NEVADA STATE BOARD OF DENTAL EXAMINERS
NOTICE OF PUBLIC MEETING
Friday, August 17, 2012 at 8:30 am

MINUTES

Agenda
Infection Control Committee Meeting

(Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Soltani; Mr. McKernan; Mrs. Wark)

Videoconferencing was only available at the Legislative Counsel Bureau, 555 E. Washington Avenue, Room 4412E, Las Vegas, Nevada 89101 and the Legislative Counsel Bureau, 401 South Carson Street, Room 4100, Carson City, Nevada 89701. There was no videoconference at NSBDE Boardroom.

Please Note: The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Public comment is welcomed by the Board, but at the discretion of the Chair, may be limited to five minutes per person. A public comment time will be available before any action items are heard by the public body and then once again prior to adjournment of the meeting. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn. Prior to the commencement and conclusions of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment.

Call to Order

1. **Roll call and Establish a Quorum:**

Mrs. Villigan called the meeting to order and Ms. Kelly conducted the following roll call:

Mrs. Leslea Villigan----------PRESENT
Dr. Byron Blasco----------EXCUSED
Dr. Jason Champagne----------PRESENT
Dr. M Masih Soltani----------EXCUSED
Mr. James "Tuko" McKernan----------PRESENT
Mrs. Lisa Wark----------PRESENT

Others Present: John Hunt, Board Legal Counsel; Kathleen Kelly, Executive Director.

Public Attendees: Michelle D. Smith, RDH, SNDHA; Mary Bobbett, RDH; Annette Lincicome, RDH, SNDHA; Cathy Carriero, SNDHA; William Pappas, DDS, IC Inspector; Heather Rogers, NDHA President; Shari Peterson, CSN, NDHA; Tony Guillen, DDS.

2. **Public Comment:** No public comment.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

*3. New Business (For Possible Action)

*a. **Discussion/Re-visions to the Inspection Control Survey form currently used during CDC Infection Control inspections** (For Possible Action)

Mrs. Villigan briefly went over the edited form. She discussed some of the changes made. She indicted that at the last meeting held, they were to make the form easier to understand and utilize for both the inspectors and licensees. Additionally, they wanted to ensure that they were accurately abiding by the CDC infection control guidelines. (Both pre-revised and revised versions attached for the record.) Mrs. Villigan went through the documents and pointed out the amendments made. Mr. Hunt explained the purpose of NRS 631.175 and the authority it provides to the Board. Per Mrs. Wark's inquiry, Mr. Hunt explained that in an initial inspection the Board notifies the office in advance; and that in a random inspection the office is chosen through random selection, however, the Board had agreed at a previous meeting that they would give advance notice to the office that they would be conducting an inspection. Ms. Kelly Ms. Kelly addressed the 'initial inspection' requirement for a new owner of a dental office to notify the Board within 30 days that they are the new owner of an already established practice, or that they have a opened a new office. Upon notifying the Board of the new location or of new ownership, an inspection is scheduled within 90 days. Ms. Kelly commented that there are other mechanisms for the Board to be able to issue a summary suspension. Mrs. Villigan asked for clarification that if there is an immediate need to shut down an office for concern of the public's safety, does the Board have an established mechanism to temporarily shut down a practice. Mr. Hunt responded that per the statutes and regulations, there is a mechanism. There was further discussion regarding what statutory mechanisms the Board currently has to issue a temporary suspension or a cease and desist notice.

Dr. Miller commented that an initial inspection is requested by the licensed owner of a new practice and a random inspection is done by the licensing system randomly selecting office locations to be inspected. Mrs. Villigan commented that the spirit of the inspections is simply to ensure that licensees are abiding by the guidelines of CDC infection control. She went on to give a special thank you to Rigo Morales, office staff, for his work on transforming the inspection form to be easily read and for condensing the form from ten pages to five pages.

MOTION: Mrs. Wark made the motion to adopt the revised inspection form. Second by Mr. McKernan. No public comment. Discussion: Mrs. Villigan commented that this is an evolving process. All in favor.

*4. **Possible recommendations to the Board based on Committee's review Regarding Survey Form Revision** (For Possible Action)

The committee agreed to recommend the adopted inspection survey form to the Board.

5. **Public Comment:** Dr. Bill Pappas commented that the process that the inspector have been using and has worked rather well. He made a couple of comments regarding the discussion amongst the committee members and Mr. Hunt regarding the cease and desist notices.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

6. **Announcements:** No announcements.

*7. **Adjournment** (For Possible Action) Mr. McKernan made the motion to adjourn. Second by Mrs. Wark. All in favor.

Meeting Adjourned at 8:27 am.

Respectfully submitted by:

Debra Shaffer, Interim Executive Director

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Infection Control Inspection/Survey Form:

Revised 8-12-2011

Dental Office Name/Address:

Licensee Name: **Owner Dentist Name:**

First Inspection ☐ **Follow Up Inspection** ☐ **Date:**

Inspectors:

Compliance level 1-4			*Has a written infection control program.*
3	Yes	No	Includes a written system of sterilization process monitoring
3	Yes	No	Includes a written process for managing semicritical and critical items
3	Yes	No	Includes a written process for managing failed chemical, heat or biological monitoring
3	Yes	No	Includes written policies for use of Personal Protective Equipment (PPE)
3	Yes	No	Includes documentation of vaccinations offered to HCW with infectious exposure risk (Hepatitis B, influenza per CDC)
3	Yes	No	Includes documentation that vaccinations declined by health care workers
3	Yes	No	Includes vaccination records for all employees with exposure risks
3	Yes	No	Includes written policies and procedures for handling and management of sharps
3	Yes	No	Includes a Sharps Injury Log exist
3	Yes	No	Includes a written post exposure medical evaluation plan and 24/7 contact #
3	Yes	No	Includes documentation of post exposure follow-up for all sharps injuries involving contaminated instruments.
3	Yes	No	Includes written policies and procedures for medical waste management
3	Yes	No	Licensed waste hauler used for regulated waste---Name and/or Telephone Number:

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3	Yes	No	Includes written policies and procedures for aseptic management during patient care
3	Yes	No	Includes written policies and procedures for surface disinfection and environmental barrier protection
3	Yes	No	Includes written policies and procedures for laboratory procedures
3	Yes	No	Includes written policy and procedure for patients known to have communicable disease on arrival (TB, influenza)
3	Yes	No	Comprehensive medical history form in use to evaluate patients
2	Yes	No	Ensures patient information routinely reviewed and updated.

Record Keeping			***Each Practice Must....***
3	Yes	No	Reviews the written infection control plan at least annually to ensure compliance with best practices
3	Yes	No	Documentation of Bloodborne Pathogen training at date of hire and annually thereafter
3	Yes	No	Documentation of training of health-care employees in selection and use of PPE
3	Yes	No	Documents corrective actions for all deviations from written policy
3	Yes	No	Up-to-date confidential employee health records
3	Yes	No	Employee health records kept for 30+ years ☐ since opening ☐ Date:
3	Yes	No	Injury/incident records
3	Yes	No	Qualified designated health care provider identified. (Use CDC: needle stick/sharps injury /exposure protocol)
3	Yes	No	Emergency telephone numbers posted
3	Yes	No	Training records kept for 3+ years
3	Yes	No	Informed refusal declination records of indicated immunizations/vaccination
4	Yes	No	Equipment repair and maintenance records
1	Yes	No	Biological weekly monitoring logs
3	Yes	No	Post exposure evaluation and follow-up records

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4	Yes	No	Maintenance log for sterilization equipment is up-to-date
3	Yes	No	Weekly biological testing logs maintained for 2+ years ☐ since opening ☐ Date:

Has an employee training and monitoring program			
2	Yes	No	Provides and documents appropriate training for all staff assigned to process
			semi-critical and critical instruments
3	Yes	No	a) provides hand-on training
2	Yes	No	Monitors and documents compliance with use of PPE
2	Yes	No	Provides and documents training in hand hygiene
2	Yes	No	Provides annual Infection Control training
Communicable Disease Control Procedures			
1	Yes	No	Single use or sterilization for critical items
	Yes	No	**Multi-dose vials used**
1	Yes	No	a) If yes, vials are only entered with new, sterile syringe with a new, sterile needle
2	Yes	No	b) Cap of multi-dose vial cleaned with alcohol based wipe before being accessed
2	Yes	No	**c)** Are multi-use vials discarded when expired or 28 days after initial
			access (as applicable)- Must have date when 1st accessed
2	Yes	No	**d)** Is initial access dated on the multi-use vials?
	Yes	No	**Fluid infusion and administration sets (IV bags, tubing and connectors) used?**
1	Yes	No	a) If yes, used only on one patient
1	Yes	No	b) Disposed of after single use ?
1	Yes	No	c) Single IV bag is <u>not</u> used to mix medications for more than one patient

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1	Yes	No		d) Single dose medication/infusions are used for only one patient and discarded after use
2	Yes	No		Personnel wear utility gloves when processing contaminated instruments- Not latex type for patient care
2	Yes	No		Supplies for hand hygiene are accessible to employees at point of need
2	Yes	No		Soap and water easily accessible
2	Yes	No		Alcohol based rubs easily accessible-if used
1	Yes	No		Team members display appropriate hand hygiene techniques
Appropriate PPE supplies accessible for employees with exposure risks				
1	Yes	No		Gloves (Latex and latex free or just latex free)
1	Yes	No		Masks
1	Yes	No	NA	Sterile Surgical Gloves---for surgical procedures (Examples:)
1	Yes	No		Safety glasses with side shield or full face shields
1	Yes	No		Disposable gowns/laundered gowns offered
2	Yes	No		Health care workers display appropriate use of PPE barriers
3	Yes	No		Running water eye wash station accessible
2	Yes	No		Appropriate barrier products available (dental dams, protective eyewear, other)
4	Yes	No		Basic first aid products and equipment available
2	Yes	No		Dental unit water lines flushed between patients for a minimum of 20 seconds
4	Yes	No		Dental unit water lines are treated to remove biofilm.
4	Yes	No		Dental unit water lines are tested to meet the potable water standard of EPA (≤ 500 CFU/mL)
4	Yes	No		Dental unit water lines not meeting the potable water standard of EPA are
				treated and retested.

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Cleaning, Disinfection and Sterilization of patient care devices, instruments			
2	Yes	No	Biofilm and organic matter are removed from critical and semi-critical
			instruments using detergents or enzymatic cleaners prior to sterilization.
1	Yes	No	Sterilization equipment available and fully functional
	Yes	No	Number of working autoclaves: _____
	Yes	No	Number of working chemiclaves: _____
	Yes	No	Number of working dry heat sterilizers: _____
	Yes	No	Number of working Flash steam sterilizers (Statim):_____
	Yes	No	Number of working ultrasonic cleaners:_____
1	Yes	No	Endodontic files/instrumentation sterilized or disposed
1	Yes	No	Is Biological testing of sterilizer completed weekly
	Yes	No	If independent biological testing service, name: _____
2	Yes	No	If in-office biological testing, is control processed?
2	Yes	No	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators
1	Yes	No	Critical items (any instrument that penetrates soft tissue or bone) instruments
			are sterilized after each use.
2	Yes	No	Proper sterilization loading technique, not overloading
1	Yes	No	Heat Tolerant Handpieces are sterilized after each use.
2	Yes	No	Sterile packs are inspected for integrity, compromised packs are reprocessed
2	Yes	No	Event-related monitoring is used to monitor package integrity and packages are
			appropriately stored. (Must not be used for surgical items)
2	Yes	No	Time related monitoring is used to monitor package integrity and all packages
			have unexpired dates. (Dates not to exceed 3 months interval) (Not required process unless surgical items)

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1	Yes	No		Single use instruments or devices are not processed and reused.
1	Yes	No		Semi-critical items are sterilized after each use if not heat sensitive.
1	Yes	No		Heat sensitive semi-critical items are high level disinfected after each use.
2	Yes	No		Practice is using an FDA approved chemical *sterilant*.
2	Yes	No		All applicable label instruction are followed on EPA-registered chemical sterilant
				(dilution, shelf life, storage, safe use, disposal and material compatibility)
2	Yes	No		Practice is using an FDA approved high level *disinfectant*.
2	Yes	No		Chemicals used for high level disinfection are prepared according to
				manufacturer's instructions (dilution, shelf life, storage, safe use, disposal and material compatibility)
2	Yes	No		Chemical used for high level disinfection are dated with expiration dates and
				discarded before expiration dates
Aseptic Techniques:				
4	Yes	No	NA	Splash shields and equipment guards used on dental laboratory lathes
2	Yes	No	NA	Fresh pumice and a sterilized, or new rag wheel used for each patient.
2	Yes	No	NA	Are devices used to polish, trim or adjust contaminated intraoral devices being
				disinfected or sterilized
2	Yes	No	NA	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned
				and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement
				in the patient's mouth
2	Yes	No		Dental radiology aseptic techniques is followed -single use film or barriers on electronic sensors

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Environmental Infection Control			
2	Yes	No	Semi-critical environmental surfaces (frequently touched surfaces that could potentially allow secondary transmission
			to HCW or patients) are decontaminated between patients using a high level surface disinfectant.
2	Yes	No	Noncritical environmental surfaces are decontaminated between patients
2	Yes	No	Objects and environmental surfaces are disinfected with an EPA registered
			tuberculocidal disinfectant at beginning of day,
2	Yes	No	Objects and environmental surfaces are disinfected with an EPA registered
			tuberculocidal disinfectant between patients.
2	Yes	No	Objects and environmental surfaces are disinfected with an EPA registered
			tuberculocidal disinfectant at the end of the day
2	Yes	No	EPA registered tuberculocidal disinfectants are used at the dilution specified by
			the manufacturer.
2	Yes	No	All clinical contact surfaces are protected with barriers (optional)
2	Yes	No	Clinical contact barriers are changed between patients.
2	Yes	No	Decontamination and clean areas separated in the instrument processing area
3	Yes	No	Biohazardous waste is disposed of properly

Sharps			
2	Yes	No	Approved sharps containers utilized and accessible
2	Yes	No	Sharps containers taken out of service and processed appropriately
2	Yes	No	Safe recapping techniques/ devices used
1	Yes	No	Sharps (needles, blades ...) are single use

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2	Yes	No	Employee use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers.

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 –IMMEDIATE ACTION REQUIRED- REQUIRES CORRECTIVE COMPLIANCE WITHIN 7 DAYS
#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.

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Infection Control Inspection/Survey Form:			Revised 8-17-2012
Inspector(s):			
Dental Office Name/Address:			
Licensee Name:			**Owner Dentist Name:**
Initial First Inspection ☐ **Random Inspection** ☐ **Re-Inspection** ☐			**Date:**
Inspection Findings / Date			
Compliance Level 1-4		***Has a written infection control program.***	
1. Yes No	**3**	Includes a written system of sterilization process monitoring	
2. Yes No	**3**	Includes a written process for managing semicritical and critical items	
3. Yes No	**3**	Includes a written process for managing failed chemical, heat or biological monitoring	
4. Yes No	**3**	Includes written policies for use of Personal Protective Equipment (PPE)	
5. Yes No	**3**	Includes documentation of vaccinations offered to HCW with infectious exposure risk (Hepatitis B, influenza per CDC)	
6. Yes No	**3**	Includes documentation that vaccinations declined by health care workers	
7. Yes No	**3**	Includes vaccination records for all employees with exposure risks	
8. Yes No	**3**	Includes written policies and procedures for handling and management of sharps	
9. Yes No	**3**	Includes a Sharps Injury Log exist	
10. Yes No	**3**	Includes a written post exposure medical evaluation plan (use CDC: needle stick/sharps injury/exposure protocol) and 24/7	
		contact telephone number for qualified designated health care provider.	

Inspector Initials

Licensee Initials

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11. Yes No	3	Includes documentation of post exposure follow-up for all sharps injuries involving contaminated instruments.
12. Yes No	3	Includes written policies and procedures for medical waste management
13. Yes No	3	Licensed waste hauler used for regulated waste---Name and/or Telephone Number:
14. Yes No	3	Includes written policies and procedures for aseptic management during patient care
15. Yes No	3	Includes written policies and procedures for surface disinfection and environmental barrier protection
16. Yes No	3	Includes written policies and procedures for laboratory procedures
17. Yes No	3	Includes written policy and procedure for patients known to have communicable disease on arrival (TB, influenza)
18. Yes No	3	Comprehensive medical history form in use to evaluate patients
19. Yes No	2	Ensures patient information routinely reviewed and updated.

Record Keeping		***Each Practice Must....***
20. Yes No	3	Reviews the written infection control plan at least annually to ensure compliance with best practices
21. Yes No	3	Documentation of Bloodborne Pathogen training at date of hire and annually thereafter
22. Yes No	3	Documentation of training of health-care employees in selection and use of PPE
23. Yes No	3	Documents corrective actions for all deviations from written policy
24. Yes No	3	Up-to-date confidential employee health records
25. Yes No	3	Employee health records kept for 30+ years ☐ since opening ☐ Date:
26. Yes No	3	Injury/incident records
~~3 Yes No~~		~~Qualified designated health care provider identified. (Use CDC: needle stick/sharps injury /exposure protocol)~~
27. Yes No	3	Emergency telephone numbers posted

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28. Yes No	3	Training records kept for 3+ years
29. Yes No	3	Informed refusal declination records of indicated immunizations/vaccination
30. Yes No	4	Equipment repair and maintenance records
31. Yes No	1	Biological weekly monitoring logs
32. Yes No	3	Post exposure evaluation and follow-up records
33. Yes No	4	Maintenance log for sterilization equipment is up-to-date
34. Yes No	3	Weekly biological testing logs maintained for 2+ years ☐ since opening ☐ Date:

Has an employee training and monitoring program		
35. Yes No	2	Provides and documents appropriate training for all staff assigned to process semi-critical and critical instruments
36. Yes No	3	a) provides hand-on training
37. Yes No	2	Monitors and documents compliance with use of PPE
38. Yes No	2	Provides and documents training in hand hygiene
39. Yes No	2	Provides annual Infection Control training
Communicable Disease Control Procedures		
40. Yes No	1	Single use or sterilization for critical items
41. Yes No		**Multi-dose vials used**
42. Yes No N/A	1	a) If yes, vials are only entered with new, sterile syringe with a new, sterile needle
43. Yes No N/A	2	b) Cap of multi-dose vial cleaned with alcohol based wipe before being accessed

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44. Yes No N/A	2	c) Are multi-use vials discarded when expired or 28 days after initial access (as applicable)- Must have date when first accessed.
45. Yes No N/A	2	d) Is initial access dated on the multi-use vials?
46. Yes No		**Fluid infusion and administration sets (IV bags, tubing and connectors) used?**
47. Yes No N/A	1	a) If yes, used only on one patient
48. Yes No N/A	1	b) Disposed of after single use ?
49. Yes No N/A	1	c) Single IV bag is not used to mix medications for more than one patient
50. Yes No N/A	1	d) Single dose medication/infusions are used for only one patient and discarded after use
51. Yes No	2	Personnel wear utility gloves when processing contaminated instruments- Not latex type for patient care
52. Yes No	2	Supplies for hand hygiene are accessible to employees at point of need
53. Yes No	2	Soap and water easily accessible
54. Yes No	2	Alcohol based rubs easily accessible-if used
55. Yes No	1	Team members display appropriate hand hygiene techniques
Appropriate PPE supplies accessible for employees with exposure risks		
56. Yes No	1	Gloves (Latex and latex free or just latex free)
57. Yes No	1	Masks
58. Yes No N/A	1	Sterile Surgical Gloves---for surgical procedures (Examples:)
59. Yes No	1	Safety glasses with side shield or full face shields
60. Yes No	1	Disposable gowns/laundered gowns offered
61. Yes No	2	Health care workers display appropriate use of PPE barriers

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62.	Yes No	3	Running water eye wash station accessible
63.	Yes No	2	Appropriate barrier products available (dental dams, protective eyewear, other)
64.	Yes No	4	Basic first aid products and equipment available (Recommended to include: nitrogylerin, Benadryl, epi pen, oxygen, aspirin albuterol, glucose, glucagon)
65.	Yes No	2	Dental unit water lines flushed between patients for a minimum of 20 seconds
66.	Yes No	4	Dental unit water lines are treated to remove biofilm.
67.	Yes No	4	Dental unit water lines are tested to meet the potable water standard of EPA (≤ 500 CFU/mL)
68.	Yes No N/A	4	Dental unit water lines not meeting the potable water standard of EPA are treated and retested.
Cleaning, Disinfection and Sterilization of patient care devices, instruments			
69.	Yes No	2	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization.
70.	Yes No	1	Sterilization equipment available and fully functional
71.	Yes No N/A	1	Number of working autoclaves: _____
72.	Yes No N/A	1	Number of working chemiclaves: _____
73.	Yes No N/A	1	Number of working dry heat sterilizers: _____
74.	Yes No N/A	1	Number of working Flash steam sterilizers (Statim):_____
75.	Yes No	1	Number of working ultrasonic cleaners:_____
76.	Yes No	1	Endodontic files/instrumentation sterilized or disposed
77.	Yes No	1	Is Biological testing of sterilizer completed weekly

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78.	Yes No N/A		If independent biological testing service, name: _____
79.	Yes No N/A	2	If in-office biological testing, is control processed?
80.	Yes No	2	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators
81.	Yes No	1	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use.
82.	Yes No N/A	1	Implantable equipment is quarantined and tested with a biological indicator until the biological indicator has a negative reading.
83.	Yes No	2	Proper sterilization loading technique, not overloading
84.	Yes No	1	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)
85.	Yes No	2	Sterile packs are inspected for integrity, compromised packs are reprocessed
86.	Yes No	2	Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp. ~~(Must not be used for surgical items)~~
~~2~~	~~Yes No~~		~~Time related monitoring is used to monitor package integrity and all packages have unexpired dates. (Dates not to exceed 3 months interval) (Not required process unless surgical items)~~
87.	Yes No	1	Single use instruments or devices are not processed and re-used.
88.	Yes No	1	Semi-critical items are sterilized after each use if not heat sensitive.
89.	Yes No	1	Heat sensitive semi-critical items are at a minimum high level disinfected after each use or chemical sterilized after each use.
90.	Yes No N/A	2	Practice is using an FDA approved chemical *sterilant*.
91.	Yes No N/A	2	All applicable label instruction are followed on EPA-registered chemical sterilant (dilution, shelf life, storage, safe use, disposal and material compatibility)

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92. Yes No	2	Practice is using an FDA approved high level *disinfectant*.
93. Yes No	2	Chemicals used for high level disinfection are prepared according to manufacturer's instructions (dilution, shelf life, storage,
		safe use, disposal and material compatibility)
94. Yes No	2	Chemical used for high level disinfection are dated with expiration dates and discarded before expiration dates
Aseptic Techniques:		
95. Yes No NA	4	Splash shields and equipment guards used on dental laboratory lathes
96. Yes No NA	2	Fresh pumice and a sterilized, or new rag wheel used for each patient.
97. Yes No NA	2	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized
98. Yes No NA	2	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected
		with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth
99. Yes No	2	Dental radiology aseptic techniques is followed -single use film or barriers on electronic sensors
Environmental Infection Control		
100. Yes No	2	Semi-critical environmental surfaces (frequently touched surfaces that could potentially allow secondary transmission
		to HCW or patients) are decontaminated between patients using a high level surface disinfectant.
101. Yes No	2	Noncritical environmental surfaces are decontaminated between patients
102. Yes No	2	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at beginning of day,
103. Yes No	2	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant between patients.
104. Yes No	2	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at the end of the day
105. Yes No	2	EPA registered tuberculocidal disinfectants are used at the dilution specified by the manufacturer.

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106. Yes No	**2**	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean).
107. Yes No	**2**	Clinical contact barriers are changed between patients.
108. Yes No	**2**	Decontamination and clean areas separated in the instrument processing area
109. Yes No	**3**	Biohazardous waste is disposed of properly

Sharps		
110. Yes No	**2**	Approved sharps containers utilized and accessible
111. Yes No	**2**	Sharps containers taken out of service and processed appropriately
112. Yes No	**2**	Safe recapping techniques/ devices used
113. Yes No	**1**	Sharps (needles, blades ...) are single use
114. Yes No	**2**	Employee use engineering controls (e.g., forceps) to retrieve contaminated
		sharps from trays or containers.

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 7 DAYS

#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.

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Identified deficiencies as set forth above (list paragraph numbers from above where deficiency is noted):
#1 – "Critical" deficiencies:
#2 – "Remedial Action Required" deficiencies:
#3 – "Action Required" deficiencies:
#4 – "Action Recommended" deficiencies:

By _____ this _____ day of _____, 20___ at ____:____ __.m.
Inspector/evaluator
Print name: _____

ACKNOWLEDGEMNT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT

The owner of the dental practice and/or its authorized agent 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 passed the inspection, as noted in the this inspection/survey form, the owner/licensee will receive from the Board's executive director and/or representative, written notice of passing the inspection conducted above.

_____ Inspector Initials

_____ Licensee Initials

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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 as above, 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 "immediate 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 _____ this _____ day of _____, 20___ at ____:____ __.m.

Print name: _____

Title and/or position/capacity: _____

_____
Inspector Initials

_____
Licensee Initials