

Infection Prevention Checklist for Dental Settings



Basic Expectations for Safe Care



**Centers for Disease
Control and Prevention**
National Center for Chronic
Disease Prevention and
Health Promotion

Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

The following is a companion to the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. The checklist should be used—

1. To ensure the dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education of dental health care personnel (DHCP) on infection prevention practices, and adequate supplies to allow DHCP to provide safe care and a safe working environment.
2. To systematically assess personnel compliance with the expected infection prevention practices and to provide feedback to DHCP regarding performance. Assessment of compliance should be conducted by direct observation of DHCP during the performance of their duties.

DHCP using this checklist should identify all procedures performed in their setting and refer to appropriate sections of this checklist to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform surgical procedures or use medications in vials, such as for conscious sedation). If the answer to any of the applicable listed questions is no, efforts should be made to determine why the correct practice was not being performed, correct the

practice, educate DHCP (if applicable), and reassess the practice to ensure compliance. Consideration should also be made to determine the risk posed to patients by the deficient practice. Certain infection prevention and control lapses (e.g., re-use of syringes on more than one patient, sterilization failures) can result in bloodborne pathogen transmission and measures to address the lapses should be taken immediately. Identification of such lapses may warrant immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

Section I lists administrative policies and dental setting practices that should be included in the site-specific written infection prevention and control program with supportive documentation. Section II describes personnel compliance with infection prevention and control practices that fulfill the expectations for dental health care settings. This checklist can serve as an evaluation tool to monitor DHCP compliance with the CDC's recommendations and provide an assurance of quality control.

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Facility name:.....

Completed by:.....

Date:.....

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards</p> <p>Note: <i>Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate</p> <p>Note: <i>This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>D. Supplies necessary for adherence to Standard Precautions are readily available</p> <p>Note: <i>This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter</p> <p>Note: <i>System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.2 Infection Prevention Education and Training

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard— <ul style="list-style-type: none"> a. upon hire b. annually c. when new tasks or procedures affect the employee's occupational exposure d. according to state or federal requirements 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the dental setting.		
B. Training records are maintained in accordance with state and federal requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: A model template that includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/Publications/osh3186.pdf .		
B. DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard: <ul style="list-style-type: none"> a. upon hire b. at least annually 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles, mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious material (OPIM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the 3-dose vaccination series	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. All DHCP are offered annual influenza vaccination Note: <i>Providing the vaccination at no cost is a strategy that may increase use of this preventive service.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. All DHCP receive baseline tuberculosis (TB) screening upon hire regardless of the risk classification of the setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. A log of needlesticks, sharps injuries, and other employee exposure events is maintained according to state or federal requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that offer personnel health services) to ensure prompt and appropriate provision of preventive services, occupationally-related medical services, and postexposure management with medical follow-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Following an occupational exposure event, postexposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a qualified health care professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include—		
a. work-exclusion policies that encourage reporting of illnesses and do not penalize staff with loss of wages, benefits, or job status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. education of personnel on the importance of prompt reporting of illness to supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.4 Program Evaluation

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures for routine monitoring and evaluation of the infection prevention and control program are available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Adherence with certain practices such as immunizations, hand hygiene, sterilization monitoring, and proper use of PPE is monitored and feedback is provided to DHCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.5 Hand Hygiene

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Supplies necessary for adherence to hand hygiene for routine dental procedures (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to DHCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. if surgical procedures are performed, appropriate supplies are available for surgical hand scrub technique (e.g., antimicrobial soap, alcohol-based hand scrub with persistent activity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
B. DHCP are trained regarding appropriate indications for hand hygiene including handwashing, hand antisepsis, and surgical hand antisepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Use soap and water when hands are visibly soiled (e.g., blood, body fluids). Alcohol-based hand rub may be used in all other situations.		

I.6 Personal Protective Equipment (PPE)

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Sufficient and appropriate PPE is available (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/face shields, utility gloves, sterile surgeon's gloves for surgical procedures) and readily accessible to DHCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. DHCP receive training on proper selection and use of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.7 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Policies and procedures to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting have been implemented. Measures include—</p> <ul style="list-style-type: none"> a. posting signs at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions) b. providing tissues and no-touch receptacles for disposal of tissues c. providing resources for patients to perform hand hygiene in or near waiting areas d. offering face masks to coughing patients and other symptomatic persons when they enter the setting e. providing space and encouraging persons with respiratory symptoms to sit as far away from others as possible—if possible, a separate waiting area is ideal 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B. DHCP receive training on the importance of containing respiratory secretions in people who have signs and symptoms of a respiratory infection</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

I.8 Sharps Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Written policies, procedures, and guidelines for exposure prevention and postexposure management are available</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B. DHCP identify, evaluate, and select devices with engineered safety features (e.g., safer anesthetic syringes, blunt suture needle, safety scalpels, or needleless IV systems)—</p> <ul style="list-style-type: none"> a. at least annually b. as they become available in the market 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Note: If staff inquire about the availability of new safety devices or safer options and find none are available, DHCP can document these findings in their office exposure control plan.</p>		

I.9 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies, procedures, and guidelines for safe injection practices (e.g., aseptic technique for parenteral medications) are available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Injections are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.10 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures are available to ensure reusable patient care instruments and devices are cleaned and reprocessed appropriately before use on another patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Policies, procedures, and manufacturer reprocessing instructions for reusable instruments and dental devices are available, ideally in or near the reprocessing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained—		
a. upon hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. at least annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. whenever new equipment or processes are introduced	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, eye protection) to prevent exposure to infectious agents or chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.		
E. Routine maintenance for sterilization equipment is—		
a. performed according to manufacturer instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. documented by written maintenance records	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTINUED

I.10 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
F. Policies and procedures are in place outlining dental setting response (e.g., recall of device, risk assessment) in the event of a reprocessing error/failure	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.11 Environmental Infection Prevention and Control

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (i.e., clinical contact and housekeeping)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces—		
a. upon hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. when procedures/policies change	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. at least annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, and eye protection) to prevent exposure to infectious agents or chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Procedures are in place for decontamination of spills of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I.12 Dental Unit Water Quality

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Policies and procedures are in place for maintaining dental unit water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B: Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures Note: <i>Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Written policies and procedures are available outlining response to a community boil-water advisory	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

II.1 Hand Hygiene is Performed Correctly

Facility name:.....

Completed by:.....

Date:.....

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Before and after treating each patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Before putting on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Immediately after removing gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Hand hygiene is performed immediately after removal of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Masks, Protective Eyewear, and Face Shields		
a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DHCP change masks between patients and during patient treatment if the mask becomes wet	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Gloves		
a. DHCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DHCP do not wash examination or sterile surgeon's gloves for the purpose of reuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. DHCP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. DHCP wear sterile surgeon's gloves for all surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
f. DHCP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Protective Clothing		
a. DHCP wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II.3 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Signs are posted at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.3 Respiratory Hygiene/Cough Etiquette

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
B. Tissues and no-touch receptacles for disposal of tissues are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Resources are provided for patients to perform hand hygiene in or near waiting areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Face masks are offered to coughing patients and other symptomatic persons when they enter the setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Persons with respiratory symptoms are encouraged to sit as far away from others as possible. If possible, a separate waiting area is ideal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II.4 Sharps Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needleless IV ports) are used to prevent injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Work practice controls (e.g., one-handed scoop technique for recapping needles, removing burs before disconnecting handpieces) are used to prevent injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. DHCP do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. DHCP use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a reusable aspirating syringe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. All sharps are disposed of in a puncture-resistant sharps container located as close as possible to the area in which the items are used	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Sharps containers are disposed of in accordance with federal, state and local regulated medical waste rules and regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II.5 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Injections are prepared using an aseptic technique in a clean area free from contaminants or contact with blood, body fluids, or contaminated equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and other devices such as insulin pens)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: When using a dental cartridge syringe to administer local anesthesia, do not use the needle, syringe, or anesthetic cartridge for more than one patient. Ensure that the dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.		
C. The rubber septum on a medication vial is disinfected with alcohol before piercing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Medication containers (single and multidose vials, ampules, and bags) are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Single-dose (single-use) vials, ampules, and bags or bottles of intravenous solutions are used for only one patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Leftover contents of single-dose vials, ampules, and bags of intravenous solutions are not combined for later use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Single-dose vials for parenteral medications are used when possible	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.5 Safe Injection Practices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
H. When using multidose medication vials <ul style="list-style-type: none"> a. multidose vials are dedicated to individual patients whenever possible b. multidose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination of the vial <p>Note: <i>If a multidose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.</i></p> c. multidose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial <p>Note: <i>This is different from the expiration date printed on the vial.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Fluid infusion and administration sets (i.e., IV bags, tubings, and connections) are used for one patient only and disposed of appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Single-use devices are discarded after one use and not used for more than one patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Reusable critical and semicritical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use Note: <i>If the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector) is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Work-practice controls that minimize contact with sharp instruments (e.g., long-handled brush) are used and appropriate PPE is worn (e.g., puncture- and chemical-resistant utility gloves) if manual cleaning is necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. After cleaning and drying, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. A chemical indicator is used inside each package. If the internal indicator is not visible from the outside, an exterior chemical indicator is also used on the package Note: <i>The chemical indicators may be integrated into the package design.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Sterile packs are labeled at a minimum with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable an expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
I. FDA-cleared medical devices for sterilization are used according to manufacturer's instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. A biologic indicator (i.e., spore test) is used at least weekly and with every load containing implantable items	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. Logs for each sterilizer cycle are current and include results from each load and comply with state and local regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. After sterilization, dental devices and instruments are stored so that sterility is not compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Sterile packages are inspected for integrity and compromised packages are reprocessed before use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Instrument packs are not used if mechanical (e.g., time, temperature, pressure) or chemical indicators indicate inadequate processing (e.g., color change for chemical indicators)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
O. The instrument processing area has a workflow pattern designed to ensure that devices and instruments clearly flow from high contamination areas to clean/sterile areas (i.e., there is clear separation of contaminated and clean workspaces)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P. Reusable heat sensitive semicritical items that cannot be replaced by a heat stable or disposable alternative are high-level disinfected according to manufacturer's instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q. High-level disinfection products are used and maintained according to manufacturer instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R. Dental handpieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>S. If digital radiography is used in the dental setting—</p> <p>a. FDA-cleared barriers are used to cover the sensor and barriers are changed between patients</p> <p>b. after the surface barrier is removed, the sensor is ideally cleaned and heat sterilized or high-level disinfected according to the manufacturer's instructions. If the item cannot tolerate these procedures, then at a minimum, the sensor is cleaned and disinfected with an intermediate-level, EPA-registered hospital disinfectant</p> <p>Note: Consult with manufacturers regarding compatibility of heat sterilization methods and disinfection products.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

II.7 Environmental Infection Prevention and Control

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Clinical contact surfaces are either barrier-protected or cleaned and disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B. Surface barriers are used to protect clinical contact surfaces that are difficult to clean (e.g., switches on dental chairs, computer equipment, connections to hoses) and are changed between patients</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>D. Regulated medical waste is handled and disposed of according to local, state, and federal regulations</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>E. DHCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)</p> <p>Note: The correct type of PPE depends on infectious or chemical agent and anticipated type of exposure.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

II.8 Dental Unit Water Quality

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Dental unit waterline treatment products/devices are used to ensure water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Product manufacturer instructions (i.e., waterline treatment product, dental unit manufacturer) are followed for monitoring the water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Sterile saline or sterile water is used as a coolant/irrigant when performing surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile bulb syringe, single-use disposable products, and sterilizable tubing).		
Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		

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