

Housekeeping Schedule

Date: _____

Reception area (for patients) will be cleaned: (frequency, how, products used, who is responsible)

Receptionist's work area will be cleaned: (frequency, how, products used, who is responsible)

Clinical area will be cleaned: (frequency, how, products used, who is responsible)

Weekly:

Daily:

Before patient treatment, the treatment room will be prepared: (how, products used, who is responsible)

After seating the patient, the following procedures will take place: (e.g., handwashing, anti-microbial rinse, opening instrument packages, donning PPE, safe injection practices)

During patient treatment, we will follow CDC guidelines in regards to limiting potential risk of bloodborne pathogens and OPIM, needle sticks or cross-contamination issues by: (describe how you will practice chairside and radiographic asepsis, aseptic retrieval, sharps safety, utilize engineering and work practice controls, etc.)

After patient treatment: describe how you will follow CDC guidelines in regards to the following:

Removal of PPE: The order of duffing PPE is to first remove protective eyewear, second your mask, then your gown, and last remove gloves, then perform hand hygiene.

Hand Hygiene: Hand hygiene will be performed after completion of procedure. Otherwise, describe below additional options clinical personnel will practice and the proper time another technique is allowed.

Operatory clean-up: (include name and type of disinfectants, disinfectant technique [spray, wipe, spray or wipe, discard, wipe], kill time of disinfectant, type of PPE worn, barriers removed and replaced, items disinfected, etc.)

Transporting instruments: (describe how instruments are transported from the treatment rooms to the central sterile area, items used, etc.)

Instrument processing: (include names of equipment used in the CSR, products used, PPE worn, processes followed, include how burs and handpieces are processed, how disposables are not re-used, etc.)

Packaging/ wrapping instruments: (describe items used, how packages are labeled, integrators used, etc.)

Waste management: (include non-regulated and regulated waste and how and where it is disposed of, location of regulated waste container to properly dispose of filled sharps containers, etc.)

Radiographic Asepsis: (describe processes used during exposure and developing of x-rays, include ways to prevent cross-contamination with items used, describe how to disinfect clinical contact surfaces and how items used are sterilized, packaged, disinfected, etc.)

Waterline Maintenance: (describe how waterlines are maintained to control waterline contamination, products and items used, frequency of monitoring through water testing, discharging water for 20-30 seconds after each patient procedure, etc.)

Laboratory Asepsis: (describe how the lab is cleaned, frequency, how often lab pans are disinfected, ways to avoid cross-contamination, communication to the dental lab to assure disinfection of lab case.)

Additional Notes:

Sterilization Monitoring Process: (describe how to perform spore testing in this facility, include products used, where test results are stored, etc.)

Quick-Reference for Location of Site-Specific Items or Information

Site-Specific Written Plans (ECP, Hazard Communication, Fire Prevention Plan, Emergency Action Plan, In-office Policies,

Training Records) Located: _____

Employee Confidential Files (location): _____

Testing Logs (manifests, testing reports, inspections location): _____

Safety Data Sheets (location): _____

First Aid Kit (location): _____

Resuscitation Equipment (location): _____

A.E.D. (location): _____

Poison Control (number): _____

Evacuation and Tornado Meeting Areas (location): _____

Nearest Hospital (name, location and number): _____

Name of physician or facility to contact for exposure incident or active tuberculosis exposure (location and number):

Name of physician or facility to be referred to for Hepatitis vaccinations (location and number):

Disposable Sharps Containers (storage location of new containers, where placed in facility, where disposed of when full):

Fire Extinguisher(s) (types and location): _____

Pull Alarms (location): _____

Smoke Alarms (location): _____

Carbon Monoxide Alarms (location): _____

Eyewash Stations (location): _____

Emergency Gas Shut off (location) _____

Laundry Service (name and number): _____

Biohazard Waste Service Provider (name, number, contact person, frequency of pick-ups, person in charge of preparing box for pick-up): _____

Holding Solution: _____ Type of Hand Soap: _____

Type of Sterilizers: _____ Product used for Solidification of Liquids: _____

Eyewear (storage location): _____

Gloves (storage location): _____

Masks and Face Shields (storage location): _____

Gowns (storage location): _____

Office Personnel Responsibilities

Safety Coordinator: _____

Infection Control Safety Coordinator: _____

Laser Safety Officer : _____

P.P.E. Availability: _____

Secondary Labels for containers: _____

Safety Data Sheet filing: _____

Completing chemical list: _____

Explanation of new products: _____

Post-Exposure Evaluation and Recording of Forms: _____

Sharps Injury Log: _____

Dept of Labor 300 Logs: _____

Worksite Hazard Assessment Performed each year: _____

Autoclave testing- weekly/daily: _____

Eyewash stations- weekly: _____

Change suction trap on compressor-monthly: _____

Fire Extinguisher- monthly: _____

GFCI outlets- monthly: _____

Emergency Drug Kit inspected and ordering supplies if needed: _____

Oxygen Tank- monthly: _____

Washing Machine Decontamination-monthly: _____

Water testing-every 3 months: _____

Radiology Badge monitoring services- every 3 months: _____

Biohazard Box Preparation- every 6 months: _____

Laser Inspection-monthly: _____

Recycling of Mercury/amalgam related items- every 6 months or as needed:

A.E.D. inspection-monthly: _____

Nitrous Oxide/ Scavenger Equipment Inspection- annually: _____

Management of Manifest, Spore Testing and Radiation Reports and all other testing

logs: _____

Additional areas of responsibilities:

Worksite Hazard Assessment-yearly: _____

Bloodborne Pathogen Training- yearly: _____

Safety Device Evaluation-yearly: _____

Poster Requirements- yearly or as updates are added: _____

X-ray Equipment Inspection (state will perform inspections as required by state):

Dept. of 300 Log, Sharps Injury Log, Post evaluation and Recording of Forms-as needed:
