

**Assessment of Denturists providing Patient Appointments
in a Non-Clinical Environment**

Please circle (Yes) or (No)

Do you treat patients in an environment other than a denture clinic/dental office?(ie. nursing home, private residence) <u>If your response is No, sign and return this form without completing remaining questions.</u>	Yes	No
Is the transportation of files done in a secure manner that can only be accessed by authorized personnel?	Yes	No
Do you carry identification with you to prove you are a registered Denturist?	Yes	No
Do you use a hygienic case to carry your materials and instruments?	Yes	No
Are the instruments and materials used in non-clinical environments separately bagged in accordance with CDO Clinical Premises guidelines?	Yes	No

<p>If not working in an operatory at a hospital, nursing home, or residence, do you follow standards set out in accordance with CDO guidelines for treatment in an operatory? Do you have access to and use the following:</p> <p>Gloves</p> <p>Treatment light (ie. flashlight, optical mouth mirror)</p> <p>Cuspidor (disposable spittoon)</p> <p>Masks (normal and N-95)</p> <p>Bibs</p> <p>Single use hand drying mechanism (disposable)</p> <p>Waste disposal process</p> <p>Mouth Mirrors</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
Do you use accepted asepsis solutions to disinfect dentures during and after treatment of the patient?	Yes	No
Do you package all used instruments and materials (ie. impressions, bite blocks mirrors, etc) in such a manner to prevent cross-contamination for return to your clinic?	Yes	No

Do you <u>SOLEY</u> treat patients in a non clinical environment? (i.e. do not have a clinic) IF YES:	Yes	No
Do you have a Secure Business Area as outlined in the Standards for Denture Clinics and Denturists Practice?	Yes	No
Do you have a Sterilization Area as outlined in the Standards for Denture Clinics and Denturists Practice?	Yes	No
Do you have a Laboratory as outlined in the Standards for Denture Clinics and Denturists Practice? If <u>NO</u> , please specify _____	Yes	No

The College of Denturists of Ontario recognizes the need to make exceptions in circumstances where the treatment is provided outside their clinical environment (e.g home visits/nursing homes)

I understand that it is expected that I take measures and extra care to compensate for those standards that cannot be met because of location. Lack of adequate standards, or appropriate accommodation where they cannot be met, may place me at risk in the Courts if there are adverse results due to treatment rendered. The College may also subject me to review if a concern or patient complaint is received.

Signed: _____, DD
Denturist

Witnessed: _____, DD
College of Denturists of Ontario
Quality Assurance Assessor

Date: _____