

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
<p>A. DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard—</p> <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 <p>Note: This includes those employed by outside agencies and available by contract or on a volunteer basis to the dental setting.</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. Training records are maintained in accordance with state and federal requirements</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>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)</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B. DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard:</p> <ul style="list-style-type: none"> a. upon hire b. at least annually 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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))</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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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	
<p>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)</p> <p>Note: <i>Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: <i>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>		

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: <i>The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.</i>		
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	

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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
<p>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</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B: Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures</p> <p>Note: <i>Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. Written policies and procedures are available outlining response to a community boil-water advisory</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	