

Pro-Active Office Infection Control Procedures

Dental Infection Control Program and Evaluation

<input type="checkbox"/> Y	<input type="checkbox"/> N	Is there a written infection control program in place?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the office have an IC and OSHA coordinator assigned?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Have all DHCP been trained on Occupational Health and Safety Act (OSHA) requirements?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are required OSHA and infection control updates documented?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the office/clinic routinely review and evaluate the office infection control program?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Have all DHCP* personnel received training regarding the OSHA Bloodborne Pathogens Standard and protection against infectious agents?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are training records maintained according to state and federal requirement?

DHCP* Personal Safety

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are Standard Precautions followed for all patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the HBV vaccination offered and records kept?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are sharps containers and needle recapping devices available?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is there a needle stick protocol and Post Exposure program?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are exposure records kept confidential?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are DHCP screened for tuberculosis (TB) at time of hire regardless of the setting risk classification?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are DHCP educated to prevent spread of respiratory pathogens when coming in contact with symptomatic persons?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are there written policies and procedures for patients known to have an infectious disease upon arrival?

Contact Dermatitis and Latex Sensitivity

<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the initial patient history include inquiries of possible allergies to latex?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are there latex-safe items available for patients and DHCP?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are patients and DHCP made aware of latex sensitivity and consequences?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is a latex-free emergency kit available?

Pre – Patient Treatment

Hand Hygiene

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are skin sensitivities & allergies considered when selecting products?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are available products manufactured for DHCP?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP cleanse their hands before treating patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP use an alcohol hand rub?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are hand hygiene procedures performed for the appropriate times?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are hand lotions available to prevent irritation dermatitis?

Processing and Sterilization of Patient – Care Items

<input type="checkbox"/> Y	<input type="checkbox"/> N	Is there equipment for sterilization; What type(s): _____?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are the manufacturer's guidelines followed for sterilizer maintenance?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is there a central instrument processing area available for the office?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does anyone working in this area receive training on how to use the equipment?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is visible blood and other debris removed before sterilization?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are appropriate gloves used to clean instruments?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the ultrasonic unit tested periodically?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are instruments wrapped before sterilization?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the sterilizer loaded such that sterilant reaches all package surfaces?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is sterilization equipment properly monitored and records maintained?
<input type="checkbox"/> Y	<input type="checkbox"/> N	If a spore test comes back positive are all records of mechanical and chemical indicators reviewed, as well as sterilization procedures, to determine if there was operator error?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are implantable devices sterilized before use?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are handpieces cleaned, sterilized, and lubricated between patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are all sterilized wrapped instrument packages inspected to ensure they have not been compromised?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are single-use disposable items used for one patient only?

*DHCP = Dental Health Care Professionals

Patient Treatment

Personal Protective Equipment (PPE)

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are gloves, appropriate to treatment, available in sizes required?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP wear appropriate eye protection?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP change masks between patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP wear protective clothing and change when necessary?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is protective clothing removed before leaving office, or laundered on site?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are gloves removed and changed between patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are appropriate levels of masks available for the variety of aerosol- and spatter-producing procedures performed?

Parenteral Medications

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are single-dose medications and devices used for one patient only and disposed of appropriately?
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Oral Surgical Procedures

<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP wear sterile surgeon's gloves and use sterile irrigation during procedures?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is sterile water or saline used for invasive procedures?

Medical Waste and Extracted Teeth

<input type="checkbox"/> Y	<input type="checkbox"/> N	Is an appropriate waste management plan in place for handling and disposal of contaminated and medical waste?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does disposal of regulated medical waste follow federal, state, and local regulations?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are extracted teeth disposed of as regulated medical waste or sterilized and returned to the patient?

Post – Patient Treatment

Environmental Surface Asepsis

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are surface barriers used to protect clinic contact surfaces, especially those that are difficult to clean?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are surface barriers changed between patients?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Do DHCP use PPE when cleaning and disinfecting environmental surfaces?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the appropriate contact time used for surface sprays and wipes?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are housekeeping surfaces cleaned on a regular basis?

Dental Unit Waterlines

<input type="checkbox"/> Y	<input type="checkbox"/> N	Is there a written policy or procedure to improve dental water quality?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are regular waterline maintenance procedures followed to reduce the concentration of microorganisms to meet CDC and ADA water recommendations?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Have the manufacturers' recommended guidelines for equipment been followed?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the water and air flushed for 20-30 seconds after each patient?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Is water quality monitored, according to manufacturer's recommendations for products used?

Dental Laboratory

<input type="checkbox"/> Y	<input type="checkbox"/> N	Are DHCP using PPE when handling items received in the laboratory?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are impressions disinfected before going to the lab?