INFECTION CONTROL/OSHA/CDC/STATE BOARD INSPECTION
CHECKLIST FOR DENTAL OFFICES
Prepared by Kim Laudenslager, RDH, MPA

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)
- (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 |
| Note: If hands are visibly soiled, soap and water must be used instead of an alcohol-based hand rub |
| 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 |
| 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. |
| 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
- 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
### 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:

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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 prophy 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 cavitation, 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 One and Only Campaign 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
  
  **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.
- 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
### GENERAL WORKPLACE SAFETY

Confirm office is in compliance with the following general workplace safety requirements:

- All areas in office are kept clean and organized (storage rooms, darkroom, lab, sterilization area, etc.)
- Eyewash station is readily accessible and is in proper working condition
- Eyewash station supplies a controlled flow of water to both eyes simultaneously
- Eyewash station is located in an area large enough to provide room for the eyelids to be held open with the hands while the eyes are being flushed
- Eyewash station can deliver water for at least 15 minutes at a velocity low enough not to injure the user
- Electrical equipment and wiring are properly managed and maintained
- Exit signs, emergency evacuation routes and means of egress are clearly marked
- Fire extinguishers are inspected, recharged, maintained and monitored for expiration dates
- Food, drink (including water bottles) are not allowed in patient care areas
- CPR mask(s) are readily accessible
- Basic first aid kit is readily accessible

### HAZARD COMMUNICATION REQUIREMENTS

Confirm office is in compliance with the following Hazard Communication Standard requirements:

- Written Hazard Communication program is complete
- List of hazardous chemicals used in the office is complete
- (M)SDS book or 3rd party subscription is kept current and is readily available and known to all employees
- (M)SDS layout and 16 section format is understood by all employees
- GHS: Pictograms, Signal Words and Hazard precautionary statements are understood by all employees
- All bottles or containers are properly labeled (secondary containers should have similar label as original container)
- Amalgam scrap container is readily accessible and known to all employees
- Laser plumes are suctioned with high speed evacuation during laser procedures
- Latex safe products are used when available (nitrile or synthetic products for gloves, rubber dams, prophy cups, etc.)
- Hearing safety and protection is discussed as part of annual staff training

### ERGONOMICS (OPTIONAL)

- Ergonomic and musculoskeletal issues are discussed on a regular basis as part of staff training
- Ergonomically designed instruments and equipment are discussed on a regular basis as part of staff training

### NOTES:
EMPELOYEE INTERVIEW FORM

Record each person’s name, date of hire, position and answers to the following questions on a separate piece of paper.

1. Who in this office would you say is your “Infection Control/OSHA Coordinator”?

2. Do you ever perform or help with patient care delivery, instrument processing, and/or operatory turn-around?
   - If yes, skip to question #3
   - If no, ask: Have you ever had any concerns about infection control in this office?
     - If no, conclude interview.
     - If yes, ask for an explanation.

3. Have you received Bloodborne Pathogens and/or occupational exposure training?
   - If yes, when was your last training?

4. Does this office offer and/or provide Annual OSHA training?

5. Have you completed the Hepatitis B vaccination?
   - If no, ask for explanation.
   - If yes: - Ask for year series was completed.
     - Ask about post-vaccine titer and titer results.

6. If you had an exposure incident, who would you report to?
   - Ask for name of person in office.
   - Ask for name of QHCP/Clinic.

7. Does the office provide adequate personal protective equipment?

8. Do all the doctors and employees wear the proper PPE?

9. How often do you change your gloves, masks and lab coat?

10. Describe how this office handles operatory turn-around? Any concerns?

11. Describe how this office handles instrument recirculation? Any concerns?

12. Describe how this office handles sharps and infectious waste disposal? Any concerns?

Quick Questions:

The following questions are intended to determine your level of knowledge and/or understanding of certain infection control concepts. Don’t worry if you do not know an answer … just do the best you can!

13. What surface disinfectant do you use and what is the TB kill time for that product.

14. Describe the difference between sanitation, disinfection and sterilization.

15. With regard to Hepatitis B, describe what it means to be a known responder.

16. Give an example of a work practice control used in this office.

17. Give an example of an engineering control used in this office.

18. Explain what the term “Standard or Universal Precautions” means.