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Infection Control Committee Meeting

Nevada State Board of Dental Examiners

Jade A. Miller, D.D.S.
President

J. Stephen Sill, D.M.D.
Secretary-Treasurer

6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

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.	

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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 PFE 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.

Inspector Initials

Licensee Initials

Nevada State Board of Dental Examiners

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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

Nevada State Board of Dental Examiner
6010 S. Rainbow Blvd., Bldg. A Ste. 1
Las Vegas, NV 89118
(702) 486-7044 Fax (702) 486-7046

INFECTION CONTROL INSPECTION/SURVEY FORM

Licensee Name:		Owner Dentist:	
Dental Office Name:			
Address:	city:	State:	Zip code:

INSPECTOR(S) / PURPOSE OF INSPECTION

Inspector(s):
(1)_____
(2)_____
(3)_____

Date of Inspection:

Initial First Inspection: ☐ Random Inspection: ☐

Re- 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 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.

#	Record Keeping - Each Practice Must...	level 1-4	YES	NO	N/A	#	Record Keeping - Each Practice Must...	level 1-4	YES	NO	N/A
1	Review the written infection control plan at least annually to ensure compliance with best practices	3	Y	N	N/A	9	Training records kept for 3+ years	3	Y	N	N/A
2	Documentation of Blood borne Pathogen training at date of hire and annually thereafter	3	Y	N	N/A	10	Informed refusal declination records of indicated immunizations/vaccination	3	Y	N	N/A
3	Documentation of training of health-care employees in selection and use of PPE	3	Y	N	N/A	11	Equipment repair and maintenance logs	4	Y	N	N/A
4	Documents corrective actions for all deviations from written policy	3	Y	N	N/A	12	Biological weekly monitoring logs	1			
5	Up-to-date confidential employee health records	3	Y	N	N/A	13	Post exposure evaluation and follow-up records	3	Y	N	N/A
6	Employee health records kept for: 30+ years: ☐ Since opening: ☐	3	Y	N	N/A	14	Maintenance log for sterilization equipment is up-to-date	4	Y	N	N/A
7	Injury / Incident records	3	Y	N	N/A	15	Weekly biological testing logs maintained for: 2+ years: ☐ Since opening: ☐ Date:_____	3	Y	N	N/A
8	Emergency telephone numbers posted	3	Y	N	N/A						

_____ Inspector Initials

_____ Licensee Initials

#	Has a written infection control program	level 1-4	YES	NO	N/A
16	Includes a written system of sterilization process monitoring	3	Y	N	N/A
17	Includes a written process for managing semi critical and critical items	3	Y	N	N/A
18	Includes a written process for managing failed chemical, heat or biological monitoring	3	Y	N	N/A
19	Includes written policies for use of Personal Protective Equipment (PPE)	3	Y	N	N/A
20	Includes documentation of vaccinations offered to HCW with infectious exposure risk -Hepatits B, Infuenza per CDC	3	Y	N	N/A
21	Includes documentation that vaccinations declined by health care workers	3	Y	N	N/A
22	Includes vaccination records for all employees with exposure risks	3	Y	N	N/A
23	Includes written policies and procedures for handling and management of sharps	3	Y	N	N/A
24	Includes a Sharps Injury log exist	3	Y	N	N/A
25	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	3	Y	N	N/A
26	Includes documentation of post exposure follow-up for all sharps injuries involving contaminated instruments	3	Y	N	N/A
27	Includes written policies and procedures for medical waste management	3	Y	N	N/A
28	Licensed waste hauler used for regulated waste----Name and/or Telephone Number:	3	Y	N	N/A
29	Includes written policies and procedures for aseptic management during patient care	3	Y	N	N/A
30	Includes written policies and procedures for surface disinfection and environmental barrier protection	3	Y	N	N/A
31	Includes written policies and procedures for laboratory procedures	3	Y	N	N/A
32	Includes written policy and procedure for patients know to have communicable disease on arrival (TB, Influenza)	3	Y	N	N/A
33	Comprehensive medical history form in use to evaluate patients	3	Y	N	N/A
34	Ensures patient information routinely reviewed and updated	2	Y	N	N/A

#	Has an employee training and monitoring program	level 1-4	YES	NO	N/A
35	Provides and documents appropriate training for all staff assigned to process semi-circle and critical	2	Y	N	N/A
36	a) provide hands-on training	3	Y	N	N/A
37	Monitors and documents compliance with use of PPE	2	Y	N	N/A
38	Provides and documents training in hand hygiene	2	Y	N	N/A
39	Provides annual Infection Control training	2	Y	N	N/A
#	**Communicable Disease Control Procedures**	level 1-4	YES	NO	N/A
40	Single use or sterilization for critical items	1			
41	**Multi - dose vials used**		Y	N	N/A
42	a) if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1			
43	b) Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	2	Y	N	N/A
44	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
45	d) is initial access dated on the multi-use vials	2	Y	N	N/A
46	**Fluid infusion and administration sets (IV bags, tubing and connectors) used?**		Y	N	N/A
47	a) if yes, used only on one patient	1			
48	b) Disposed of after single use?	1			
49	c) Single IV bag is **not** used to mix medications for more than one patient	1			
50	d) Single dose medication/infusions are used for only one patient and discarded after use	1			
51	Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	2			
52	Supplies for hand hygiene accessible to employees at point of need	2	Y	N	N/A
53	Soap and water easily accessible	2	Y	N	N/A
54	Alcohol based rubs easily accessible-if used	2	Y	N	N/A
55	Team members display appropriate hand hygiene techniques	1			

#	Appropriate PPE supplies accessible for employees with exposure risks	level 1 - 4	YES	NO	N/A
56	Gloves (Latex and latex free or just latex free)	1			
57	Masks	1			
58	Sterile Surgical Gloves--for surgical procedures (Examples: _____)	1			
59	Safety glasses with side shield or full face shields	1			
60	Disposable gowns/laundered gowns offered	1			
61	Health care workers display appropriate use of PPE barriers	2	Y	N	N/A
62	Running water eye wash station accessible	3	Y	N	N/A
63	Appropriate barrier products available (dental dams, protective eyewear, other)	2	Y	N	N/A
64	Basic first aid products and equipment available (Recommended to include: nitrogylerin, Benadryl, epi pen, oxygen, aspirin, albuterol, glucose, glucagon)	4	Y	N	N/A
65	Dental unit water lines flushed between patients for a minimum of 20 seconds	2	Y	N	N/A
66	Dental unit water lines are treated to remove biofilm	4	Y	N	N/A
67	Dental unit water lines are tested to meet the potable water standard of EPA (≤ 500 CFU/ml)	4	Y	N	N/A
68	Dental unit water lines not meeting the potable water standard of EPA are treated and retested	4	Y	N	N/A
#	Cleaning, Disinfection and Sterilization of patient care devices, instruments	level 1 - 4	YES	NO	N/A
69	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization	2	Y	N	N/A
70	Sterilization equipment available and fully functional	1			
71	Number of working autoclaves: _____	1			
72	Number of working chemiclaves: _____	1			
73	Number of working dry heat sterilizers: _____	1			
74	Number of working Flash steam sterilizers (Statim):	1			
75	Number of working ultrasonic cleaners: _____	1			
76	Endodontic files/instrumentation sterilized or disposed	1			
77	Is Biological testing of sterilizer completed weekly	1			
78	If independent biological testing service, name: _____		Y	N	N/A

#	Cleaning, Disinfection and Sterilization of patient care devices, instruments	level 1 - 4	YES	NO	N/A
79	If in-office biological testing, is control processed?	2	Y	N	N/A
80	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators	2	Y	N	N/A
81	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use	1	Y	N	N/A
82	Implantable equipment is quarantined and tested with biological indicator until the biological indicator has a negative reading	1	Y	N	N/A
83	Proper sterilization loading technique, not overloading	2	Y	N	N/A
84	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	N/A
85	Sterile packs are inspected for integrity, compromised packs are reprocessed	2	Y	N	N/A
86	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	N/A
87	Single use instruments or devices are not processed and re-used	1	Y	N	N/A
88	Semi-critical items are sterilized after each use if not heat sensitive.	1	Y	N	N/A
89	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	1	Y	N	N/A
90	Practice is using an FDA approved chemical *sterilant*	2	Y	N	N/A
91	All applicable label instruction are followed on EPA-registered chemical sterilant (dilution, shelf life, storage, safe use, disposal and material compatibility	2	y	N	N/A
92	Practice is using an FDA approved high level *disinfectant*	2	Y	N	N/A
93	Chemical used for high level disinfection are prepared according to manufacturer's instructions (dilution, shelf life, storage, safe use, disposal and material compatibility)	2	Y	N	N/A
94	Chemical used for high level disinfection are dated with expiration dates and discarded before expiration dates	2	Y	N	N/A

Inspector Initials _____ Licensee Initials _____

#	Aseptic Techniques	level 1-4	YES	NO	N/A
95	Splash shields and equipment guards used on dental laboratory lathes	4	Y	N	N/A
96	Fresh pumice and sterilized, or new rag wheel used for each patient	2	Y	N	N/A
97	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	2	Y	N	N/A
98	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	2	Y	N	N/A
99	Dental radiology aseptic techniques is followed -single use film or barriers on electronic sensors	2	Y	N	N/A

#	Environmental Infection Control	level 1-4	YES	NO	N/A
100	Semi-critical environmental surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) are decontaminated between patient using a high level surface disinfectant	2			
101	Noncritical environmental surfaces are decontaminated between patients	2			
102	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at beginning of day	2			
103	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant between patients	2			
104	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at the end of the day	2			

#	Environmental Infection Control	level 1-4	YES	NO	N/A
105	EPA registered tuberculocidal disinfectants are used at the dilution specified by the manufacturer	2	Y	N	N/A
106	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	2	Y	N	N/A
107	Clinical contact barriers are changed between patients	2	Y	N	N/A
108	Decontamination and clean areas separated in the instrument processing area	2	Y	N	N/A
109	Biohazardous waste is disposed of properly	3	Y	N	N/A

#	Sharps	level 1-4	YES	NO	N/A
110	Approved sharps containers utilized and accessible	2			
111	Sharps container taken out of service and processed appropriately	2			
112	Safe recapping techniques/devices used	2			
113	Sharps (needles, blades...) are single use	1	Y	N	N/A
114	Employee use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	2			

IDENTIFIED DEFICIENCIES AS SET FORTH ABOVE PAGES 1-4 (List paragraph numbers from above pages 1-4 where deficiency is noted):

#1 -- ***"Critical"*** deficiencies:

#2 -- ***"Remedial Action Required"*** deficiencies:

#3 -- ***"Action Required"*** deficiencies:

#4 -- ***"Action Recommended"*** deficiencies:

Inspector Initials _____ Licensee Initials _____

Nevada State Board of Dental Examine
6010 S. Rainbow Blvd., Bldg. A Ste. 1
Las Vegas, NV 89118
(702) 486-7044 Fax (702) 486-7046

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.
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