

INFECTION CONTROL/OSHA/CDC/STATE BOARD INSPECTION CHECKLIST FOR DENTAL OFFICES

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Name of primary person in office who is responsible for regulatory compliance:

Last Name: _____ **First Name:** _____ **Title/Position:** _____

RECORD KEEPING AND DOCUMENTATION

Obtain copies of the following:

- Licenses for all dentists and hygienists
- CPR cards for all dentists, hygienists and assistants
- Radiology certificates for all assistants (Dentists and hygienists: Licensure is proof of training)
- Infectious/Regulated waste disposal contract
- Dental Unit Waterline testing results/report
- Biological/Spore Testing results for previous two years showing proof of weekly testing of all sterilizers
- Unemployment Quarterly Reports listing all employees for previous two years

Confirm office has documentation of the following CONFIDENTIAL records:

Note: These records must be maintained for duration of employment plus 30 years

- Exposure Determination Records for all staff incl. dentists
- Hepatitis B Vaccine & Titer Records or Declination Records for all staff incl. dentists
- Post-Exposure Management Records if applicable for all exposure incidents

Confirm office has documentation of the following records (copies may be requested):

Note: These records must be maintained for at least 3 years

- Annual Bloodborne Pathogens Training Records for all staff incl. dentists for previous three years
- Annual Hazard Communications Training Records for all staff incl. dentists for previous three years
- Annual documentation of efforts to consider safer needle devices which includes feedback and input from employees

Confirm the office has the following on the premises:

- OSHA poster and other required State and Federal posters displayed for employees
- CDC Guidelines for Infection Control in Dental Health-Care Settings (December 19, 2003)
- OSHA Bloodborne Pathogens Standard (1910.1030)
- OSHA Hazard Communication Standard (1910.1200)
- (M)SDS Book or third party SDS Contract Subscription

Confirm the office has a written Exposure Control Plan (updated annually) that includes information on the following:

- Standard Precautions
- Engineering and Work Practice Controls
- Hand Hygiene
- Personal Protective Equipment
- Operatory Turn Around / Housekeeping policies and procedures
- Instrument processing policies and procedures
- Management of Infectious Waste policies and procedures
- Laundry policies and procedures
- Hepatitis B Vaccination policy and procedures to include vaccine and titer testing at no cost to employees
- Post-exposure evaluation and follow-up policy and procedures
- Training schedule and policy

Notes on Record Keeping and Documentation:

POST-EXPOSURE MANAGEMENT PROTOCOL	
Confirm the office has the following:	
	An established relationship with a Qualified Healthcare Provider (QHCP)/Clinic for PEP Name of QHCP/Clinic: _____ Phone: _____
Confirm the office has a "Grab & Go Packet" with all required forms for post-exposure incidents which includes:	
	Name, address, phone number and directions to QHCP/Clinic
	Post-Exposure Incident form
	Post-Exposure Healthcare Professionals Written Opinion form
	Worker's Compensation Insurance form
	Any office forms related to Post-Exposure (optional)
	Source Patient "What Happened" Letter & Consent Form (optional)
	Information Sheet describing "Proper Protocol for Post-Exposure" with PEPLine phone number (optional)
HAND HYGIENE	
Confirm proper protocol and products used for hand hygiene are appropriate:	
	Hands are washed with soap and water at the beginning of each day (hand-rubs are unacceptable for start of day)
	Hands are either washed with soap and water OR an alcohol-based hand rub BEFORE each patient procedure <i>Note: If hands are visibly soiled, soap and water must be used instead of an alcohol-based hand rub</i>
	Hands are either washed with soap and water OR an alcohol-based hand rub AFTER each patient procedure
	If hand lotions are used, they are compatible with gloving materials
	Fingernails and jewelry do not interfere with integrity of the gloving material
PPE: PERSONAL PROTECTIVE EQUIPMENT	
Confirm availability and proper use of PPE:	
	All PPE is paid for by the employer (ie: gloves, masks, lab coats/gowns and eyewear except for prescription glasses)
	Gloves, masks and lab coats are not worn in non-patient care areas (ie: restrooms, break rooms, outside office)
	Gloves: Exam gloves are available in appropriate sizes for all personnel
	Gloves: Exam gloves are used and changed between all patient procedures by all personnel
	Gloves: Sterile Gloves are available in appropriate sizes and are used by all personnel involved with surgical procedures <i>Note: Surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery and removal of teeth that requires the elevation of a tissue flap, removal of bone or sectioning.</i>
	Gloves: Heavy Duty Utility gloves are available in appropriate sizes for all personnel
	Gloves: Heavy Duty Utility gloves are used during all instrument processing procedures when risk of BBPs is present
	Gloves: If latex gloves are used, they are Powder-Free and Low Protein (<50 mg/g or less)
	Masks: Masks are properly worn to cover both nose and mouth during all patient procedures
	Masks: Masks are discarded after each patient procedure or more frequently if wet or soiled
	Eyewear: Eyewear is worn during all patient procedures
	Eyewear: Eyewear is periodically cleaned with soap and water (or per manufacturer's guidelines for loupes)
	Lab coats or gowns are long sleeved, have a high or scoop necked and are worn during all patient procedures
	Lab coats or gowns (disposable or reusable) are worn for ONE day at most or changed during the day if visibly soiled
	Lab coats that are reusable are laundered on-site or laundered by a professional service
SHARPS AND SHARPS SAFETY	
Confirm office policies and procedures for sharps safety and sharps management are in place and practiced:	
	All of the following (if applicable) are considered sharps: Needles, scalpels, orthodontic wires and brackets, endodontic files, burs, matrix bands, interproximal wedges, anesthetic carpules after a positive aspiration, etc.
	No sharps are disposed of into routine trash or waste containers
	Sharps: Employees are aware of, asked for input and offered sharps safety devices as alternatives (annually)
	Needles: Anesthetic needles are recapped using the one-handed scoop technique or with a recapping device
	Needles: Surgical needles (if applicable) are self-sheathing
	Sharps containers: Are puncture resistant, leak-proof, closable and properly labeled
	Sharps containers: Are maintained upright and discarded when contents reach the designated "Fill Line"

OTHER BIOHAZARDOUS/INFECTIOUS WASTE	
Confirm office is properly handling, managing and disposing of non-sharp infectious waste:	
	No potentially infectious waste (saliva and/or blood soaked/saturated) is disposed with routine trash/waste
	All potentially infectious waste (saliva and/or blood soaked/saturated) is disposed of into a proper container
	Infectious waste containers are sturdy, puncture resistant, leak-proof, closable and properly labeled
	Infectious waste is properly removed from office per State laws (ex: At least 2x/year CO, 4x/year NM etc.)
EXTRACTED TEETH	
Confirm extracted teeth (that are not given back to the patient) are disposed of properly:	
	Extracted teeth that contain amalgam are disposed of into an amalgam scrap container
	Extracted teeth that do not contain amalgam and are SHARP are disposed of into a sharps container
	Extracted teeth that do not contain amalgam and are NOT SHARP are disposed of into an infectious waste container
LAUNDRY: ON-SITE AND PROFESSIONAL SERVICE	
Confirm offices that have laundry are following proper procedures:	
	On-site Laundry: Laundry is washed in warm to hot water with household laundry soap
	On-site Laundry: Used gowns are stored in a labeled bin or container if not put immediately into the washing machine
	Professional Service: Enough lab coats are delivered and kept in stock to assure one lab coat/day/employee
OPERATORY TURN-AROUND: EQUIPMENT/CLINICAL CONTACT SURFACES	
Confirm office is performing proper operatory turn-around procedures:	
	All clinical personnel, when interviewed, knew the difference between sanitation, disinfection and sterilization
	All clinical personnel, when interviewed, knew what is meant by cross-contamination and chain of asepsis
	All clinical personnel, when interviewed, knew the name and tuberculocidal kill time of the office disinfectant
	Clinical Contact Surfaces (CCSs) include all surfaces that are likely to be touched during patient procedures and include such items as; light handles, light switches, air-water syringe buttons, slow and high-speed evacuation switches, the holders for the air-water syringe, slow and high-speed evacuation cords and handpieces, x-ray buttons, digital x-ray sensors, equipment brackets/handles, chair switches, view box buttons, light curing units, impression guns, etc.
	CCSs: All CCSs that are difficult to clean are barrier protected (ie: all items listed above)
	CCSs: Barriers are changed and discarded after each patient and the underlying surfaces are SANITIZED (ie: cleaned) prior to placing new barriers
	CCSs: Barrier protected surfaces are sanitized with spray-wipe or pre-moistened wipe technique
	CCSs: Used barriers are removed and discarded with gloved hands
	CCSs: New barriers are placed with clean ungloved hands
	CCSs: CCSs that are NOT difficult to clean (smooth surfaces) and are not barrier protected, are properly DISINFECTED between patients with an EPA registered intermediate level Tuberculocidal SPRAY (not wipes) disinfectant Name of SPRAY disinfectant: _____ TB Kill Time: _____
	CCSs: CCSs (when applicable) are disinfected with "spray-wipe-spray-wait" technique per manufacturer instructions
	Housekeeping Surfaces include surfaces that are not likely to be touched by personnel during patient procedures and include such items as counter tops that are outside the field of operation, patient chair, etc.
	Housekeeping surfaces are SANITIZED between patients
INSTRUMENT PROCESSING AND STERILIZATION	
Confirm office is performing proper instrument processing and sterilization procedures:	
	Sterilization room has designated dirty and clean areas and a flow that supports dirty to clean processing
	All critical and semi-critical items are heat sterilized (instruments, handpieces, burs, impressions trays, bite blocks, etc.)
	If immersion sterilization (cold sterile) is used, it must be justified (only items that are not heat stable are allowed)
	Proper PPE (mask, eyewear and heavy duty utility gloves) is worn during instrument processing
	Instruments are cleaned prior to sterilization ideally in an ultrasonic with basket and lid or washer/disinfector unit
	Hand scrubbing is strongly discouraged and only used in rare instances with a long handled brush
	All instruments and items placed in the sterilizer are bagged or wrapped PRIOR to sterilization
	All bags and/or wrapped cassettes have an external and internal indicator (multi-parameter indicators are preferred)
	All bags and/or wrapped cassettes have the date of sterilization written on the outside of the packaging
	If multiple sterilizers are used, the sterilizer used is identified on the outside of the packaging

INSTRUMENT PROCESSING AND STERILIZATION cont.	
	List the make and model of all sterilizers used in the office and provide copies of weekly spore testing for each: Make: _____ Model: _____ Make: _____ Model: _____ Make: _____ Model: _____ Make: _____ Model: _____
	Instruments remain bagged or wrapped until patient presents for treatment
	Biological/Spore testing is performed weekly on all sterilizers and records are maintained for at least two years
	Office has written policy and procedures in place for spore test failures
SINGLE-USE DISPOSABLE PRODUCTS	
Confirm office disposes the following and all other single-use disposable items after one use:	
	Any item that states "disposable" on the outside of the packaging is intended for single-use and is discarded after one use. Even if the item can tolerate sterilization or disinfection, it is discarded and not reprocessed or reused.
	Saliva ejectors
	High-speed evacuation tips
	Disposable prophylaxis cups
	Disposable impression trays
	X-ray / Panorex bite sticks
DENTAL UNIT WATERLINES	
Confirm office is in compliance with dental unit water quality standards:	
	Dental Unit Waterline (DUWL) test results include samples from at least one high-speed handpiece, one air-water syringe, one cavitron and one tap water control.
	DUWL test results show all samples submitted tested at less than 500 CFU/mL colony counts
DENTAL RADIOLOGY	
Confirm office is in compliance with dental radiology standards:	
	All x-rays tube heads and units have State Inspection stickers that have not expired
	Personnel follow proper safety procedures when taking radiographs (ie: no holding films for patient, leaving room)
	Patients are protected with appropriate lead shielding/apron/thyroid collar for all standard and digital radiographs
CONTROLLED SUBSTANCES & PARENTERAL MEDICATIONS	
Confirm office is utilizing and practicing safe procedures with parenteral medications:	
	All staff completed the CDC's <i>One and Only Campaign</i> training (One Needle, One Syringe, Only One Time)
	Controlled substance Log Book is compliant with State Board rules and regulations
	Controlled substance inventory is consistent with Log Book records
ORAL SURGICAL PROCEDURES	
Confirm office follows proper oral surgical procedures:	
	Sterile Gloves are worn by all personnel during all surgical procedures <i>Note: Surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery and removal of teeth that requires the elevation of a tissue flap, removal of bone or sectioning.</i>
	Sterile saline/water is used for irrigation during all surgical procedures
	Antimicrobial soap is used for hand hygiene prior to all surgical procedures
HANDLING OF BIOPSY SPECIMENS	
	Biopsy specimens are handled using Standard Precautions and are properly labeled for shipment
DENTAL LABORATORY	
Confirm lab work is done following the proper infection control and safety procedures:	
	Proper Personal Protective Equipment (gloves, eyewear, mask, gown) are worn during lab processing procedures
	Impressions are properly disinfected prior to pouring
	Lab accessories (rag wheels, lab burs, etc.) are STERILIZED between each patient use
	Lab pumice is used and discarded after each patient use
	Lab equipment is safely mounted/positioned and has all safety guards and shields in place
	Appliances/Retainers are properly disinfected prior to delivering to patient
	Proper ventilation is available to maintain healthy air quality
	For lab work sent to an outside lab, confirm office has communicated with lab (verbal or written) and understands who is responsible for disinfecting impressions

