigating and analysing health care associated infections, and aligning these systems to the organisation's risk management strategy			
3.3.1	<input type="checkbox"/> Training attendance records or education resources for team members about identifying, reporting and managing infection risks <input type="checkbox"/> Position descriptions for team members detailing responsibilities in relation to identifying, reporting or managing infection risks <input type="checkbox"/> Infection Surveillance and Management Policy is in place <input type="checkbox"/> Reporting and review of clinical cases where infection associated with dental treatment has been identified	✓	
3.3.2	<input type="checkbox"/> Training attendance records or education resources for team members about identifying, reporting and managing infection risks <input type="checkbox"/> Position descriptions for team members detailing responsibilities in relation to identifying, reporting or managing infection risks <input type="checkbox"/> Reporting and review of clinical cases where infection associated with dental treatment has been identified	✓	
3.4 Undertaking quality improvement activities to reduce healthcare associated infections through changes to practice			
3.4.2	<input type="checkbox"/> Evaluation results of checklists and audits of infection prevention and control activities <input type="checkbox"/> Agenda items, minutes or other records of team meetings about reducing healthcare associated infections through changes to practice <input type="checkbox"/> Training attendance records or education resources for training about reducing healthcare associated infections	✓	

Criteria	Examples of Evidence (one or more required for each criteria)	Held in Practice	Submit for review ¹
3.4.3	<input type="checkbox"/> A record of any amendments made to an infection prevention and control policy, as outlined in Action 3.1.1, reflecting changes to practice <input type="checkbox"/> Reports on analysis of any possible healthcare associated infection adverse events. These could include: <ul style="list-style-type: none"> infections identified following a dental procedure or treatment any allergic responses to treatment (for example, antibiotics) reported occupational exposures or incidents of any possible communicable infections that involve the dental practice evaluation of the results of patient survey showing changes in evaluated information over time <input type="checkbox"/> Review of practice risk management plan to identify risks and how they have been responded to, and if the response has been successful and sustained <input type="checkbox"/> Agenda items, minutes or other records of team meetings where changes to policies, procedures or protocols are discussed	✓	
3.5 Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative			
3.5.1	<input type="checkbox"/> Results of hand hygiene compliance audits in line with the National Hand Hygiene Initiative <input type="checkbox"/> Training attendance records for dental team members Also related to: 3.5.3	✓	
3.5.2	<input type="checkbox"/> Reports or minutes of meetings about hand hygiene audit results from Action 3.5.1 provided to practice owners, senior dentists or the dental service executive		✓
3.6 Developing, implementing and monitoring a risk-based workforce immunisation program in accordance with the current National Health and Medical Research Council Australian immunisation guidelines			
3.6.1	<input type="checkbox"/> Policies or procedures (or contracts) describing the requirements for immunisation for both new and existing team members against specific vaccine preventable infections <input type="checkbox"/> Immunisation register with information on: <ul style="list-style-type: none"> all team members employed the date that each team member commenced employment the immunisation status of each team member whether or not a letter from a qualified health professional is held on file for each team member, stating that they have been immunised as required for the type of work they do 		✓
3.9 Implementing protocols for invasive device procedures regularly performed within the organisation			
3.9.1	<input type="checkbox"/> Training attendance records or education resources on the safe handling and use of invasive devices <input type="checkbox"/> Training records for team members performing high risk exposure prone procedures	✓	
3.10 Developing and implementing protocols for aseptic technique			
3.10.1	<input type="checkbox"/> Policies, procedures or protocols include aseptic technique principles and requirement for training team members <input type="checkbox"/> Training attendance records or education resources for team members on aseptic technique	✓	
3.10.3	<input type="checkbox"/> Policies, procedures and protocols reflect principles of aseptic technique where relevant, and are current and applicable <input type="checkbox"/> Agenda items, minutes or other records of meetings where efforts to increase compliance with aseptic technique are discussed <input type="checkbox"/> Training attendance records or education resources for dental practitioners on aseptic technique	✓	
3.11 Implementing systems for using standard precautions and transmission-based precautions			
3.11.1	<input type="checkbox"/> Policies, procedures and protocols that demonstrate consistency with the Australian Guidelines for the Prevention and Control of Infections in Healthcare (NHMRC 2010) <input type="checkbox"/> Information for staff / signage for standard precautions <input type="checkbox"/> Documentation to demonstrate the assessment and action taken to achieve consistency of policies, procedures and protocols in the dental practice consistent with national guidelines	✓	

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3.11.3	<input type="checkbox"/> Action plan or list of actions to address issues or risks related to standard precautions and transmission-based precautions <input type="checkbox"/> Examples of improvement activities undertaken to improve compliance with standard precautions and transmission-based precautions <input type="checkbox"/> Training attendance records or education resources for team members about infection prevention and control		✓
3.12 Assessing the need for patient placement based on the risk of infection transmission			
3.12.1	<input type="checkbox"/> Policies, procedures and protocols for infection control and prevention <input type="checkbox"/> Protocols outlining how patients will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common, for example seasonal influenza during winter or local outbreaks of viral gastroenteritis <input type="checkbox"/> Reports on maintenance and air handling systems used in the dental practice <input type="checkbox"/> Results of reviews or evaluation reports of the cleaning activities undertaken in the dental practice either by cleaning staff or cleaning contractors	✓	
3.13 Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection			
3.13.1	<input type="checkbox"/> Policies, procedures or protocols that include how risks will be assessed for infection or infectious diseases on presentation, receipt or transfer of patients	✓	
3.13.2	<input type="checkbox"/> Evidence of processes to communicate a patient's infectious status whenever responsibility for care is transferred, for example handover sheets or flagging systems for infectious status	✓	
3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system			
3.14.1	<input type="checkbox"/> An AMS policy (at an individual practice, network or health service level) incorporating: <ul style="list-style-type: none"> • governance/reporting processes • prescribing process in accordance with therapeutic guidelines • list of restricted antimicrobials and guidance on when it is appropriate to use them • specialist/senior clinical review and referral process • education process • policy review process <input type="checkbox"/> Results of risk assessments to identify areas of priority for an effective AMS program <input type="checkbox"/> Training attendance records or education resources for dental practitioners administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing <input type="checkbox"/> Review of antimicrobial usage, particularly of high-risk antimicrobials	✓	
3.14.2	<input type="checkbox"/> Access to printed or electronic copies of Therapeutic Guidelines: Antibiotic and Therapeutic Guidelines: Oral and Dental is provided for all dental practitioners authorised to prescribe <input type="checkbox"/> Locally adapted guidelines are consistent with Therapeutic Guidelines: Antibiotic and Therapeutic Guidelines: Oral and Dental	✓	
3.14.4	<input type="checkbox"/> Results of risk assessments to identify areas of priority for an effective AMS program <input type="checkbox"/> Reports & recommendations from team or committee overseeing antimicrobial stewardship <input type="checkbox"/> Training attendance records or education resources for dental practitioners administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing <input type="checkbox"/> Review of antimicrobial usage, particularly of high-risk antimicrobials	✓	
3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers			
3.15.1	<input type="checkbox"/> Policies/procedures for environmental cleaning and Sterilisation room manual is in place <input type="checkbox"/> Contracts with external providers for cleaning, waste and linen <input type="checkbox"/> Audit results that have been used to evaluate cleaning outcomes <input type="checkbox"/> Maintenance schedules on infrastructure <input type="checkbox"/> Safety Data Sheets or chemical register of cleaning resources used <input type="checkbox"/> Audit of collection, transportation and storage of linen (if used) <input type="checkbox"/> Assessment of appropriate use of personal protective equipment <input type="checkbox"/> Waste management plan with actions to respond to identified risks	✓	

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3.15.2	<input type="checkbox"/> Evidence of process for the development, implementation and review of policies, procedures or protocols for environmental cleaning that address infection prevention and control <input type="checkbox"/> Sterilisation room manual is in place <input type="checkbox"/> Work instructions, duty lists and job descriptions for cleaning activities <input type="checkbox"/> Cleaning contract consistent with policy documents <input type="checkbox"/> Audit results that have been used to evaluate cleaning outcomes		✓
3.15.3	<input type="checkbox"/> Cleaning schedules consistent with current guidelines <input type="checkbox"/> Audit results of compliance with policy, procedures and protocols and cleaning schedules <input type="checkbox"/> Revised duty lists, cleaning schedules and job descriptions or contracts for services		✓
3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers' instructions			
3.16.1	<input type="checkbox"/> Records of sterilisation verification processes consistent with national and international standards <input type="checkbox"/> Compliance testing process and records <input type="checkbox"/> Maintenance schedules on equipment used for reprocessing instruments and equipment <input type="checkbox"/> Evidence of validation and compliance monitoring audit reports <input type="checkbox"/> Audits of sterile stock integrity and supply in the dental practice		✓
3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers' instructions			
3.16.1	<input type="checkbox"/> Records of sterilisation verification process consistent with national/international standards <input type="checkbox"/> Compliance testing process and records <input type="checkbox"/> Maintenance schedules on equipment used for reprocessing instruments and equipment <input type="checkbox"/> Evidence of validation and compliance monitoring audit reports <input type="checkbox"/> Audits of sterile stock integrity and supply in the dental practice		✓
3.17 Implementing systems to enable the identification of patients on whom the reusable medical devices have been used			
3.17.1	<input type="checkbox"/> A traceability and batch control system that allows individual identification of patients and the reusable devices, equipment or instrumentation used <input type="checkbox"/> Records identifying patients who have a procedure using identified sterile reusable medical instruments and devices	✓	
3.18 Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices			
3.18.1	<input type="checkbox"/> Training attendance records or education materials for dental practitioners on decontaminating reusable instruments and devices	✓	
3.19 Ensuring access to consumer-specific information on the management and reduction of healthcare associated infections is available at the point of care			
3.19.1	<input type="checkbox"/> Information provided for patients about infection risks	✓	
3.19.2	<input type="checkbox"/> Examples of patient feedback used to: <ul style="list-style-type: none"> • modify or improve existing patient infection prevention and control documents • identify areas of need for new or revised information or locally produced publications 	✓	

Criteria	Examples of Evidence (one or more required for each criteria)	Held in Practice	Submit for review ¹
Standard 4 Medication Safety			
4.1 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines			
4.1.1	<input type="checkbox"/> Medication Management processes with policy or procedure <input type="checkbox"/> Therapeutic Guidelines, Prescribing Guidelines and Sedation Manual are in place and accessible to staff <input type="checkbox"/> Quality improvement plan or medication safety plan that outlines designated responsibilities and timeframes for completion of improvement activities <input type="checkbox"/> Position descriptions showing roles, responsibilities and accountabilities in relation to medication safety <input type="checkbox"/> Training attendance records or education resources for team members completing training on the medication management system and medication safety		✓
4.1.2	<input type="checkbox"/> Policies, procedures or protocols describing the correct manner to supply, store, administer, prescribe, dispense, compound, monitor and dispose of medicines <input type="checkbox"/> Therapeutic Guidelines, Prescribing Guidelines and Sedation Manual are in place and accessible to staff <input type="checkbox"/> Policies, procedures and procedures may include: <ul style="list-style-type: none"> • prescribing guidelines • use of approved abbreviations when prescribing medicines • administering medicines, including high risk medicines such as intra-venous sedation • checking patient identification prior to prescribing, supplying or administering medicines • managing high risk medicines (see Item 4.11) • compounding or manufacturing products • policies and procedures for services provided by external providers 	✓	
4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks			
4.2.1	<input type="checkbox"/> Results of audit or checks undertaken, including of patient records of history checks and medication use <input type="checkbox"/> Agenda, minutes or other records of meetings where audits were tabled and discussed <input type="checkbox"/> A comprehensive medical history is obtained for all new patients and updated at intervals of no more than 3 years <input type="checkbox"/> Risk register that includes actions to address medication safety risks identified, including health information checks in line with 1.5.1 <input type="checkbox"/> Completed risk assessments, including checking for allergies and adverse reactions <input type="checkbox"/> Key performance indicator (KPI) reports in relation to: ordering, supplying, prescribing, administering, storing, compounding and disposal of medicines		✓
4.2.2	<input type="checkbox"/> Risk register that includes actions to address medication safety risks identified in line with 1.5.1 <input type="checkbox"/> Quality improvement plan with timeframes and responsibilities for each action <input type="checkbox"/> Agenda items, minutes or other meeting records about the medication management system <input type="checkbox"/> Registration and training attendance records or education resources for team members on the medication management system	✓	
4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications			
4.3.1	<input type="checkbox"/> Log/register of relevant authorities for prescribing, administering & supplying of medicines <input type="checkbox"/> Sedation Manual is in place <input type="checkbox"/> Position descriptions which outline each dental practitioner's prescribing authority <input type="checkbox"/> Register containing dental practitioners' authorised prescriber numbers, APHRA registration number and annual AHPRA registration checks for any conditions <input type="checkbox"/> Records of AHPRA and competency assessments for dental practitioners where required	✓	

Criteria	Examples of Evidence (one or more required for each criteria)	Held in Practice	Submit for review ¹
4.3.2	<input type="checkbox"/> Audit of prescribing by dental practitioners during a dental record keeping audit or by random audits <input type="checkbox"/> Review of the register of dental practitioners to ensure annual AHPRA checks have been undertaken <input type="checkbox"/> Current AHPRA registration certificate (sole practitioner)	✓	
4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents			
4.4.2	<input type="checkbox"/> Risk register including actions to address medication safety risks identified in line with 1.5.1 <input type="checkbox"/> Therapeutic Guidelines: Antibiotic and Therapeutic Guidelines: Oral and Dental, and MIMS accessible to dental practitioners <input type="checkbox"/> Training attendance records or education resources for team members on the medication safety system <input type="checkbox"/> Communication material developed for team members, patients and carers	✓	
4.5 Undertaking quality improvement activities to enhance the safety of medicines use			
4.5.1	<input type="checkbox"/> Agenda items, minutes or other records of meetings where medication safety indicators are tabled and discussed <input type="checkbox"/> List of actions or a quality improvement plan developed and/or implemented to address areas requiring improvement <input type="checkbox"/> Results of audits of usage of medicines	✓	
4.6 The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care			
4.6.1	<input type="checkbox"/> Standardised medical history form or questionnaire <input type="checkbox"/> Procedure or protocol for obtaining and recording the medication history	✓	
4.6.2	<input type="checkbox"/> Results of reviews of patient dental records for medication history documentation <input type="checkbox"/> Results of an audit demonstrating the dental practitioner's ability to quickly reference the patient's list of current medications as well as any known adverse drug reactions and allergies and accessing a procedure	✓	
4.7 The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care			
4.7.2	<input type="checkbox"/> Policy, procedure or protocol on the documentation of allergies and known adverse drug reactions and management of any adverse events <input type="checkbox"/> Evidence of a system to flag allergies and adverse drug reactions in the patient's record <input type="checkbox"/> Copies of correspondence to General Practitioners informing them of allergies and adverse drug reactions experienced by their patients <input type="checkbox"/> Actions or quality improvement activities implemented as a result of reported adverse drug reaction incidents <input type="checkbox"/> Training attendance records or education resources for team members on adverse drug reactions		✓
4.7.3	<input type="checkbox"/> Policy, procedure or protocol on documenting, managing and reporting adverse drug reactions <input type="checkbox"/> Incident reports of adverse drug reactions and incident register in line with 1.14.2 <input type="checkbox"/> Record of adverse drug reaction reports submitted to TGA <input type="checkbox"/> Access to tools for reporting adverse drug reactions, for example TGA blue card, on-line reporting <input type="checkbox"/> Training attendance records or education resources for team members on reporting adverse drug reactions	✓	

Criteria	Examples of Evidence (one or more required for each criteria)	Held in Practice	Submit for review ¹
4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use			
4.9.1	<input type="checkbox"/> Current versions of medicines information texts (hard copy or electronic) such as: <ul style="list-style-type: none"> • Therapeutic Guidelines: Oral and Dental (most recent version) • MIMS or similar publication <input type="checkbox"/> Sedation Manual is in place <input type="checkbox"/> Clinical decision support tools (hard copy or electronic) such as protocols, guidelines <input type="checkbox"/> Clinical decision support tools available in electronic prescribing systems	✓	
4.9.2	<input type="checkbox"/> MIMS and other online resources are accessible and current <input type="checkbox"/> A formal review of all the decision support tools within the practice and evidence of observational audit at the point of care	✓	
4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives			
4.10.4	<input type="checkbox"/> Records of checks for expired stock by person with responsibility for disposal of medicines <input type="checkbox"/> Evidence of regular stock monitoring and stock rotation <input type="checkbox"/> Log of unused, unwanted and expired medicines that require disposal, and the method by which medicines have been disposed <input type="checkbox"/> Policies, procedures, or protocols documenting process of disposal of unused, unwanted or expired medicines that align with legislative and jurisdictional requirements	✓	
4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely			
4.11.12	<input type="checkbox"/> Policies, procedures or protocols for the management of high-risk medicines <input type="checkbox"/> Availability of narcotic antagonist and other advanced life support equipment on site (where opioid medicines are used in the practice) <input type="checkbox"/> Information on high risk medicine available for team members and patients and carers <input type="checkbox"/> Audit of prescribing of high-risk medicines by dental practitioners	✓	
4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks			
4.13.1	<input type="checkbox"/> Audit of patient dental records focusing on the treatment plan and any prescribed medicines <input type="checkbox"/> Patient education material such as fact sheets, brochures, or links to trusted websites	✓	
4.13.2	<input type="checkbox"/> Copies of consumer medicines information, patient brochures or fact sheets <input type="checkbox"/> Audit of patient dental records of notation relating to the provision of medicines information <input type="checkbox"/> Examples of prescriptions including a request for the pharmacist to supply medicines information	✓	

Standard 5 - Patient Identification and Procedure Matching

5.1 Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that:

- define approved patient identifiers
- require at least three approved patient identifiers on registration or admission
- require at least three approved patient identifiers when care, therapy or other services are provided
- require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated

5.1.1	<input type="checkbox"/> A patient identification policy that defines: <ul style="list-style-type: none"> • the approved patient identifiers used within the practice • the procedure for team members to check the identity of new and existing patients • how patients are correctly matched to their dental records prior to investigations or treatment <input type="checkbox"/> A patient medical history record or form that includes at least three of your practice approved patient identifiers (links with Action 1.8.1)		✓
5.1.2	<input type="checkbox"/> A patient identification and procedure matching policy is in place and made available to all team members <input type="checkbox"/> Record of recommendations or actions taken following review of the incident register or from investigation of patient mismatching events or near misses	✓	

5.2 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events

5.2.2	<input type="checkbox"/> Documentation of actions taken to improve processes following review of the incident register	✓	
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5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge

5.4.1	<input type="checkbox"/> Procedures for patient identification and the use of three patient identifiers for handover, transfer and discharge <input type="checkbox"/> Documents, templates or electronic systems for the transfer of care demonstrating the use of patient identifiers <input type="checkbox"/> Review of transfer or discharge documentation for the inclusion of patient identifiers <input type="checkbox"/> Review of processes for referrals and diagnostic requests for the inclusion of patient identifiers	✓	
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5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols

5.5.1	<input type="checkbox"/> Policy or procedure on matching patients to their intended care that is consistent with national guidelines <input type="checkbox"/> Documentation of the procedure matching process in the dental record	✓	
5.5.2	<input type="checkbox"/> Results from observational or patient dental record reviews of patient identification and procedure matching processes	✓	

Standard 6 Clinical Handover

6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialities, including:

- documented policy, procedures and/or protocols
- agreed tools and guides

6.1.1	<input type="checkbox"/> A documented process about clinical handover and the process of transferring responsibility for care <input type="checkbox"/> Evidence that the clinical handover process has been reviewed such as observational audit and review of dental records <input type="checkbox"/> Examples of paper based or electronic documents that have been used to provide a clinical handover to another health professional / templates or tools		✓
6.1.2	<input type="checkbox"/> Results of observational or patient dental record reviews. <input type="checkbox"/> Documentation of any clinical handover incidents that have been recognised and actions taken in accordance with a quality improvement plan, in line with 1.6.1	✓	

6.2 Establishing and maintaining structured and documented processes for clinical handover

6.2.1	<input type="checkbox"/> A documented process about clinical handover and the resultant transfer of responsibility for care <input type="checkbox"/> Examples of documents or tools (paper based or electronic) that have been used to provide a clinical handover to another health professional <input type="checkbox"/> Review of patient dental records and clinical handover documentation showing clinical handover has occurred, by whom, and actions recorded <input type="checkbox"/> Training attendance records or education resources for team members about the clinical handover process	✓	
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6.3 Monitoring and evaluating the agreed structured clinical handover processes, including:

- regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers
- undertaking quality improvement activities and acting on issues identified from clinical handover reviews
- reporting the results of clinical handover reviews at executive level of governance

6.3.4	<input type="checkbox"/> Evidence of local commitment to quality throughout clinical handover planning, implementation and evaluation process <input type="checkbox"/> Evidence of risk registers with documented mechanisms to provide feedback <input type="checkbox"/> Evidence of communication to practice owners, senior dentists or the dental service executive (for larger organisations) on the outcome of real and/or potential handover reviews and the action taken to prevent occurrence or reoccurrence within the practice <input type="checkbox"/> Documentation of protocol change resulting from feedback or improvement process for very small practices and/or single operators	✓	
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