



INFECTION CONTROL INSPECTION/SURVEY FORM				<i>Rev 09/2023</i>		
Dental Office Name:			Date of Inspection:			
Licensee/Owner Name:						
Address:			INSPECTOR(S)			
			(1) _____ (2) _____			
City:		State: Nevada	Zip Code:	PURPOSE OF INSPECTION		
				Initial Inspection: <input type="checkbox"/> Re-Inspection : <input type="checkbox"/> Random Inspection: <input type="checkbox"/>		
COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4						
Level # 1 - CRITICAL: Failure to meet these standards may result in IMMEDIATE termination of patient care at the time of inspection.						
Level # 2 - REMEDIAL ACTION REQUIRED: Failure to meet these standards will require corrective action to become compliant within 7 days from the date of inspection.						
Level # 3 - ACTION REQUIRED: Failure to meet these standards will require corrective action to become compliant within 30 days from the date of inspection.						
Level # 4 - ACTION RECOMMENDED: These items are recommendations and are not required for compliance at this time – compliance requirements are subject to change as the Centers for Disease Control (CDC) recommendations are updated.						
RECORD KEEPING – EACH PRACTICE MUST HAVE				LEVEL 1-4	Y	N
1	Is there a written infection control program that is specific for the owner of this location and easily accessible by all staff?			3	Y	N
EDUCATION & TRAINING						
2	Is there documentation of review of the infection control plan at least annually to ensure compliance with best practices?			3	Y	N
3	Is there documentation of Bloodborne Pathogens training at the date of hire for each clinical staff member?			3	Y	N
4	Is there documentation of education and training that is appropriate to each dental personnel/staff member including hands-on training for personnel that process semi critical and critical instruments.			3	Y	N
5	Are training records kept for at least 3+ years?			3	Y	N
6	Is there written policies and procedures for corrective action for any deviation from the written policy including documentation of any corrective actions taken?			3	Y	N
CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS						
7	Is there written policies and procedures for providers/staff with an acute or chronic medical condition that may expose others to infection?			3	Y	N
8	Is there 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	Does the office maintain a confidential employee health record that includes any exposure and post exposure care received?			3	Y	N
10	Are there 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	Is a 24/7 contact telephone number for a qualified healthcare provider to handle occupational/post exposure care posted in an accessible area?			3	Y	N
12	Are there exposure and incident reporting forms including a sharps injury log?			3	Y	N
13	Is there written policies and procedure to handle patients known to have communicable disease upon arrival?			3	Y	N
BLOODBORNE PATHOGEN ELEMENTS						

14	Is there written policies and procedures for the prevention and transmission of bloodborne pathogens?	3	Y	N
15	Is there written policies and procedures for hand hygiene, including documentation of training and appropriate selection of antiseptic agents?	3	Y	N
16	Is there written policies and procedures for proper use of personal protective equipment?	3	Y	N
17	Is there written policies and procedures for handling and management of sharps?	3	Y	N

DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS

18	Is there written policies and procedures for managing semi-critical and critical items?	3	Y	N
19	Is there a written system outlining the 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
20	Is there written policy and procedures for sterilization biologic monitoring including how to handle a failed biologic monitoring test?	3	Y	N
21	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date test was sent, date test results were returned and the results of testing?	1	Y	N
22	Are weekly biological monitoring logs kept for 2+ years or since opening date: _____?	3	Y	N
23	Are appropriate testing and maintenance logs kept for each piece of equipment such as sterilizers, ultrasonic cleaners, etc?	3	Y	N

ENVIRONMENTAL INFECTION CONTROL ELEMENTS

24	Is there written policies and procedures for aseptic management during patient care?	3	Y	N	
25	Is there written policies and procedures for surface disinfection and environmental barrier protection?	3	Y	N	
26	Is there written policies and procedures for medical waste management?	3	Y	N	
27	Is the name/telephone number of licensed waste hauler for regulated waste available?	3	Y	N	
28	Is there written Policies and procedures for decontaminating spills of blood or other body fluids with necessary supplies present for decontamination (i.e. Blood Spill Kit?)	3	Y	N	
29	Are there written policies and procedures for meeting EPA potable water standard and treating biofilm, including treating, testing and re-testing water lines?	2	Y	N	
30	Are dental unit water lines flushed for 2 minutes each day prior to use and in between patients for a minimum of 20 seconds?	2	Y	N	
31	Is documentation kept for dental unit water line testing to meet the potable water standard of EPA (<500 CFU/ml?)	2	Y	N	
32	Is there written policies and procedures to maintain asepsis and prevent cross contamination when taking and processing dental radiographs?	3	Y	N	N/A
33	Is there written policies and procedures to maintain asepsis and prevent cross contamination during dental laboratory procedures?	3	Y	N	N/A


OTHER

34	Is a comprehensive and annually updated medical history form is used to evaluate patients?	3	Y	N
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COMMUNICABLE DISEASE CONTROL PROCEDURES

	LEVEL 1-4	Y	N	N/A	
35	Are items used single use or sterilized for critical items?	1	Y	N	
36	Are multi-dose vials used?		Y	N	
37	a) If yes, are vials only entered with new sterile syringe with a new sterile needle?	1	Y	N	N/A
38	b) Is the cap of multi-dose vial cleaned with alcohol based wipe before being accessed?	2	Y	N	N/A
39	c) Is the date of first access of a multi-use vials documented and discarded when expired or 28 days after initial access (as applicable?)	2	Y	N	N/A
40	Are fluid infusion and administration sets (IV bags, tubing and connectors) used?		Y	N	
41	a) If yes, are they used only on one patient then discarded?	1	Y	N	N/A
42	c) Is a single IV bag used to mix medications for ONE patient only?	1	Y	N	N/A
43	d) Are single dose medication/infusions used for only ONE patient and discarded after use?	1	Y	N	N/A
44	Is there written policies and procedures and supplies available for personnel to wear utility gloves when processing contaminated instruments (not patient care type of gloves?)	2	Y	N	
45	Are there supplies for hand hygiene accessible to employees at point of need (soap, water, alcohol rub if used?)	2	Y	N	

46	Are team members adequately trained and able to demonstrate appropriate hand hygiene techniques?	2	Y	N	
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APPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS					
47	Are gloves available in appropriate sizes (Latex and latex free or just latex free) including appropriately sized sterile surgical gloves if surgeries are performed in the office?	1	Y	N	
48	Is the level of masks appropriate to the procedure type performed in the office?	1	Y	N	
49	Are safety glasses with side shields and/or full-face shields used in conjunction with safety glasses available for use?	1	Y	N	
50	Are disposable and/or laundered gowns available for use in the office?	1	Y	N	
51	Do health care workers display appropriate use of PPE barriers?	2	Y	N	
52	Is there a running water eyewash station accessible?	3	Y	N	
53	Are appropriate barrier products available for patient use during procedures (dental dams, protective eyewear, etc?)	2	Y	N	
54	Are basic first aid products and equipment available (Recommended to include: Nitroglycerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Oxygen, Aspirin, Albuterol, Glucose, etc?)	2	Y	N	
CLEANING, DISINFECTION & STERILIZATION OF PATIENT CARE ITEMS					
55	Are biofilm and organic matter removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization following manufacture recommendations that may require temperature and time?	2	Y	N	
56	Is sterilization equipment available and fully functional?	1	Y	N	
57	What are the number of working autoclaves? _____	1	Y	N	N/A
58	What are the number of working chemiclaves? _____	1	Y	N	N/A
59	What are the number of working dry heat sterilizers? _____	1	Y	N	N/A
60	What are the number of working Flash steam sterilizers (Statim)? _____	1	Y	N	N/A
61	What are the number of working ultrasonic cleaners? _____	1	Y	N	
62	Is biological testing of sterilizer(s) completed weekly on each cycle used (pouched, plastics, solids, etc) and with a full bio burden load under normal processing parameters (full load of instruments, not overloaded, spore test strip or vial in a pouch according to manufacture recommendations?)	1	Y	N	
63	Is a mail in biological testing service used? If yes, name: _____		Y	N	N/A
64	Is in-office biological testing used and is control processed for each test?	2	Y	N	N/A
65	Are sterilization cycles verified with chemical/heat indicators including a class V integrator for closed cassettes and containers?	2	Y	N	
66	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?	1	Y	N	
67	Is there written policies and procedures for proper sterilizer loading techniques and is demonstrated by the staff?	2	Y	N	
68	Are heat tolerant handpieces sterilized after each use (including high & low speed handpieces, prophylaxis angles and motors, ultrasonic and sonic handpiece and scaling tips, air abrasion devices, air and water syringe tips, and motors--with exception of electric type models?)	1	Y	N	
69	Is event-related monitoring used to monitor package integrity, reprocessed when compromised and appropriately stored with a minimum of an initial date stamp and sterilizer used (if more than one sterilizer present?)	2	Y	N	
70	Are single use items, supplies or devices and items labeled with  discarded after use and not re-processed?	1	Y	N	
71	Are semi-critical items sterilized after each use if not heat sensitive?	1	Y	N	
72	Are heat sensitive semi-critical items processed at a minimum of high level disinfection or chemical sterilization after each use?	1	Y	N	
73	Are semi-critical items that are not heat or chemical tolerant, such as digital sensors, intraoral cameras, intraoral scanners, curing lights, etc., utilizing FDA approved barriers and are cleaned then disinfected with an intermediate level disinfection agent between patients?	1	Y	N	
74	Is the practice using an FDA approved chemical sterilant and has policies and procedures in place to ensure adequate exposure time is reached?	2	Y	N	N/A

75	Are all applicable label instructions followed on FDA approved chemical sterilant including mixing, dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility?	2	Y	N	N/A		
Aseptic Techniques:							
76	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	4	Y	N	N/A		
77	Is fresh pumice and a sterilized or new rag wheel used for each patient?	2	Y	N	N/A		
78	Are devices used to polish, trim or adjust contaminated intraoral devices disinfected and/or sterilized between patients?	2	Y	N	N/A		
79	Are intraoral items such as impressions, bite registrations, prosthetics, crown and bridge, and orthodontic appliances cleaned and disinfected before lab procedures and before delivering to the patient?	2	Y	N	N/A		
Environmental Infection Control					LEVEL 1-4	Y	N
80	Are clinical contact surfaces (frequently touched surface that could potentially allow secondary transmission to the DHCW or patient) that are not barrier protected cleaned then disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient following manufacture recommendations? Intermediate level disinfectant (TB claim) to be used if visibly contaminated with blood.	2	Y	N	N		
81	Are housekeeping surfaces (sinks, floors, walls, drawers, supply containers, etc.) cleaned on a routine basis?	2	Y	N	N		
82	Are environmental surfaces cleaned then disinfected with an EPA registered low to intermediate level disinfectant at beginning and end of day?	2	Y	N	N		
83	Are EPA registered disinfectants prepared following the manufacturer's instruction of use (mixing, dilution, shelf life, storage, use of material compatibility?)	2	Y	N	N		
84	Are all clinical contact surfaces protected with barriers (especially areas that are difficult to clean?)	2	Y	N	N		
85	Are barriers removed then surfaces cleaned then disinfected prior to applying new barrier in between patients?	2	Y	N	N		
86	Are the decontamination and clean areas adequately separated in the instrument processing area?	2	Y	N	N		
87	Is biohazardous waste stored properly?	2	Y	N	N		
Sharps							
88	Are approved sharps containers utilized, accessible and secured to counter/wall?	2	Y	N	N		
89	Are sharps containers taken out of service when full and processed appropriately?	2	Y	N	N		
90	Are safe recapping techniques/devices used and is the technique demonstrated by the staff?	2	Y	N	N		
91	Single use sharps (blades, needles, sutures, etc) are disposed of after use?	1	Y	N	N		
92	Do employees use engineering controls (e.g., forceps, hemostat, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?	2	Y	N	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 level 1 deficiencies, the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the deficiencies and a re-inspection will be conducted within seventy-two (72) hours of the written notice. In the event the deficiencies pose an immediate threat to the safety and/or welfare of the public, 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 level 2 deficiencies, the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the deficiencies and 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: _____