

## **Nevada Board of Dental Examiners** 2651 N. Green Valley Parkway Suite 104, Henderson, NV 89014 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

ADDENDUM INFECTION CONTROL /SURVEY FORM – DURING PANDEMIC (Approv'd 12/8/2020)								
Dental Office Name:				Date of Inspection:				
Licensee Name:			Owner Dentist:					
Address:			INSPECTOR(S)					
			(1)	(2)				
City:	State:	Zip:	PUR	POSE OF INSPECTION				
			Initial Inspection:	Random Inspection:				
COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4								
# 1 - CRITICAL: MUST BE MET. COULD RESULT IN IMMEDIATE TERMINATION OF PATIENT CARE AND EXTENDED OFFICE INABILITY TO TREAT PATIENTS.								
# 2 - REMEDIAL ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 7DAYS.								
# 3 - ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 30 DAYS.								
# 4 - ACTION RECOMMENDED: NOT REQUIRED FOR COMPLIANCE AT THIS TIME – COMPLIANCE REQUIREMENTS SUBJECT TO CHANGE								
AS CENTER FOR DISEASE CONTROL (CDC) REQUIREMENTS MAY CHANGE.								

RECORD KEEPING – EACH PRACTICE MUST HAVE			Υ	N
1a	A written protocol for all employees to wear appropriate personal protective equipment (PPE)	3	Υ	N
2a	A written protocol on respiratory protection for aerosol generating procedures	3	Υ	N
3a	A written protocol for patient/employee screenings		Υ	N
4a	A written protocol on office action if a COVID positive exposure has occurred (whether by staff or patient)		Υ	N
5a	A written protocol on environmental infection control	3	Υ	N

## ACKNOWLEDGEMENT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT

00000 Inspector Initials \_\_\_\_\_\_ Licensee Initials \_

The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.

In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.

If an owner/licensee has commenced the practice of dentistry prior to an Initial Inspection (NAC 631.1785) at any given location that inspection shall be deemed to be a Random Inspection pursuant to NAC 631.179.

If the inspection indicates "critical" deficiencies (items listed as "#1's") the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "critical" deficiencies and that a re-inspection will be conducted within seventy-two (72) hours of the written notice. However in the event the "critical" deficiencies noted, pose an immediate threat to the public health, safety and/or welfare the President of the Board, may without any further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4).

In the event the inspection indicates "remedial action required" deficiencies (items listed as "#2's"), the owner/licensee will receive written notice from

the Boa	•	and/or represe		•		action required" deficiencies and that a re-inspection will be conducted within
Board's	•		•		•	ns listed with a "#3"), the owner/licensee will receive written notice from the d" deficiencies and that a re-inspection will be conducted within thirty (30) days
Receipt	of a copy of the fore	egoing is here	by ack	nowledg	ged;	
Ву				_		Print name:
this	day of	, 20	_ at	<u></u>	m.	Title and/or position/capacity: