**IHS Division of Oral Health**

**Clinical Infection Control Checklists**

***Hospital Setting***

The clinical infection control checklists have been developed by the IHS Division of Oral Health (DOH) 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 the individual requirements of local IHS, tribal or urban dental facility. IHS dental clinics using these checklists should identify all procedures performed in their respective setting and refer to the appropriate sections of these checklists to conduct their evaluations.

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

Corrective 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. In accordance with the hospital’s policies and procedures, appropriate notification and testing of potentially affected patients may be indicated.

**IHS DOH Clinical Infection Control Checklists**

[**Personal Protective Equipment**](#PPE)

[**How to Don and Doff PPE.**](#Don_Doff)

[**Pre-treatment of Critical and Semi-critical Reusable Medical Equipment**](#semi_critical)

[**Transport of Soiled Instruments**](#Transport)

[**Decontamination/Cleaning Area**](#Decontamination)

[**Instrument Packaging**](#Packaging)

[**Sterilization**](#Sterilization)

[**Handling of Contaminated Reusable Items Surgical Setting**](#Contaminated)

**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, if damaged while in use or if visibly soiled.  • DHCP changes protective clothing immediately or as soon as possible if penetrated by blood or OPIM | |  |  |  |  |
| 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 approved 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 may occur. | |  |  |  |  |
| 9 | |  | | --- | | DHCP changes gloves between patients or if they become damaged. | |  |  |  |  |
| 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 during housekeeping of contaminated treatment areas. | |  |  |  |  |
| 12 | Fingernails and/or jewelry do not impair proper glove use |  |  |  |  |
| 13 | |  | | --- | | PPE is removed before leaving the work/treatment area in accordance with doffing protocols. | |  |  |  |  |
| 14 | |  | | --- | | DHCP performs hand hygiene immediately after removal of PPE. | |  |  |  |  |

**How to Don and Doff PPE.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Donning** | **Yes** | **No** | N/A | **Reference/Notes** |
| 1 | |  | | --- | | **Sequence for donning PPE:**  1. DHCP performs hand hygiene.  2. DHCP dons clean gown or jacket that covers personal clothing and skin.  3. DHCP dons a surgical mask or respirator and adjusts to cover nose, mouth and chin. Completes seal check when using the respirator.  4. DHCP dons eye protection: goggles or face shield that covers both the front and sides of the face.  5. DHCP dons clean non-sterile gloves, covering edge or cuff of gown/garment before entering treatment area. | |  |  |  |  |
|  | **Doffing** | **Yes** | **No** | N/A | **Reference/Notes** |
| 2 | |  | | --- | | **Sequence for removal of PPE:**  1. DHCP removes gloves and discard in trash.  2. DHCP removes gown or jacket, avoiding contaminated front surface. Discards in container for waste or linen.  3. DHCP exits the patient room or treatment area.  4. DHCP performs 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 straps, avoiding contact with contaminated front surface.  7. DHCP performs hand hygiene when all PPE is removed. | |  |  |  |  |

**Pre-treatment of Critical and Semi-critical Reusable Medical Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Pre-treatment of Critical and Semi-Critical Reusable Medical Equipment** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Gross/visible debris removed at point of use (POU)? |  |  |  |  |
| 2 | POU cleaning is done with gauze and sterile water in a sterile setting (not alcohol or saline). |  |  |  |  |
| 3 | Pre-treatment of reusable medical equipment is completed after patient is transported out of the treatment area. |  |  |  |  |
| 4 | Team members will don and doff proper PPE in a designated pre-treatment area. |  |  |  |  |
| 5 | Manufacturer’s Instructions for Use (IFUs) are followed for both the instruments/devices and the enzymatic pre-treatment product when indicated. |  |  |  |  |
| 6 | Instruments/devices that have been sprayed with an enzymatic cleaner are reprocessed as soon as possible, time periods must NOT exceed (4) hours. (Reapplication of an enzymatic pretreatment product is not permissible to extend holding time) |  |  |  |  |
| 7 | All single-use sharps are discarded chairside? |  |  |  |  |
| 8 | Used burs are discarded in sharps container (single-use)? |  |  |  |  |
| 9 | Diamond coated burs and/or ultrasonic tips are discarded (single-use)? |  |  |  |  |
| 10 | Work-practice controls that minimize contact with sharps are applied? |  |  |  |  |
| 11 | Contaminated items are transported in covered, leak proof container marked with a biohazard symbol? |  |  |  |  |

**Transport of Soiled Instruments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Transport of Soiled Instruments** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | A biohazard label is affixed on all containers used for contaminated equipment. |  |  |  |  |
| 2 | Carts used to transport soiled instruments are enclosed. |  |  |  |  |
| 3 | Transport routes are designed to facilitate efficient pickup and delivery to the decontamination area. |  |  |  |  |
| 4 | Transport routes avoid areas of high traffic. |  |  |  |  |
| 5 | All carts used are easy to maneuver, durable and can withstand frequent cleaning. |  |  |  |  |
| 6 | Soiled carts are cleaned and disinfected after each use. If available, an automatic cart washer is used to clean and disinfect cart. |  |  |  |  |
| 7 | Transport carts are:   * Designed to prevent items from falling over or off during transport. * Large enough to maintain the security and package integrity of the items being transported. * Covered and closed. |  |  |  |  |
| 8 | When transporting containers by hand, team members transport each container parallel to the floor. The team member will exercise good body mechanics when lifting and transporting containers. |  |  |  |  |
|  | **Transport between buildings** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 9 | When contaminated items are transported outside the controlled environment of the health care facility, consideration is given to:   * The containment of packaged items. * Loading procedures. * Temperature control in transportation vehicles. * Temperature changes that could enhance microbial growth. * Separation of clean and contaminated items. |  |  |  |  |
|  | **Off-Site Transportation** |  |  |  |  |
| 10 | Off-Site transportation complies with applicable US Department of Transportation and state, local, and tribal regulation. |  |  |  |  |
| 11 | Clean and contaminated items are separated to prevent cross-contamination during transport. |  |  |  |  |
| 12 | Vehicles used for transporting contaminated items between health care facilities:   * Provide a complete separation of contaminated items from clean and sterile items. * Contaminated items are secured within the vehicle to prevent damage to contents and to prevent contamination by spills. * Allow for ease of loading and unloading. * Allow for decontamination after use. * Remain closed at all times except during loading and unloading. |  |  |  |  |
| 13 | Vehicles used for contaminated instrument transport are not left unattended or in unsecured areas |  |  |  |  |

**Decontamination/Cleaning Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Decontamination/Cleaning Area** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Staff wears puncture/chemical resistant UTILITY gloves. |  |  |  |  |
| 2 | Staff wears appropriate PPE (fluid resistant gown, eye protection, head cover etc.) |  |  |  |  |
| 3 | Dedicated hand hygiene sink located in area. |  |  |  |  |
| 4 | Instruments are cleaned ASAP to avoid drying of debris |  |  |  |  |
| 5 | Instruments that are not cleaned immediately are kept moist   * + A holding solution (pre-soak) used or   + An enzymatic foam/gel used   + 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 to prevent injury? |  |  |  |  |
| 11 | Handpieces are washed under running water using 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 and filled with correct solutions? |  |  |  |  |
| 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 and/or washer 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 “in open position” and unlocked. |  |  |  |  |
| 26 | Instruments are inspected after cleaning and defective items replaced. |  |  |  |  |
| 27 | Doors & pass through windows kept closed. |  |  |  |  |
|  | **Decontamination/Cleaning Area** *continued* | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 28 | Temperature and humidity levels monitored & maintained. |  |  |  |  |
| 29 | Area cleaned daily and kept free of boxes. |  |  |  |  |
| 30 | No food and drink in work areas. |  |  |  |  |
| 31 | Eye wash station located/available within 10 second of all work areas. |  |  |  |  |
| 32 | Equipment maintenance records maintained. |  |  |  |  |
| 33 | Hands washed after removing PPE. |  |  |  |  |
| 34 | Manufacturers IFU’s available and for all   * Equipment * Instruments * Cleaning solutions |  |  |  |  |
| 35 | Cleaning and decontamination solutions:   * + Containers are clearly and properly labeled.   + Expiration dates listed.   + Appropriate dilutions, measuring cups and lines available. |  |  |  |  |
| 36 | Appropriate cleaning process used per manufacturer IFUs. |  |  |  |  |
| 37 | Wash sink sufficient in size and depth. |  |  |  |  |
| 38 | Brushing/Scrubbing only if scrubbing is considered an appropriate and safe method of decontamination, occurs in a deep sink or under water. |  |  |  |  |
| 39 | Brushes are disposable or decontaminated daily. |  |  |  |  |
| 40 | Loose instruments transferred up with tongs for placement in cleaning basket. |  |  |  |  |
| 41 | Sufficient cleanable surface available 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 exists. |  |  |  |  |
| 45 | Written policy to recall improperly reprocessed items. |  |  |  |  |
| 46 | Written policy for maintenance and cleaning of equipment. |  |  |  |  |
| 47 | Written policy and records on staff IC training. |  |  |  |  |
| 48 | Audits of competency of staff to run and maintain IC equipment. |  |  |  |  |
| 49 | Train DHCP responsible for reprocessing at least annually and when new equipment or processes become available. |  |  |  |  |
| 50 | Instrument processing work flow is: Receive, Hold, Clean, Rinse, Dry, Inspect, Replace if needed. |  |  |  |  |
| 51 | Regular schedule for environmental cleaning exists. |  |  |  |  |
| 52 | Cabinet doors are kept closed. |  |  |  |  |
| 53 | Cabinets are cleaned frequently and are void of dust. |  |  |  |  |

**Instrument Packaging/Sterilization/Storage**

**Before Instrument Preparation and Packaging**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | IFU readily available (hard copy or electronically) | | |  | | --- | | * Paper copy (e.g., IFU contained in a binder) | | * Electronic   IFUs are reviewed at least every 3 years. | | |  |  |  |  |
| 2 | The Instrument packaging area is physically separated from the decontamination/cleaning area. |  |  |  |  |
| 3 | All items present in instrument packaging area are decontaminated and/or considered safe to handle after. |  |  |  |  |
| 4 | Back up instruments/supplies are stored in closed cabinets or drawers. |  |  |  |  |
| 5 | New instruments in vendor packaging are cleaned and disinfected in decontamination area prior to storage or use. |  |  |  |  |
| 6 | All cabinet and storage devices must be made of material that can withstand frequent cleaning. |  |  |  |  |

**Inspection**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | |  | | --- | | Instruments with debris are identified and re-cleaned? | |  |  |  |  |
| 2 | |  | | --- | | Damaged instruments are identified, replaced and properly discarded? | |  |  |  |  |
| 3 | Single use devices are not reprocessed for use on multiple patients. |  |  |  |  |

**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 is placed in each package? | |  |  |  |  |
| 4 | |  | | --- | | If instrument/item has multiple tray levels, internal indicators are placed 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 | |  |  |  |  |

**Sterilization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **General considerations** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | All items requiring sterilization are sterilized according to manufacturer’s IFU. |  |  |  |  |
| 2 | A contingency plan for access is in place if manufacturer’s IFUs are stored electronically. |  |  |  |  |
| 3 | All equipment to be sterilized have the same cycle parameters. |  |  |  |  |
| 4 | When loading the sterilizer, all sterilization cassettes and packages are loaded per manufacturer instructions. |  |  |  |  |
| 5 | All sterilization cassettes or packages are loaded to ensure adequate air removal, steam penetration into each package, and steam evacuation. |  |  |  |  |
| 6 | Heavier sterilization packs are placed on the bottom of the sterilizer racks and the weight is distributed evenly. |  |  |  |  |
| 7 | Sterilization cassettes and packages are not stacked on each other unless specified by manufacturer’s IFUs. |  |  |  |  |
| 8 | Paper-plastic pouches stand on edge in relation to the cart or shelf with paper side of the pouch next to the plastic side of the adjacent pouch unless otherwise indicated by manufacturer. |  |  |  |  |
| 9 | Wrapped cassettes are placed horizontally on the sterilizer shelf unless otherwise indicated by manufacturer. |  |  |  |  |
| 10 | Sterilization cycles used are FDA approved. |  |  |  |  |
| 11 | FDA approved devices are used to monitor sterilization cycles. (e.g. Chemical Indicators (Cis), Biological Indicators (BIs) Mechanical Indicators (MIs), process challenge devices) |  |  |  |  |
| 12 | Before sterilizer is unloaded all sterilization parameters are met. (e.g. CI, Time, Temperature, Pressure) |  |  |  |  |
| 13 | Sterile items are not removed until appropriately cooled. |  |  |  |  |
| 14 | Sterile packages are not touched during the cooling process. |  |  |  |  |
| 15 | Upon removal, evaluates sterilized packages for: damage, visible change of external indicator(s) and moisture. |  |  |  |  |
| 16 | All packages that show signs of being compromised are returned back to the instrument packaging area to be reprocessed. |  |  |  |  |
| 17 | Sterilization process monitoring includes mechanical monitors, CIs and BIs. Process Challenge Devices should be used with every load. |  |  |  |  |
| 18 | Mechanical monitoring includes time, temperature and pressure monitoring. |  |  |  |  |
| 19 | CIs are FDA approved. |  |  |  |  |
| 20 | CI are used in accordance to manufacturer’s instructions for use. |  |  |  |  |
|  | **General considerations** *continued* | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 21 | External CIs are used on all cassettes, packages and peel pouches unless an internal indicator is visible through package. |  |  |  |  |
| 22 | External CIs is only used to validate that the sterilization cassette, package or peel pouch has been process. The external indicator does not validate adequate sterilization. |  |  |  |  |
| 23 | One or more internal CIs are placed within each package, tray or rigid container. |  |  |  |  |
| 24 | The internal CIs is a Type 5 or 6. |  |  |  |  |
| 25 | The internal CIs is visible to the person opening the sterile package or cassette, is place in an area that is considered least accessible to steam penetration and is used in accordance with the manufacturer’s written IFU. |  |  |  |  |
| 26 | Internal CIs are evaluated and confirmation of a passing result is validated by provider and dental assistant before instruments are used on a patient. |  |  |  |  |
| 27 | BIs are used according to the manufacturer’s written IFU. |  |  |  |  |
| 28 | BIs are suitable for specific sterilization cycles being tested. |  |  |  |  |
| 29 | BIs are used at least weekly. Preferably every day the sterilizer is used. |  |  |  |  |
| 30 | BIs are used when sterilizing implants. |  |  |  |  |
| 31 | BIs is used for sterilizer qualification testing after:   * Sterilizer installation * Sterilizer relocation * Sterilizer malfunction * Major repairs to sterilizer * Sterilizer process failures |  |  |  |  |
| 32 | All sterilized packages, cassettes and peel pouches are released for use after mechanical and chemical parameters have passed. This information is documented on a load release form. |  |  |  |  |
| 33 | Load release document includes:  Load #   * Cycle Time, Temperature, Pressure * External CIs passed * Internal CIs Passed * BIs passed; if indicated * Processed challenge device (PCD) passed; if indicated |  |  |  |  |
|  | **Sterilizers** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | The sterilizer is installed according to manufacturer’s IFU. |  |  |  |  |
| 2 | The sterilizer manufacturer’s IFU is readily available. |  |  |  |  |
| 3 | The sterilizer is installed clear of any obstruction(s) that may impede access or use. |  |  |  |  |
| 4 | Sterilizer is inspected and cleaned daily according to manufacturer’s IFU. |  |  |  |  |
| 5 | Weekly or other prescribed inspection and cleanings are performed as specified by the manufacturer’s written IFU. |  |  |  |  |
| 6 | Preventative maintenance is performed as specified by manufacturer’s written IFU. |  |  |  |  |
| 7 | Preventive maintenance and repair records are maintained for (3) years or per local, state, federal and accrediting agency requirements.  Information that should be included:   * Date service was requested * Model and serial number of sterilizer * Location of equipment * Name of individual that requesting authorized service * Reason for the service * Description of service performed * Type and quantity of part(s) replaces (as indicated) * Name of service technician and company that performed service * Date work completed * Signature of technician that completed work * Results of any testing performed |  |  |  |  |
|  | **Sterilizer Records include the following:** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Load number. |  |  |  |  |
| 2 | Specific contents of the lot or load |  |  |  |  |
| 3 | Exposure time and temperature |  |  |  |  |
| 4 | Operator identification |  |  |  |  |
| 5 | Result of the BIs test, (If applicable) |  |  |  |  |
| 6 | Result of the Bowie-Dick (pre-vacuum) test (if applicable) |  |  |  |  |
| 7 | Result of the CIs placed in the PCD (if applicable) |  |  |  |  |
| 8 | All reports of inconclusive and/or non-responsive CIs identified during the sterilization process |  |  |  |  |
|  | **Sterilization Failures** |  |  |  |  |
| 1 | The following steps are taken during a sterilization failure:   * The supervisor is immediately notified. * If overloading is suspected, sterilizer is reloaded and the cycle rerun. * If malfunction cannot be corrected immediately, the cycle is terminated in accordance with the sterilizer manufacturer’s IFU.   Loads in sterilizers that have malfunctioned are considered non-sterile and not released for use.   * If a malfunction is not easily corrected, a qualified engineer or maintenance contract service is notified to diagnose the cause of malfunction and complete necessary repairs. * After any major repairs are completed, (3) consecutive test cycles with a BI and PCD are run. * All passing test results are reviewed by qualified team member/ technician before sterilizer is returned to service. |  |  |  |  |

**Sterile Storage Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Item** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Storage area is clean, dry and easily accessible by authorized personnel. |  |  |  |  |
| 2 | Sterile items are positioned so packaging is not crushed, bent, compressed or punctured. |  |  |  |  |
| 3 | Clean or sterile packages are not stored near or under sinks or exposed water pipes. |  |  |  |  |
| 4 | Sterile packages are kept at least (8) inches above the floor to prevent contamination. |  |  |  |  |
| 5 | There are at least (18) inches between the highest package and the ceiling to allow for proper air circulation and required distance from sprinkler heads. |  |  |  |  |
| 6 | Sterile packages are kept at least (2) inches from exterior walls, windows or window sills. |  |  |  |  |
| 7 | Sterile packages are not stored with non-sterile instruments, products or supplies. |  |  |  |  |
| 8 | Sterile packages are rotated so older sterilized packages are used first. |  |  |  |  |
| 9 | Shelf life and/or expiration of sterilized packages has been determined by the hospital. |  |  |  |  |
| 10 | Sterilized packages are handled with care and are not dragged, crushed, bent, compressed or punctured. |  |  |  |  |

**Handling of Contaminated Reusable Items Surgical Setting**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Handling of Contaminated Reusable Items Surgical Setting** | **Yes** | **No** | **N/A** | **Reference/Notes** |
| 1 | Instruments are wiped (as needed) with moistened, sterile surgical sponges to remove contaminants and/or debris. |  |  |  |  |
| 2 | Cannulated instruments or instruments with lumens are irrigated with sterile water (as needed) without creating aerosols. |  |  |  |  |
| 3 | Contaminated or soiled instruments are cleaned as soon as possible to:   * To reduce the number of microorganisms on or in the instrument * Reduce the nutrient material that supports microbial growth * To prevent the contaminant or bioburden from drying on instrument * To reduce the potential for environmental contamination by aerosolization or spillage * To minimize corrosion risk and damage to instrument |  |  |  |  |
| 4 | All instruments are open in the operating room are considered contaminated even if the instrument is “NOT” used. |  |  |  |  |
| 5 | All instruments that are composed of more than one piece, are opened, disassembled per manufacturer’s IFU and arranged in an orderly fashion. |  |  |  |  |
| 6 | After pre-cleaning instruments at point of use, DHCPs will:   * Be placed into their respective containers, instrument pans or other transportation pans * Protect delicate instruments from damage * Have an instituted process in place to identify instruments that need to be repaired/maintained or removed from service * Segregate reusable sharp instruments inside the container * Place heavier instruments on the bottom of the container and lighter instruments and/or delicate instruments on the top |  |  |  |  |
| 7 | When handling contaminated items, team personnel will:   * Wear appropriate PPE * Use work-practice controls and engineering controls to minimize the risk of injury * Remove soiled instruments in a manner that does not promote cross-contamination |  |  |  |  |
| 8 | Before transporting instruments, all instruments are to be prepared in a manner that prevents drying of organic contaminants. This may be accomplished by:   * Placing a water moistened over the instruments in the transportation container * Placing items inside a package designed to maintain humid conditions * Applying a product designed for pretreatment (enzymatic) |  |  |  |  |