# **Purpose:** This document assesses the dental assistant (or other dental staff) in demonstrating proper infection control techniques before, during and after patient treatment. This document may be modified according to requirements of the local IHS, tribal, or urban dental facility. The IHS Division of Oral Health recommends that training and competency assessment be conducted for new hires, after changes in policies / standing operating procedures, and at least annually for all applicable staff, with follow-up training as needed. The Dental Assistant/Staff Competency Assessment should be conducted by a clinic’s dental infection control coordinator, or dental director/deputy, or dental assistant supervisor trained in dental infection control.

**Post-Assessment:** Following the review, the IHS Division of Oral Health recommends: (1) staff be trained/re-trained on any deficiencies and demonstrate competency in any deficiencies following the re-training; and (2) this document should be maintained in the dental department in accordance to the facility’s file plan procedures.

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| **Elements Assessed / Standards** | **Evaluation** | | | | | **Comments** |
| ***Training Provided*** | ***Met*** | ***Not Met*** | ***Not***  ***Applicable*** | |
| ***INFECTION CONTROL 🡪 GENERAL & CHAIRSIDE*** | | | | | | |
| **1. Hand Hygiene** (corresponds to Section II.1 of the CDC Infection Control Checklist) | | | | | | |
| * Uses soap and water when hands are visibly soiled; alcohol-based hand rub may be used otherwise. (CDC 2003 Guidelines, ANSI/AAMI ST79:2017:4.4) |  |  |  |  | |  |
| * Performs hand hygiene procedures after barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Performs hand hygiene after treating each patient. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Performs hand hygiene before putting on gloves and immediately after removing gloves. (CDC 2003 Guidelines, ANSI/AAMI ST79:2017:4.4) |  |  |  |  | |  |
| * Prior to surgical procedures, performs surgical hand scrub prior to putting on surgical gloves. Surgical hand scrub is either use of FDA-approved antimicrobial soap or normal soap + alcohol-based hand rub. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * No chipped nail polish, fake nails, or jewelry on hands or wrists (rings, bracelets, watches, etc.). Fingernails should not extend past fingertips. (*ANSI/AAMI ST79:2017:4.4 & 4.5.1)* (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Uses disposable towel to turn off faucet, if applicable. |  |  |  |  | |  |
| **2. Personal Protective Equipment** (corresponds to Section II.2 of the CDC Infection Control Checklist) | | | | | | |
| * Uses appropriate PPE for procedure (ASTM level III mask, gloves, gowns, protective eyewear as needed) on all patients, for clinic cleaning/sanitization, room set-up, and equipment maintenance procedures as per manufacturers instructs and SDS guidelines for products used. Dons and doffs PPE correctly. (CDC 2003 Guidelines, OSHA (29 CFR 1910.1030)) |  |  |  |  | |  |
| * Changes gloves and mask between patients. |  |  |  |  | |  |
| * Wears at least an ASTM level III mask and high impact plastic eye protection with solid side shields or face shield should be used during procedures likely to generate splashing or spattering of blood or other body fluids. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Wears gloves when a potential exists for contacting blood, saliva, or other infectious materials. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Removes all PPE before leaving treatment area. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Changes gloves if they become compromised (torn, cut, or punctured). Hand Hygiene is performed before putting on new gloves. (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Wears sterile gloves for surgical procedures (biopsy, periodontal surgery, apical surgery, implant surgery, surgical extraction of teeth). (CDC 2003 Guidelines) |  |  |  |  | |  |
| * Wears puncture and chemical resistant gloves for post-procedural handling of instruments and sharps. (CDC 2003 Guidelines, *ANSI/AAMI ST79:2017:G.7*) |  |  |  |  | |  |
| **3. Unit Dosing & Single-Use Devices** | | | | | | |
| * To minimize possible cross-contamination, dispenses only those materials and supplies required for the treatment of a single patient. |  |  |  |  | |  |
| * Single-use devices are discarded after one use and not used for more than one patient. This includes diamond coated burs (CDC 2003 Guidelines) |  |  |  |  | |  |
| **4. Patient Protection** | | | | | | |
| * Provides patients with appropriate protective eyewear. |  |  |  |  |  | |
| **5. Sharps Safety** | | | | | | |
| * Disposes of used needles, scalpel blades, and other sharps in nearest sharps container. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Removes burs before disconnecting handpieces to prevent injury.   (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Recaps needles using either a one-handed scoop technique or mechanical device designed for holding the needle cap. (CDC 2003 Guidelines) |  |  |  |  |  | |
| **6. Environmental Infection Prevention** | | | | | | |
| * Uses an EPA-registered hospital intermediate level (tuberculocidal) disinfectant on all contaminated environmental surfaces (per IFU) (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Uses medical-grade surface barriers to protect clinical contact surfaces that are difficult to clean (switches, computer keyboard, hose connections, etc.) (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Follows manufacturer’s instructions for use for surface disinfectant. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Regulated medical waste is handled and disposed of according to local, state, and federal regulations (puncture-resistant red biohazard bag) (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Extracted teeth are disposed of as regulated medical waste unless returned to patient or containing amalgam. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Wears appropriate PPE while disinfecting equipment (per IFU) (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Uses FDA approved barrier to cover digital sensors, intraoral camera, etc. and cleans / disinfects these items per IFU. (CDC 2003 Guidelines) |  |  |  |  |  | |
| **7. Dental Unit Waterlines** | | | | | | |
| * Maintains dental unit waterlines in accordance with the clinic’s standard operating procedures and manufacturer recommendations. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Tests all periodontal ultrasonics and dental unit waterlines upon installation and at least quarterly and as directed by local policy. |  |  |  |  |  | |
| * Flushes any device connected to liquids for 20-30 seconds between patients. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Instructs patients to not close lips around suction devices. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Uses sterilized irrigation solution for all surgical procedures. (CDC 2003 Guidelines) |  |  |  |  |  | |
| **8. Dental Laboratory Infection Prevention** | | | | | | |
| * Disinfects prostheses and impressions before transporting to the laboratory. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Wears appropriate PPE for all lab procedures. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * Stores biopsy specimens in a sterile, leak-proof container labeled with a biohazard symbol. (CDC 2003 Guidelines) |  |  |  |  |  | |
| * All heat tolerant lab items (e.g. Impression trays, bite forks, acrylic burs, etc.) are heat sterilized before patient use per manufacturer IFUs. (CDC 2003 Guidelines) |  |  |  |  |  | |
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| ***Total Score (# Met, Not Met, Not Applicable)*** |  |  |  |  |  | |

# For more information on infection control/prevention in dentistry, please see the infection control chapter of the Oral Health Program Guide at [www.ihs.gov/doh,](http://www.ihs.gov/doh) or the Centers for Disease Control and Prevention Infection Control Checklist at [http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf.](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf)

# Supervisor Name (Print):

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /\_\_\_\_