Nevada Board of Dental Examiners
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INFECTION CONTROL INSPECTION/SURVEY FORM

Rev 10/2016

Dental Office Name:			**Date of Inspection:**
Licensee Name:		**Owner Dentist:**	
Address:		**INSPECTOR(S)**	
		(1)_____ **(2)**_____	
City:	**State:** Nevada	**Zip Code:**	**PURPOSE OF INSPECTION**
			Initial Inspection: ☐ **Random Inspection:** ☐

COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4

 # 1 - CRITICAL: MUST BE MET. COULD RESULT IN IMMEDIATE TERMINATION OF PATIENT CARE AND EXTENDED OFFICE INABILITY TO TREAT PATIENTS.

 # 2 - REMEDIAL ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 7DAYS.

 # 3 - ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 30 DAYS.

 # 4 - ACTION RECOMMENDED: NOT REQUIRED FOR COMPLIANCE AT THIS TIME – COMPLIANCE REQUIREMENTS SUBJECT TO CHANGE AS CENTER FOR DISEASE CONTROL (CDC) REQUIREMENTS MAY CHANGE.

	RECORD KEEPING – EACH PRACTICE MUST HAVE	**LEVEL 1-4**	**Y**	**N**
1	Written infection control program that is specific for the owner of this location	**3**	**Y**	**N**
	EDUCATION & TRAINING			
2	Documentation of review of the infection control plan at least annually to ensure compliance with best practices	**3**	**Y**	**N**
3	Documentation of Bloodborne Pathogen training at the date of hire for practice	**3**	**Y**	**N**
4	Documentation of education and training that is appropriate to the assigned duties of the specific DHCP (dental health care personnel) and include hands on training for all staff assigned to process semi critical and critical instruments	**3**	**Y**	**N**
5	Training records kept for 3+ years	**3**	**Y**	**N**
6	Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions	**3**	**Y**	**N**
	CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS			
7	Does the Licensee have written policies and procedures to address whether a dentist, hygienists or dental assistants who has an acute or chronic medical condition(s) that render them susceptible to opportunistic infection which may expose a patient to the risk of infection.	**3**	**Y**	**N**
8	Documentation of vaccinations offered to DHCP (Hepatitis B, Influenza, MMR, Varicella, Tetanus ,Meningococcal), informed consent of exposure risk, and declinations of such vaccinations or immunizations	**3**	**Y**	**N**
9	Employee health records include any exposure and post exposure and follow up records	**3**	**Y**	**N**
10	Written policies and procedures regarding all occupational exposures which include a post exposure medical plan (e.g. use CDC needle stick/sharps injury/exposure protocol)	**3**	**Y**	**N**
11	24/7 contact telephone number listed and posted for qualified healthcare provider	**3**	**Y**	**N**
12	Exposure and incident reporting forms	**3**	**Y**	**N**
13	Sharps injury log	**3**	**Y**	**N**
14	Written policy and procedure for patients known to have communicable disease upon arrival	**3**	**Y**	**N**
	BLOODBORNE PATHOGEN ELEMENTS			
15	Written policies and procedures for the prevention of transmission of bloodborne pathogens	**3**	**Y**	**N**
16	Written policies for hand hygiene, including documentation of training and appropriate selection of antiseptic agents	**3**	**Y**	**N**
17	Written policies for use of personal protective equipment	**3**	**Y**	**N**
18	Monitoring and documentation of compliance with PPE	**3**	**Y**	**N**
19	Written policies and procedures for handling and management of sharps	**3**	**Y**	**N**

	DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS			
20	Writen policies and procedures for managing semi-critical and critical items	3	Y	N
21	Written system outlining entire sterilization process (written policies and procedures for transporting and processing of all contaminated critical and semi-critical instruments, the instrument processing area, preparation and packaging of instruments, sterilization and storage of sterilized and clean dental instruments)	3	Y	N
22	Written policy and procedures for sterilization monitoring	3	Y	N
23	Weekly biological monitoring logs	1	Y	N
24	Current maintenance logs for sterilization equipment	3	Y	N
25	Weekly biological monitoring logs kept for 2+ years or since opening date:_____	3	Y	N
26	Written policy for managing failed chemical, heat or biological monitoring test	3	Y	N
27	Equipment and manintenance logs	3	Y	N
	ENVIRONMENTAL INFECTION CONTROL ELEMENTS			
28	Written policy and procedure for aseptic management during patient care	3	Y	N
29	Written policy and procedure for surface disinfection and environmental barrier protection	3	Y	N
30	Written policy and procedure for medical waste management	3	Y	N
31	Name/telephone number of licensed waste hauler for regulated waste	3	Y	N
32	Written Policy and procedure for decontaminating spills of blood or other body fluids	3	Y	N
33	Written policy and procedure to improve dental unit water quality	3	Y	N
34	Documentation of dental unit water lines testing to meet potable water standard of EPA (<500 CFU/ml)	4	Y	N
35	Documentation of action taken to meet EPA potable water standard, including re-testing	4	Y	N
36	Written policy and procedure to maintain aesepis and prevent cross contamination when taking and processing dental radiographs	3	Y	N
37	Written policy and procedure to maintain asepsis and prevent cross contamination during dental laboratory procedures	3	Y	N
	OTHER			
38	A comprehensive and annually up-dated medical histroy form is used to evaluate patients	3	Y	N

	COMMUNICABLE DISEASE CONTROL PROCEDURES	LEVEL 1-4	Y	N	N/A
39	Single use or sterilization for critical items	1	Y	N	N/A
40	**Multi - dose vials used**		Y	N	
41	**a)** if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1	Y	N	N/A
42	**b)** Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	2	Y	N	N/A
43	**c)** Are multi-use vials discarded when expired or 28 days after initial access (as applicable) - Must have date when first accessed	2	Y	N	N/A
44	**d)** is initial access dated on the multi-use vials	2	Y	N	N/A
45	**Fluid infusion and administration sets (IV bags, tubing and connectors) used?**		Y	N	
46	**a)** if yes, used only on one patient	1	Y	N	N/A
47	**b)** Disposed of after single use?	1	Y	N	N/A
48	**c)** Single IV bag is **not** used to mix medications for more than one patient	1	Y	N	N/A
49	**d)** Single dose medication/infusions are used for only one patient and discarded after use	1	Y	N	N/A
50	Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	2	Y	N	
51	Supplies for hand hygiene accessible to employees at point of need	2	Y	N	
52	Soap and water easily accessible	2	Y	N	
53	Alcohol based rubs easily accessible-if used	2	Y	N	
54	Team members display appropriate hand hygiene techniques	1	Y	N	

	APPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS				
55	Gloves (Latex and latex free or just latex free) Sterile Surgical Gloves---for surgical procedures	1 / 2	Y / Y	N / N	
56	Masks	1	Y	N	

57	Safety glasses with side shield or full face shields	1	Y	N	
58	Disposable gowns/laundered gowns offered	1	Y	N	
59	Health care workers display appropriate use of PPE barriers	2	Y	N	
60	Running water eye wash station accessible	3	Y	N	
61	Appropriate barrier products available (dental dams, protective eyewear, other)	2	Y	N	
62	Basic first aid products and equipment available (Recommended to include: nitrogylerin, Benadryl, epi-pen, oxygen, aspirin, albuterol, glucose, glucagon)	4	Y	N	
DENTAL UNIT WATER QUALITY					
63	Dental unit water lines flushed between patients for a minimum of 20 seconds	2	Y	N	
64	Dental unit water lines are treated to remove biofilm	4	Y	N	
65	Maintain documentation of dental unit water line testing to meet the potable water standard of EPA (< 500 CFU/ml)	4	Y	N	
66	Maintain documentaion of dental unit water lines not meeting the potable water standard of EPA are treated and retested	4	Y	N	N/A
	CLEANING, DISINFECTION & STERILIZATION OF PATIENT CARE ITEMS				
67	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization	2	Y	N	
68	Sterilization equipment available and fully functional	1	Y	N	
69	Number of working autoclaves: _____	1	Y	N	N/A
70	Number of working chemiclaves: _____	1	Y	N	N/A
71	Number of working dry heat sterilizers: _____	1	Y	N	N/A
72	Number of working Flash steam sterilizers (Statim): ____	1	Y	N	N/A
73	Number of working ultrasonic cleaners: _____	1	Y	N	
74	Endodontic files/instrumentation sterilized or disposed	1	Y	N	
75	Is Biological testing of sterilizer completed weekly	1	Y	N	
76	If independent biological testing service, Name: _____		Y	N	N/A
77	If in-office biological testing, is control processed?	2	Y	N	N/A
78	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators	2	Y	N	
79	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use	1	Y	N	
80	Use a biological indicator for every sterilizer load that contains a non-sterile Implantable device. Verify results before using the implantable device, whenever possible.	1	Y	N	N/A
81	Proper sterilization loading technique, not overloading	2	Y	N	
82	Heat Tolerant Handpieces are sterilized after each use (including high & low speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motors--with exception of electric type models)	1	Y	N	
83	Sterile packs are inspected for integrity, compromised packs are reprocessed	2	Y	N	
84	Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp	2	Y	N	
85	Single use instruments or devices are not processed and re-used	1	Y	N	
86	Semi-critical items are sterilized after each use if not heat sensitive	1	Y	N	
87	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	1	Y	N	
88	Practice is using an FDA approved chemical sterilant	2	Y	N	N/A
89	All applicable label instruction are followed on FDA approved chemical sterilant (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)	2	Y	N	N/A
90	Practice is using a FDA approved method as high level disinfectant (for heat-sensitive semicritical patient care items)	2	Y	N	N/A
91	Method used for high level disinfection are prepared and follow the manufacturer's instructions of use (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)	2	Y	N	N/A
Aseptic Techniques:					
92	Splash shields and equipment guards used on dental laboratory lathes	4	Y	N	N/A
93	Fresh pumice and a sterilized, or new rag wheel used for each patient	2	Y	N	N/A

94	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	**2**	Y	N	N/A
95	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	**2**	Y	N	

Environmental Infection Control		LEVEL 1-4	Y	N
96	Clinical contact surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) that are not barrier-protected are cleaned and disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.	**2**	**Y**	**N**
97	Housekeeping surfaces (sinks, floors, walls) are cleaned on a routine basis	**2**	**Y**	**N**
98	Environmental surfaces are disinfected with an EPA registered low intermediate disinfectant (TB claim) at beginning and end of day	**2**	**Y**	**N**
99	EPA registered disinfectants are prepared and follow the manufacturer's instruction of use (dilution, shelf life, storage, use of material compatibility)	**2**	**Y**	**N**
100	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	**2**	**Y**	**N**
101	Clinical contact barriers are changed between patients	**2**	**Y**	**N**
102	Decontamination and clean areas separated in the instrument processing area	**2**	**Y**	**N**
103	Biohazardous waste is disposed of properly	**2**	**Y**	**N**
	Sharps			
104	Approved sharps containers utilized and accessible	**2**	**Y**	**N**
105	Sharps container taken out of service and processed appropriately	**2**	Y	N
106	Safe recapping techniques/devices used	**2**	Y	N
107	Sharps (needles, blades…) are single use	**1**	Y	N
108	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	**2**	Y	N

ACKNOWLEDGEMENT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT

The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.

In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.

If an owner/licensee has commenced the practice of dentistry prior to an Initial Inspection (NAC 631.1785) at any given location that inspection shall be deemed to be a Random Inspection pursuant to NAC 631.179.

If the inspection indicates "critical" deficiencies (items listed as "#1's") the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "critical" deficiencies and that a re-inspection will be conducted within seventy-two (72) hours of the written notice. However in the event the "critical" deficiencies noted, pose an immediate threat to the public health, safety and/or welfare the President of the Board, may without any further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4).

In the event the inspection indicates "remedial action required" deficiencies (items listed as "#2's"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "remedial action required" deficiencies and that a re-inspection will be conducted within seven (7) days of the written notice.

In the event the inspection indicates "action required" deficiencies (items listed with a "#3"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "action required" deficiencies and that a re-inspection will be conducted within thirty (30) days of the written notice.

Receipt of a copy of the foregoing is hereby acknowledged;

By _____ Print name: _____

this _____ day of _____, 20___ at ____:____ __.m. Title and/or position/capacity: _____