

NEVADA STATE BOARD
of
DENTAL EXAMINERS

INFECTION CONTROL
RESOURCE GROUP
MEETING

AUGUST 1, 2014

8:00 A.M.

PUBLIC BOOK

Red numbers correspond to current IC audit form. Please review Dr. Hellwinkle's suggestions in black, along with the current audit form for discussion and/or changes/no changes.

Record Keeping - Each Practice must have:

1. Written Infection Control Program that is specific for the owner/licensee at that location Y/N level 3

This IC program must include:

Personnel Health Elements:

1. Education and training:

(1)a. Documentation of review of the written infection control plan at least annually to ensure compliance with best practices. Y/N level 3

(2)b. Documentation of Bloodborne Pathogen training at the date of hire for that practice and annually thereafter. Y/N level 3

(35/36)c. Education and training should be appropriate to the assigned duties of the specific DHCP and include hands on training for all staff assigned to process semi critical and critical instruments. Y/N level 3

(9) d. Training records kept for 3+ years Y/N level 3

(4) e. Documents corrective actions for all deviations from written policy. Y/N level 3

2. Immunization Programs/Maintenance of Records, Data Management, and Confidentiality

(5) a. Up to date confidential employee health records Y/N level 3

(20) b. Employee health records include documentation of vaccinations offered to DHCP per CDC guidelines. Y/N level 3

(10) c. Employee health records include informed consent of risk and proper documentation of vaccinations/immunizations declined by DHCP. Y/N level 3

(22) d. Employee health records include vaccination records for all DHCP. Y/N level 3

(6) e. Employee health records kept for duration of employment plus thirty years. Y/N level 3

(7) f. Employee health records include any exposure and post-exposure and follow-up records. Y/N level 3

3. Exposure and Postexposure Management:

- (25) a. Written policies and procedures regarding all occupational exposures which include post exposure medical evaluation plan (e.g. use CDC needle stick/sharps injury/exposure protocol) Y/N level 3
- (25) b. 24/7 contact telephone number listed for qualified designated health care provider. Y/N level 3
- Text c. Exposure and incident reporting forms available Y/N level 3
- (24)d. Includes a sharps injury log Y/N level 3

5. Medical Conditions, Work Related Illness, and Work Restrictions:

- (32) a. Written policy and procedure for patients known to have communicable disease on arrival. Y/N level 3
- b. Written policy and procedure for work restrictions for employees infected with or exposed to communicable diseases. Y/N level 3

Bloodborne Pathogens Elements:

1) Written Policies and Procedures for the Prevention of Transmission of Bloodborne Pathogens:

- a. Includes written policies for hand hygiene. Y/N level 3
- (38)b. Provides and documents training in hand hygiene, including selection of antiseptic agents Y/N level 3
- (19)c. Includes written policies for use of personal protective equipment (PPE). Y/N level 3
- (37) d. Monitors and documents compliance with use of PPE. Y/N levels 3
- (23) e. Includes written policies and procedures for handling and management of sharps. Y/N level 3

2) Sterilization and Disinfection of Patient Care Items:

- (17) a. Includes a written process for managing semi critical and critical items Y/N level 3
- b. Includes a written system of the ENTIRE sterilization process, (a written process for transporting and processing of contaminated critical and semi critical instruments, the

instrument processing area, preparation and packaging of instruments, sterilization, and storage of sterilized instruments and clean dental items) Y/N level 3

- (16) c. Includes a written procedure for sterilization monitoring Y/N level 3
- (12) d. Includes biological weekly monitoring logs Y/N level 1
- (14) e. Includes up to date maintenance log for sterilization equipment Y/N level 3
- (15) f. Includes weekly biological testing log for 2+ years or since opening Date: Y/N level 3
- (18) g. Includes a written process for managing failed chemical, heat or biological monitoring Y/N level 3
- (11) h. Includes equipment and maintenance logs. Y/N level 3

3) Environmental Infection Control Elements:

- (29) a. Includes written policies and procedures for aseptic management during patient care. Y/N level 3
 - (30) b. Includes written policies and procedures for surface disinfection and environmental barrier protection Y/N level 3
 - (27) c. Includes written policies and procedures for medical waste management Y/N level 3
 - (28) d. Includes name and telephone number of licensed waste hauler for regulated waste. Y/N level 3
 - e. Includes written policies and procedures for decontaminating spills of blood and other body fluids. Y/N level 3
 - f. Includes written policies and procedures to improve dental unit water quality Y/N level 3
 - (67) g. Includes documentation of dental unit water lines testing to meet the potable water standard of EPA (< 500 CFU/ml). Y/N level 4
 - (99) h. Includes written policies and procedures to prevent cross contamination when taking and processing dental radiographs Y/N level 3
 - (31) i. Includes written policies and procedures for laboratory procedures Y/N level 3
- ### 4) Other:
- (33) a. A comprehensive medical history form is used to evaluate patients Y/N level 3

(34) b. Patient medical history is routinely reviewed and updated. Y/N level 3

Regarding Communicable Disease Control Procedures :

(58) I would reduce item 58 to a level 2 (Sterile Surgical Gloves)

(82) I would rephrase item 82 to how it is stated in the CDC guidelines: Use a biological indicator for every sterilizer load that contains an implantable device. Verify results before using the implantable device, whenever possible. Y/N level 1

Otherwise I would not change anything on pages 3 and 4.

For IC committee members: (and board members, if interested)

OSAP's course for IC committee members to take prior to August 1 meeting:

<http://www.osaptraining.org/cws.htm>

CDC power point presentation for IC committee members to view prior to August 1 meeting:

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/ppt.htm>

New media campaign targeting patients (just FYI):

http://www.supportcleandentistry.com/?utm_source=RDH&utm_medium=email&utm_campaign=SCDVideoEm

For all board members: Report from OSAP annual symposium June 2014

Entire OSAP 2014 Symposium Content:

<http://www.osap.org/?page=2014SymFinCont>

The following are the courses that I was able to attend, with the direct link to course content and a few pearls of information picked up.

*Infectious diseases in a crazy modern world-

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/4.pdf

H7N9-bad one, CDC unsure how its going to be stopped since birds are not showing signs of being sick. MERS-likely from camels will reduce in summer but be back in early spring. Polio is middle east prominent and cases increasing.

*Infection control at the intersection of guidelines, regulations and standards-

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/5.part1.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/5.part2.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/5c.pdf

MMWR 2003-review will be published with articles. 2003 is still relevant, some areas will have newer reviews, no new recommendations, focus is on compliance. Figuring out how to format and publish, maybe in 2015.

FDA-If no instructions are provided by company then treat as single use. ALL diamond coated burs, instruments, etc. are defined by FDA as SINGLE USE.

Dental standards: ANSI, ISO, ADA, AAMI.

Shorter time for BI (2 hour)

*Conspiracy Theories in Science- It's not possible to get evidence based in all aspects of dentistry

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/6.pdf

*Infection control in Dentistry-then, now and what's next-HIV

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/7a.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/7b.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/7c.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/7d.pdf

* laboratory infection control protocols

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/8.pdf
f-clean lab (IC done in op) vs. dirty lab (IC done in lab). Communication with laboratory on disinfection process. disposable rag wheels \$0.75

*effective written and spoken communication skills needed to achieve compliance

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/9.pdf

*Infection control challenges in Multi-location settings-

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/11a.pdf

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/11.art2.pdf

[http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Dental Assitant Checklist-4.pdf](http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Dental_Assistant_Checklist-4.pdf)

[http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Dental Service review.pdf](http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Dental_Service_review.pdf)

[http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Master Maintenance Schedule .pdf](http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/Master_Maintenance_Schedule.pdf)

[http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/RM E Dental Tracer WORKSHEET.pdf](http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/RM E_Dental_Tracer_WORKSHEET.pdf)

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/WORKSHEET - Clinical Area In.pdf

VA uses internal site inspection forms, inspectors review docs, walk through look through storage and drawers, then get staff member one on one and ask what they would do in certain situations-office is only as good as their weakest link. Set up a system that is universal that lets others know the operator is clean-such as napkin on tray.

*instrument processing update-

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/13.new.pdf

AAMI- ST 79 guide to steam sterilization. AAMI ST 58:2013 chemical sterilization and high level disinfection. Have and review all manufacturers instructions for use and follow for each tool. Chemical indicators

*how to develop policies and protocols that promote compliance-

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/18.pdf

From policy to practice: OSAP's interactive guide to the CDC guidelines course objectives:

<http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Education/Edu.Obj.OSAP.CDOnline.pdf>

http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Symposium_2014/NewHireClinicalChecklist.pdf



INFECTION CONTROL INSPECTION/SURVEY FORM			Rev 06/2013	Date of Inspection:
Licensee Name:			ACKNOWLEDGEMENT 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 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 _____ this ____ day of _____, 20__ at ____:____ __m. Print name: _____ Title and/or position/capacity: _____ Re-Inspection Receipt of copy of the foregoing is hereby acknowledged; By _____ this ____ day of _____, 20__ at ____:____ __m. Print name: _____ Title and/or position/capacity: _____	
Owner Dentist:				
Dental Office Name:				
Address:				
City:	State: Nevada	Zip Code:		
INSPECTOR(S) / PURPOSE OF INSPECTION				
Inspector(s):	Re-Inspection Inspector(s):			
(1) _____	(1) _____			
(2) _____	(2) _____			
Initial Inspection: <input type="checkbox"/>	Random Inspection: <input type="checkbox"/>	Re-Inspection Date:		
IDENTIFIED DEFICIENCIES (List Numbers from the following pages 2-4 where deficiency is noted)				
# 1 - "Critical" deficiencies:				
# 2 - "Remedial Action Required" deficiencies:				
# 3 - "Action Required" deficiencies:				
# 4 - "Action Recommended" deficiencies:				
IDENTIFIED DEFICIENCIES FROM 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.				

00000 1ST INSPECTION Inspector Initials _____ Licensee Initials _____ | RE-INSPECTION Inspector Initials _____ Licensee Initials _____

Y N		RECORD KEEPING – EACH PRACTICE MUST...			LEVEL 1-4	Y	N	Y N		Has a written infection control program			LEVEL 1-4	Y	N
R	1	Review the written infection control plan at least annually to ensure compliance with best practices	3	Y	N	R	22	Includes vaccination records for all employees with exposure risks	3	Y	N				
R	2	Documentation of bloodborne Pathogen training at date of hire and annually thereafter	3	Y	N	R	23	Includes written policies and procedures for handling and management of sharps	3	Y	N				
R	3	Documentation of training of health-care employees in selection and use of PPE	3	Y	N	R	24	Includes a Sharps Injury log exist	3	Y	N				
R	4	Documents corrective actions for all deviations from written policy	3	Y	N	R	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				
R	5	Up-to-date confidential employee health records	3	Y	N	R	26	Includes documentation of post exposure follow-up for all sharps injuries involving contaminated instruments	3	Y	N				
R	6	Employee health records kept for: 30+ years: <input type="checkbox"/> Since opening: <input type="checkbox"/> Date: _____	3	Y	N	R	27	Includes written policies and procedures for medical waste management	3	Y	N				
R	7	Injury / Incident records	3	Y	N	R	28	Licensed waste hauler used for regulated waste---Name and/or Telephone Number:	3	Y	N				
R	8	Emergency telephone numbers posted	3	Y	N	R	29	Includes written policies and procedures for aseptic management during patient care	3	Y	N				
R	9	Training records kept for 3+ years	3	Y	N	R	30	Includes written policies and procedures for surface disinfection and environmental barrier protection	3	Y	N				
R	10	Informed refusal declination records of indicated immunizations/vaccination	3	Y	N	R	31	Includes written policies and procedures for laboratory procedures	3	Y	N				
R	11	Equipment repair and maintenance logs	3	Y	N	R	32	Includes written policy and procedure for patients known to have communicable disease on arrival (TB, Influenza)	3	Y	N				
R	12	Biological weekly monitoring logs	1	Y	N	R	33	Comprehensive medical history form in use to evaluate patients	3	Y	N				
R	13	Post exposure evaluation and follow-up records	3	Y	N	R	34	Ensures patient information routinely reviewed and updated	2	Y	N				
R	14	Maintenance log for sterilization equipment is up-to-date	4	Y	N	Has employee training and monitoring program									
R	15	Weekly biological testing logs maintained for: 2+ years: <input type="checkbox"/> Since opening: <input type="checkbox"/> Date: _____	3	Y	N	R	35	Provides and documents appropriate training for all staff assigned to process semi-critical and critical instruments	2	Y	N				
Has a written infection control program specific to site								R	36	a) provide hands-on training	3	Y	N		
R	16	Includes a written system of sterilization process monitoring	3	Y	N	R	37	Monitors and documents compliance with use of PPE	2	Y	N				
R	17	Includes a written process for managing semi critical and critical items	3	Y	N	R	38	Provides and documents training in hand hygiene	2	Y	N				
R	18	Includes a written process for managing failed chemical, heat or biological monitoring	3	Y	N	R	39	Provides annual infection control training	2	Y	N				
R	19	Includes written policies for use of personal protective equipment (PPE)	3	Y	N										
R	20	Includes documentation of vaccinations offered to HCW with infectious exposure risk (Hepatitis B, Influenza)	3	Y	N										
R	21	Includes documentation that vaccinations declined by health care workers	3	Y	N										

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1ST INSPECTION

Inspector Initials _____ Licensee Initials _____

RE-INSPECTION

Inspector Initials _____ Licensee Initials _____

Y N	Communicable Disease Control Procedures	LEVEL 1-4	Y	N	N/A
	40 Single use or sterilization for critical items	1	Y	N	
	41 Multi - dose vials used		Y	N	
	42 a) if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1	Y	N	N/A
	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	
	47 a) if yes, used only on one patient	1	Y	N	N/A
	48 b) Disposed of after single use?	1	Y	N	N/A
	49 c) Single IV bag is <u>not</u> used to mix medications for more than one patient	1	Y	N	N/A
	50 d) Single dose medication/infusions are used for only one patient and discarded after use	1	Y	N	N/A
	51 Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	2	Y	N	
	52 Supplies for hand hygiene accessible to employees at point of need	2	Y	N	
	53 Soap and water easily accessible	2	Y	N	
	54 Alcohol based rubs easily accessible-if used	2	Y	N	
	55 Team members display appropriate hand hygiene techniques	1	Y	N	
Appropriate PPE supplies accessible for licensees & employees with exposure risks					
	56 Gloves (Latex and latex free or just latex free)	1	Y	N	
	57 Masks	1	Y	N	
	58 Sterile Surgical Gloves---for surgical procedures (Examples: _____)	1	Y	N	N/A
	59 Safety glasses with side shield or full face shields	1	Y	N	
	60 Disposable gowns/laundered gowns offered	1	Y	N	
	61 Health care workers display appropriate use of PPE barriers	2	Y	N	
	62 Running water eye wash station accessible	3	Y	N	

Y N	Appropriate PPE supplies accessible for licensees & employees with exposure risks	LEVEL 1-4	Y	N	N/A
	63 Appropriate barrier products available (dental dams, protective eyewear, other)	2	Y	N	
	64 Basic first aid products and equipment available (Recommended to include: nitroglycerin, Benadryl, epipen, oxygen, aspirin, albuterol, glucose, glucagon)	4	Y	N	
	65 Dental unit water lines flushed between patients for a minimum of 20 seconds	2	Y	N	
	66 Dental unit water lines are treated to remove biofilm	4	Y	N	
	67 Dental unit water lines are tested to meet the potable water standard of EPA (< 500 CFU/ml)	4	Y	N	
	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					
	69 Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization	2	Y	N	
	70 Sterilization equipment available and fully functional	1	Y	N	
	71 Number of working autoclaves: _____	1	Y	N	N/A
	72 Number of working chemiclaves: _____	1	Y	N	N/A
	73 Number of working dry heat sterilizers: _____	1	Y	N	N/A
	74 Number of working Flash steam sterilizers (Statim): _____	1	Y	N	N/A
	75 Number of working ultrasonic cleaners: _____	1	Y	N	
	76 Endodontic files/instrumentation sterilized or disposed	1	Y	N	
	77 Is Biological testing of sterilizer completed weekly	1	Y	N	
	78 If independent biological testing service, Name: _____		Y	N	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	
	81 Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use	1	Y	N	
	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	

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1ST INSPECTION Inspector Initials _____ Licensee Initials _____

RE-INSPECTION Inspector Initials _____ Licensee Initials _____

Y N	Cleaning, Disinfection and Sterilization of patient care devices, instruments					LEVEL 1-4	Y	N	N/A	Y N	Aseptic Techniques:					LEVEL 1-4	Y	N		
R	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					R	99	Dental radiology aseptic techniques are followed -single use film or barriers on electronic sensors	3	Y	N					
R	85	Sterile packs are inspected for integrity, compromised packs are reprocessed	2	Y	N					R	Environmental Infection Control									
R	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					R	100	Semi-critical environmental surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) are decontaminated between patients using a high level surface disinfectant	2	Y	N					
R	87	Single use instruments or devices are not processed and re-used	1	Y	N					R	101	Noncritical environmental surfaces are decontaminated between patients	2	Y	N					
R	88	Semi-critical items are sterilized after each use if not heat sensitive	1	Y	N					R	102	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at beginning of day	2	Y	N					
R	89	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	1	Y	N					R	103	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant between patients	2	Y	N					
R	90	Practice is using an FDA approved chemical sterilant	2	Y	N	N/A				R	104	Objects and environmental surfaces are disinfected with an EPA registered tuberculocidal disinfectant at the end of the day	2	Y	N					
R	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				R	105	EPA registered tuberculocidal disinfectants are used at the dilution specified by the manufacturer	2	Y	N					
R	92	Practice is using an FDA approved high level disinfectant	2	Y	N					R	106	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	2	Y	N					
R	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					R	107	Clinical contact barriers are changed between patients	2	Y	N					
R	94	Chemical used for high level disinfection are dated with expiration dates and discarded before expiration dates	2	Y	N					R	108	Decontamination and clean areas separated in the instrument processing area	2	Y	N					
		Aseptic Techniques:									R	109	Biohazardous waste is disposed of properly	2	Y	N				
		Aseptic Techniques:										Sharps								
R	95	Splash shields and equipment guards used on dental laboratory lathes	4	Y	N	N/A				R	110	Approved sharps containers utilized and accessible	2	Y	N					
R	96	Fresh pumice and a sterilized, or new rag wheel used for each patient	2	Y	N	N/A				R	111	Sharps container taken out of service and processed appropriately	2	Y	N					
R	97	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	2	Y	N	N/A				R	112	Safe recapping techniques/devices used	2	Y	N					
R	98	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	2	Y	N	N/A				R	113	Sharps (needles, blades...) are single use	1	Y	N					
										R	114	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	2	Y	N					

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1ST INSPECTION

Inspector Initials _____

Licensee Initials _____

RE-INSPECTION

Inspector Initials _____

Licensee Initials _____