**IHS Division of Oral Health**

**Clinical Infection Control Checklists**

***Ambulatory Setting***

The clinical infection control checklists have been developed by the IHS Division of Oral Health National Infection Control Committee to help evaluate and give direction for IHS dental clinics. These infection control checklists are not comprehensive and may need to be modified according to requirements of the local IHS, tribal or urban dental facility. IHS dental clinics using these checklists should identify all procedures performed in their setting and refer to appropriate sections of these checklists to conduct their evaluation.

For those items on the checklist that are answered no, efforts should be made to determine why the correct practice was not being performed, correct the practice, educate the team member/members, and reassess the practice to ensure compliance. Considerations should be made to determine the risks posed to patient by the deficient practices. Certain infection prevention and control lapses can result in pathogen transmission and cross contamination.

Action should be taken immediately to address lapses that are determined to be an infection prevention and control risk to patients and/or dental team members. Some lapses may warrant immediate consultation with local service unit/area administration to determine if state and local health departments need to be notified. Appropriate notification and testing of potentially affected patients may be indicated.

**IHS DOH Clinical Infection Control Checklists**

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**Hazard Communication Standards**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Hazard Communication Standard Checklist** | **Yes** | **NO** | **N/A** | **References/Notes** |
| 1 | Hazard Communication Program has been established and the program is reviewed annually |  |  |  |  |
| 2 | Hazard Communication Program has been updated to align with the [Globally Harmonized System of Labeling and Classification](https://www.osha.gov/hazcom) (GHS). |  |  |  |  |
| 3 | All employees receive annual training on the Hazard Communication Program, including a review of the GHS (label changes, pictograms, signal words, SDS). |  |  |  |  |
| 4 | Annual training includes but is not limited to:   * The requirements of 29 CFR 1910.1200? * Any operations in the work area where hazardous chemicals are present? * The location and availability of the written HAZCOM program? * The location and availability of the lists of hazardous chemicals? * Methods & means necessary to detect the presence or release of a chemical? * The physical and health hazards of the chemicals in the work area? * The steps employees can take to protect themselves from the chemicals? * The details of the written Hazard Communication program? |  |  |  |  |
| 5 | There is a chemical inventory of all hazardous chemicals in use in the practice/facility. |  |  |  |  |
| 6 | Up to date Safety Data Sheet (SDS) for all chemicals included in the inventory. This list will include medications not in final pill form. |  |  |  |  |
| 7 | The SDS for all chemicals is reviewed and updated annually. |  |  |  |  |
| 8 | Periodic chemical and SDS inspection conducted and documented periodically (at least every 3 month) by a competent employee. |  |  |  |  |
| 9 | Appropriate PPE is available for chemical hazards in the workplace. |  |  |  |  |
| 10 | Practice/facility has eyewash station(s) and spill kits to address the possibility of a chemical spill or exposure. |  |  |  |  |

**Exposure Risk Determination and Post Exposure Management**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Exposure Risk Determination** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Is there a written procedures manual for post-exposure management? |  |  |  |  |
| 2 | Is there a designated person responsible for post-exposure management? |  |  |  |  |
| 3 | Is there an assessment of risks/hazards associated with procedures which have the potential of exposure to blood or bloody salvia based on job category? |  |  |  |  |
| 4 | Is there a mechanism to document the exposure incident? |  |  |  |  |
| 5 | Identify and establish a relationship with a qualified healthcare provider to provide care to the worker and source patient. |  |  |  |  |
| 6 | Have the dental team members been trained on the definition of an exposure event and the importance of reporting the exposure to an identified individual accountable for facilitating the post-exposure process? |  |  |  |  |
| 7 | Have you identified the closest facility for wound care and post-exposure management? |  |  |  |  |
| 8 | Is there a mechanism to refer the source and dental health-care professional (DHCP) for testing and follow-up? |  |  |  |  |
| 9 | Is there a mechanism for expert consultation by phone? |  |  |  |  |
| 10 | Are post-exposure prophylaxis medications readily available onsite, at an emergent care facility, or nearby pharmacy? |  |  |  |  |

**Personal Protective Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Personal Protective Equipment** | **Yes** | **No** | N/A | **References/Notes** |
| 1 | |  | | --- | | PPE in appropriate sizes is sufficiently and readily available. | |  |  |  |  |
| 2 | |  | | --- | | Dental health-care personnel (DHCP) performs hand hygiene before donning PPE. | |  |  |  |  |
| 3 | |  | | --- | | DHCP avoids wearing ties, scarves, and jewelry during patient treatment. | |  |  |  |  |
| 4 | |  | | --- | | Employer supplies PPE and if reusable, provides contracted or on-site laundry. | |  |  |  |  |
| 5 | |  | | --- | | **Protective Clothing**  • DHCP wears protective clothing that covers personal clothing and exposed skin likely to be soiled with aerosols of blood, saliva or other potentially infectious materials (OPIM).  • DHCP changes protective clothing after every patient or if visibly soiled.  • DHCP changes protective clothing immediately or as soon as possible if penetrated by blood or other potentially infectious fluids. | |  |  |  |  |
| 6 | |  | | --- | | **Masks, Protective Eyewear and Face Shields**  • DHCP wears a surgical mask or respirator, during procedures likely to generate splash or spray of blood, body fluids or OPIM.  • Mask or respirator covers nose, mouth and chin.  • DHCP changes mask or respirator between patients & during treatment as needed. | |  |  |  |  |
| 7 | |  | | --- | | DHCP wears eye protection during procedures likely to generate splash or spray of blood, body fluids or OPIM. | |  |  |  |  |
| 8 | |  | | --- | | **Gloves**  • DHCP wears gloves when potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment. | |  |  |  |  |
| 9 | |  | | --- | | DHCP changes gloves between patients or if they become torn. | |  |  |  |  |
| 10 | DHCP does not reuse examination gloves or sterile surgeon’s gloves on a different patient. |  |  |  |  |
| 11 | |  | | --- | | DHCP wears puncture and chemical resistant gloves when cleaning instruments and housekeeping of contaminated treatment areas. | |  |  |  |  |
| 12 | Fingernails/jewelry don’t impair proper glove use |  |  |  |  |
| 13 | |  | | --- | | PPE is removed before leaving the work/treatment area, also see steps below. | |  |  |  |  |
| 14 | |  | | --- | | DHCP performs hand hygiene immediately after removal of PPE. | |  |  |  |  |

**How to Don and Doff PPE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Donning and Doffing PPE** | **Yes** | **No** | N/A | **Reference/Notes** |
| 1 | |  | | --- | | **Sequence for donning PPE:**  1. DHCP perform hand hygiene.  2. DHCP dons clean gown or jacket that covers personal clothing and skin.  3. DHCP dons a surgical mask or respirator, adjust to cover nose, mouth and chin. Seal check completed when using the respirator.  4. DHCP dons eye protection: goggles or face shield that covers front and sides of the face.  5. DHCP dons clean non-sterile gloves, covering edge or cuff of gown/garment before entering treatment area. | |  |  |  |  |
|  |  |  |  |  |  |
| 2 | |  | | --- | | **Sequence for removal of PPE:**  1. DHCP remove gloves and discard in trash.  2. DHCP remove gown or jacket, avoiding contaminated front surface. Discard in container for waste or linen.  3. DHCP exits the patient room or care area.  4. DHCP perform hand hygiene.  5. DHCP removes eye protection: goggles or face shield. If reusable, cleans and/or disinfects eye protection.  6. DHCP removes surgical mask or respirator, by ties or strap, avoiding contaminated front surface.  7. DHCP perform hand hygiene when all PPE is removed. | |  |  |  |  |

**Chairside Instrument Cleaning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Chairside Instrument Cleaning** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Gross/visible debris removed at point of use (POU)? |  |  |  |  |
| 2 | POU cleaning is done with gauze/water (not alcohol or saline). |  |  |  |  |
| 3 | Handpieces and lines are flushed chairside for 20 sec? |  |  |  |  |
| 4 | All single-use sharps are discarded chairside? |  |  |  |  |
| 5 | Used burs are discarded in sharps container (single-use)? |  |  |  |  |
| 6 | Diamond coated burs/ultrasonic tips are discarded (single-use)? |  |  |  |  |
| 7 | Work-practice controls that minimize contact with sharps are present? |  |  |  |  |
| 8 | Enzymatic spray applied to instruments to keep moist? (If applicable) |  |  |  |  |
| 9 | Contaminated items transported in covered, leak proof container marked with a biohazard symbol? |  |  |  |  |

**Decontamination/Cleaning Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Decontamination/Cleaning Area** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Staff wears puncture/chemical resistant UTILITY gloves? |  |  |  |  |
| 2 | Staff wears proper PPE? (Fluid resistant gown, eye pro, etc.) |  |  |  |  |
| 3 | Dedicated hand hygiene sink? |  |  |  |  |
| 4 | Instruments are cleaned ASAP to avoid drying of debris? |  |  |  |  |
| 5 | Instruments that are not cleaned right away are kept moist?   * + Holding solution (pre-soak) used if delays occur?   + Enzymatic foam/gel used if delays occur to keep moist?   + Gluteraldehydes are NOT used as a holding solution.   1. (can bind debris to instruments) |  |  |  |  |
| 6 | Cleaning area’s functional work flow – dirty to clean? |  |  |  |  |
| 7 | Disposable linen items are separated and/or discarded? |  |  |  |  |
| 8 | Instruments with dissimilar metals processed separately? |  |  |  |  |
| 9 | FDA cleared automated cleaning equipment used? |  |  |  |  |
| 10 | Handwashing of instruments minimized? |  |  |  |  |
| 11 | Handpieces are washed under running water/mild soap/soft brush or per IFU? |  |  |  |  |
| 12 | Handpieces processed using automated purge/lubricating station or per IFU? |  |  |  |  |
| 13 | Handpieces are wiped dry/excess oil removed before packaging? |  |  |  |  |
| 14 | Cassettes are placed directly on cleaning rack/washer-disinfector? |  |  |  |  |
| 15 | Washer-disinfector is not overloaded (adequate space b/t items)? |  |  |  |  |
| 16 | Washer tested weekly using a commercial test?  Washer Enzyme/Detergent/Corrosion Inhibitor bottles correctly installed? |  |  |  |  |
| 17 | Proper wash program is selected/used? |  |  |  |  |
| 18 | Critical water used for final rinse (if possible)? |  |  |  |  |
| 19 | Ultrasonic washers degassed according to IFUs? |  |  |  |  |
| 20 | Proper Ultrasonic solution used and filled to correct level? |  |  |  |  |
| 21 | Ultrasonic temperature verified regularly? |  |  |  |  |
| 22 | Ultrasonic or washers tested for efficacy at least weekly? |  |  |  |  |
| 23 | Foil test for Ultrasonic completed weekly? |  |  |  |  |
| 24 | Ultrasonic solution changed when visibly cloudy or per IFU? |  |  |  |  |
| 25 | All hinged instruments are processed “open” and unlocked? |  |  |  |  |
| 26 | Instruments are inspected after cleaning and defective items replaced? |  |  |  |  |
| 27 | Doors & Pass through windows kept closed? |  |  |  |  |
| 28 | Temp. & Humidity levels monitored & maintained? |  |  |  |  |
| 29 | Area cleaned daily and kept free of boxes? |  |  |  |  |
| 30 | No food and drink in work areas? |  |  |  |  |
|  | **Decontamination/Cleaning Area** *continued* | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 31 | Eye Wash Station available 10 second of all work areas? |  |  |  |  |
| 32 | Equipment maintenance records maintained? |  |  |  |  |
| 33 | Hands washed after removing PPE? |  |  |  |  |
| 34 | Manufacturers IFU’s available and followed?   * Equipment? * Instruments? * Cleaning Solutions? |  |  |  |  |
| 35 | Appropriate cleaning and decontamination solutions?   * + Dilutions/measuring cups and lines available?   + Expiration dates?   + Solution containers labeled? |  |  |  |  |
| 36 | Appropriate cleaning process used per manufacturer IFUs? |  |  |  |  |
| 37 | Wash sink sufficient in size and depth? |  |  |  |  |
| 38 | Brushing if needed, occurs in a deep sink or under water? |  |  |  |  |
| 39 | Brushes are disposable or decontaminated daily? |  |  |  |  |
| 40 | Loose instruments picked up with tongs for placement in cleaning basket? |  |  |  |  |
| 41 | Sufficient cleanable counter to handle the volume of work? |  |  |  |  |
| 42 | Cleaned items are thoroughly rinsed of debris/cleaning chemicals? |  |  |  |  |
| 43 | Cleaned items are completely dried prior to packaging? |  |  |  |  |
| 44 | Written policies and procedures for all aspects of reprocessing? |  |  |  |  |
| 45 | Written policy to recall improperly reprocessed items? |  |  |  |  |
| 46 | Written policy for maintenance and cleaning of equipment? |  |  |  |  |
| 47 | Written policy and records on staff training? |  |  |  |  |
| 48 | Audits of competency of staff to run and maintain IC equipment? |  |  |  |  |
| 49 | Regular schedule for environmental cleaning? |  |  |  |  |
| 50 | Train DHCP responsible for reprocessing at least annually and when new equipment or processes become available. |  |  |  |  |
| 51 | Instrument processing work flow is: Receive, Hold, Clean, Rinse, Dry, Inspect, Replace if needed. |  |  |  |  |

**Instrument Packaging**

**Before Instrument Preparation and Packaging**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | IFU readily available ( hard copy or electronically) | | |  | | --- | | * Paper copy (i.e., IFU contained in a binder) | | * Electronic | |  | | |  |  |  |  |

**Inspection**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | Instruments with debris are identified and re-cleaned? | |  |  |  |  |
| 2 | |  | | --- | | Damaged instruments are identified and replaced? | |  |  |  |  |

**Preparation and Packaging**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | Instruments are completely dry before being packaged? | |  |  |  |  |
| 2 | |  | | --- | | Instruments are unhinged and disassembled as appropriate? | |  |  |  |  |
| 3 | |  | | --- | | Internal chemical indicator are placed in each package? | |  |  |  |  |
| 4 | |  | | --- | | If instrument/item has multiple tray levels, indicators are on each level? | |  |  |  |  |
| 5 | |  | | --- | | External chemical indicators are visible on all sides of a wrapped cassette? | |  |  |  |  |
| 6 | |  | | --- | | Access to instrument processing area is limited to assigned DHCP? | |  |  |  |  |

**Wrapping**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  |  | | --- | --- | | |  | | --- | | Packages are double or single wrapped per manufacturer IFU? | | |  |  |  |  |

**Package labeling**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | Sterilizer # | |  |  |  |  |
| 2 | |  | | --- | | Load # | |  |  |  |  |
| 3 | |  | | --- | | Date Sterilized | |  |  |  |  |
| 4 | |  | | --- | | Expiration date (when items contain an expiration date) | |  |  |  |  |
| 5 | |  | | --- | | Initials (of person responsible for package prep) | |  |  |  |  |
| 6 | |  | | --- | | Cassette contents description clearly noted | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dental Unit Waterlines** | | | | | |
|  | **Item** | **Yes** | **No** | **N/A** | **Reference** | |
| 1 | |  | | --- | | Dental unit manufacturer directions for use (DFU) for controlling quality of dental procedural water are available for review by office staff. | |  |  |  |  | |
| 2 | |  | | --- | | Standard Operating Procedures (SOP) for maintaining, monitoring, and documenting dental procedural water quality are included as part of the clinic’s overall Infection Control Plan. | |  |  |  |  | |
| 3 | |  | | --- | | Members of the dental team have received education and training on the management of dental water quality. | |  |  |  |  | |
| 4 | |  | | --- | | Waterlines are flushed for 20-30 seconds at the beginning and end of day and between patients to remove patient material potentially retracted during treatment. | |  |  |  |  | |
| 5 | |  | | --- | | Sterile solutions for coolant and irrigation are supplied by a sterile device for all surgical procedures. | |  |  |  |  | |
| 6 | |  | | --- | | Dental unit water quality is monitored and documented regularly according to dental device, germicidal product, or biofilm prevention device directions for use (DFU). | |  |  |  |  | |
| 7 | |  | | --- | | Dental procedural water monitoring is performed to ensure water used for non-surgical dental treatment does not exceed 500 cfu/ml using water-testing laboratory services or in-office, chairside kits. | |  |  |  |  | |
| 8 | |  | | --- | | When using a laboratory testing service, tests are performed using current standard methods for drinking water that meets US Environmental Protection Agency (EPA) regulatory standards of drinking water (<500 CFU/mL of heterotrophic water bacteria). | |  |  |  |  | |
| 9 | |  | | --- | | Test laboratory instructions are used for aseptic collection, germicide neutralization and shipping/transport of samples. | |  |  |  |  | |
| 10 | |  | | --- | | Samples are collected from individual lines or by combining samples from all water bearing lines on an individual dental unit. | |  |  |  |  | |
| 11 | |  | | --- | | If in-office test kits are used, they correlate with American Water Works Association (AWWA) Method 9215 or heterotrophic plate count (HPC) methods. | |  |  |  |  | |
| 12 | |  | | --- | | Water samples for in-house testing are collected aseptically according to manufacturer’s instructions and incubated as directed at room temperature for 5-7 days. | |  |  |  |  | |
| 13 | |  | | --- | | Where indicated, residual germicide is neutralized according to test-kit manufacturer IFU. | |  |  |  |  | |
| 14 | |  | | --- | | Manufacturer IFU for periodic monitoring, inspection maintenance of devices are followed by clinic staff. | |  |  |  |  | |
|  | **Dental Unit Waterlines** *continued* | **Yes** | **No** | **N/A** | **Reference** | |
| 15 | |  | | --- | | When no manufacturer IFU are available, monitoring and inspection should be performed according to IFU provided by the treatment product manufacturer. | |  |  |  |  | |
| 16 | |  | | --- | | Periodic monitoring and inspection is performed at least monthly on each dental unit or device following installation of treatment devices or initiation of new protocols. | |  |  |  |  | |
| 17 | When monitoring results indicate that water quality is acceptable for two consecutive monthly cycles, testing will not be less than every three months. |  |  |  |  | |
| 18 | When a dental unit exceeds the action limit for an initial or periodic test, the unit is treated according to manufacturer IFU, and re-tested immediately after treatment. |  |  |  |  | |
| 19 | Test failure promotes individual line testing and unit retesting after treatment. |  |  |  |  | |
| 20 | Source water is of known quality: potable, tested (distillers), or distilled/sterile. |  |  |  |  | |
| 21 | Documentation demonstrates record of water quality compliance. |  |  |  |  | |
| 22 | Handpiece and air-water syringe lines infrequently used are blocked to prevent dead internal legs. |  |  |  |  | |
| 23 | If municipal water is used as source water, faucet aerators are removed or cleaned regularly, and premise plumbing has been assessed for possible dead legs or other sources of contamination. |  |  |  |  | |

**Dental Lab Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Item | **Yes** | **No** | **N/A** | **Reference/ Comment** |
| 1 | Establish a written infection prevention lab policy/plan and review annually. |  |  |  |  |
| 2 | Ensure infection prevention lab policy/plan covers occupational exposure and includes counseling, post-exposure evaluation, and follow-up for individuals. |  |  |  |  |
| 3 | Ensure adherence to Standard Precautions at all times |  |  |  |  |
| 4 | Provide appropriate PPE where potential for occupational exposure exists. |  |  |  |  |
| 5 | During the fabrication process, ensure lab coats/jackets are worn. |  |  |  |  |
| 6 | Ensure staff is properly trained on proper disinfection of items that enter and leave the lab. |  |  |  |  |
| 7 | Establish clear communication with dental offices for case submission. |  |  |  |  |
| 8 | Ensure sharps are disposed of in a puncture-resistant sharps container. |  |  |  |  |
| 9 | Sharps containers are disposed of in accordance with federal, state and local regulations. |  |  |  |  |
| 10 | Ensure compliance with OSHA’s Permissible Exposure Limit for respirable silica or Beryllium. |  |  |  |  |
| 11 | Ensure the OSHA General Duty Regulation is applied in the work environment to include the latest CDC recommendations. |  |  |  |  |
| 12 | Ensure eating, drinking, smoking, applying cosmetics or lip balm, and/or handling contact lenses are not occurring where there is potential for occupational exposure. |  |  |  |  |
| 13 | Perform periodic monitoring of processes to ensure compliance with OSHA regulations, standard precautions, and other infection control policies. |  |  |  |  |

**Mobile Vans or Portable Dental Equipment Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Note** |
| 1 | |  | | --- | | Reasonably accessible route into/within building to transport equipment and supplies. | |  |  |  |  |
| 2 | |  | | --- | | Adequate space for equipment. (e.g., chairs, lights, sterilizers) | |  |  |  |  |
| 3 | |  | | --- | | Adequate space for supplies. | |  |  |  |  |
| 4 | |  | | --- | | Adequate space for staff movement. | |  |  |  |  |
| 5 | Adequate space for Patient intake and staging. |  |  |  |  |
| 6 | Adequate space for Radiographic equipment. |  |  |  |  |
| 7 | Adequate space for Instrument cleaning and processing or secured holding area. |  |  |  |  |
| 8 | Adequate space for safe handling of Medical waste. (regulated and non-regulated) |  |  |  |  |
| 9 | Adequate space for Sharps Disposal. |  |  |  |  |
| 10 | Adequate space for Long and short-term storage. |  |  |  |  |
| 11 | Non-carpeted areas to provide services. |  |  |  |  |
| 12 | Availability and close proximity of running water. |  |  |  |  |
| 13 | Close proximity of electrical outlets that accommodate electrical requirements of equipment. |  |  |  |  |
| 14 | Adequate room lighting. |  |  |  |  |
| 15 | Waste disposal requirements for regulated and non-regulated waste known and acceptable. |  |  |  |  |
| 16 | Ability to cover or clean and disinfect environmental surfaces in service area. |  |  |  |  |
| 17 | Adequate ventilation for disinfectants, etc. |  |  |  |  |
| 18 | Acceptable housekeeping practices for site and treatment area. |  |  |  |  |
| 19 | Site restrictions on chemicals, sprays, etc. are known and can be accommodated. |  |  |  |  |
| 20 | Are sinks available close to the area where care is provided? |  |  |  |  |
| 21 | If not, are alcohol-based hand sanitizers available? |  |  |  |  |
| 22 | Is staff properly trained in the use of alcohol hand rub products? |  |  |  |  |
| 23 | Is there a protocol that outlines what PPE are worn for which procedures? |  |  |  |  |
| 24 | Is PPE storage available and close to care? |  |  |  |  |
| 25 | Are facilities available to disinfect PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)? |  |  |  |  |
| 26 | Is there a list of what surfaces will be cleaned, disinfected, or barrier protected with process and products used? |  |  |  |  |
| 27 | If chemical disinfectants are used, is there a protocol for how they are managed, stored and disposed? |  |  |  |  |
|  | **Mobile Vans or Portable Dental Equipment Checklist** *cont.* | **Yes** | **No** | **N/A** | **Reference/Note** |
| 28 | Is there a list of which housekeeping surfaces will need to be cleaned and disinfected and how often? |  |  |  |  |
| 29 | Are sharps containers safely located as close as possible to the user? |  |  |  |  |
| 30 | Is there a written protocol for transporting and disposing of sharps and sharps containers? |  |  |  |  |
| 31 | Are reusable patient items processed onsite?  **IF Yes:**   * Is there a protocol for how and where contaminated instruments are cleaned and processed? * Is there adequate space for the processing area to be divided into clean and dirty areas? * Has the person who is performing the processing been adequately trained? * Is the sterilizer(s) spore tested at least weekly? * Are protocols in place to handle positive tests? * Can dental equipment and patient items be safely stored and secured if left on site?   **IF No:**   * Is there an adequate inventory of instruments for the number of patients to be treated? * Are containers for holding or transporting contaminated instruments puncture-proof, secured, & labeled as a biohazard? * Is there a protocol for which single-use, disposable items will be used and how they will be disposed? e.g., gloves, tongue depressors |  |  |  |  |
| 32 | Are disposable items unit-dosed for each patient? |  |  |  |  |
| 33 | Are syringes that deliver sealant and composite material barrier protected; if not are they single-use, disposable syringes? |  |  |  |  |
| 34 | Is there a protocol for how dental unit water quality will be maintained and monitored? |  |  |  |  |
| 35 | Is there a protocol and designated person responsible for proper disposal of regulated waste (e.g., sharps containers, extracted teeth) and nonregulated waste (regular trash)? |  |  |  |  |

**Sharp Safety/Safe Injection Practices**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item** | **Yes** | **No** | **N/A** | **Resource/Notes** |
| 1 | The Exposure Control Plan addresses the requirements of the 2001 Needlestick Safety and Prevention Act? |  |  |  |  |
| 2 | All instruments that are considered “sharps” and could be contaminated by blood or bloody saliva during a procedure in the practice/facility have been identified. |  |  |  |  |
| 3 | Whenever commercially available and clinically appropriate, clinic/facility uses engineered sharps safety devices. Consider dental aspirating syringe, scalpel, needles used for injections, IV access devices, phlebotomy devices. |  |  |  |  |
| 4 | Annually non-managerial workers identify, evaluate, and select effective engineering and work practice controls and document the solicitation in the Exposure Control Plan. |  |  |  |  |
| 5 | Work practice controls are used to prevent injury. |  |  |  |  |
| 6 | DHCP do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body. |  |  |  |  |
| 7 | Evaluate all sharps injuries to determine the root cause. |  |  |  |  |
| 8 | DHCP use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles. |  |  |  |  |
| 9 | All sharps are disposed of in a puncture resistant sharps container located as close as possible to the area in which the items are used. |  |  |  |  |
| 10 | Sharps containers are disposed of in accordance with federal, state and local regulated medical waste rules and regulations. |  |  |  |  |
| 11 | Injection are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids or contaminated equipment. |  |  |  |  |
| 12 | Needles and syringes are used for only one patient. |  |  |  |  |

**Cleaning Environmental Surfaces**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item** | **Yes** | **No** | **NA** | **Reference/Note** |
| 1 | Surfaces, furnishings, equipment and furnishings are smooth, non-porous, seamless and cleanable. (no unfinished wood or cloth furnishings). |  |  |  |  |
| 2 | There is a written procedure for immediate containment, cleaning, and disinfection of spills of blood and body fluids. |  |  |  |  |
| 3 | There are specific standardized procedures for cleaning and disinfecting each area of the clinic that all dental team members follow. |  |  |  |  |
| 4 | Treatment, lab, and sterilization areas are cleaned with low-level to intermediate-level hospital disinfectants registered by the US Environmental protection Agency (EPA). |  |  |  |  |
| 5 | Liquid chemical sterilants or high-level disinfectants are **NOT** used on clinical and housekeeping surfaces. |  |  |  |  |
| 6 | Cleaning chemical products are prepared and used according to manufacturer’s instructions for dilution, temperature, water hardness, use, shelf life, and storage conditions. |  |  |  |  |
| 7 | Cleaning chemical products are labelled with expiration date. |  |  |  |  |
| 8 | Routine cleaning and disinfection of high touch surfaces and floors is done at least daily in the reception, waiting rooms, and hallway spaces. |  |  |  |  |
| 9 | Difficult to clean surfaces and noncritical patient-care items are barrier protected. These barriers are changed between patients. |  |  |  |  |
| 10 | Clean or sterile dental/medical supplies are not stored under sinks, or on counters adjacent to sinks. |  |  |  |  |