

NEVADA STATE BOARD
of
DENTAL EXAMINERS



INFECTION CONTROL COMMITTEE
TELECONFERENCE MEETING

WEDNESDAY JULY 27, 2022

6:00 P.M.

PUBLIC BOOK

Agenda Item 4(a):

Discussion and Consideration by the Infection Control Committee to Recommend Approval/Rejection of Part-Time Infection Control Inspector Employees to the Full Board – NRS 631.190

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 4(b):
Infection Control Survey Form
Prepared by Marie T Fluent, DDS

Nevada Board of Dental Examiners
Infection Control Inspection/Survey Form

		Level 1-4	Y	N
Administrative Measures				
1	Written infection control program that is facility-specific	3		
2	The written infection control program is in alignment with the following documents: <ul style="list-style-type: none"> • <i>Guidelines for infection Control in Dental Health-care Settings—2003</i> • <i>Guideline for Disinfection and Sterilization in Healthcare Facilities (2008)</i> • <i>Rules and Regulations of the Nevada State Board of Dental Examiners—2019 Revision.</i> 	3		
3	Infection control policies and procedures are reassessed at least annually to ensure compliance with best practice and updated if appropriate	3		
4	At least one individual trained in infection prevention is assigned responsibility for coordinating the infection control program	3		
5	The facility has a system for early detection and management of potentially infectious persons at initial points of patient encounter	3		
Infection Control Education and Training				
6	Dental personnel receive job or task-specific training on infection control policies and procedures and bloodborne pathogens: <ul style="list-style-type: none"> • Upon hire • Annually • When new tasks or procedures affect the employee's occupational exposure 	3		
7	Training for dental personnel assigned to reprocess dental instruments includes hands-on training	3		
8	Training records are to be maintained for at least 3 years.	3		
9	The dental facility provides mechanisms for corrective action for any deviation from the written policy The corrective actions are documented	3		
Dental Health Care Personnel Safety				
10	Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include: <ul style="list-style-type: none"> • Work-exclusion policies that encourage reporting of illnesses and do not penalize staff with loss of wages, benefits, or job status • Education of personnel on the importance of prompt reporting of illness to supervisor 	3		

11	<p>There is a written comprehensive policy regarding immunizing DHCP, including:</p> <ul style="list-style-type: none"> • Hepatitis B • Influenza • Measles, Mumps, Rubella • Varicella (Chickenpox) • Tetanus, Diphtheria, Pertussis • COVID-19 	3		
12	<p>Dental personnel will be referred to a qualified health-care professional to receive all appropriate immunizations based on</p> <ul style="list-style-type: none"> • Latest CDC recommendations • Their medical history • Risk for occupational exposure 	3		
13	<p>Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious materials</p>	3		
14	<p>Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the vaccination series.</p>	3		
15	<p>All dental personnel are offered annual influenza vaccination. Note: providing the vaccination at no cost is a strategy that may increase use of this preventive service.</p>	3		
16	<p>All dental personnel receive baseline tuberculosis (TB) screening upon hire</p>	3		
17	<p>A log of needlesticks, sharps injuries, and other employee exposure events is maintained for ____ (need Nevada regulation here) (Note: OSHA requirements are 5 years)</p>	3		
18	<p>The facility has a comprehensive post exposure management and medical follow-up program, including policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow up of occupational exposures</p> <ul style="list-style-type: none"> • 24/7 contact telephone number is listed and posted for qualified healthcare provider • Exposure and incident reporting forms are readily available 	3		
19	<p>Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institution, healthcare facility that offers personnel health services) to ensure prompt and appropriate provision of preventive services, occupationally related medical services, and post exposure management with medical follow-up</p>	3		
20	<p>Following an occupational exposure event, postexposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a qualified health care professional</p>	3		

21	Confidential medical records (e.g., immunization records and documentation of tests received as a result of occupational exposure) are established and maintained for all dental personnel.	3		
Program Evaluation				
22	Written policies and procedures for routine monitoring and evaluation of the infection prevention and control program are readily accessible	3		
23	Adherence with certain practices such as immunizations, hand hygiene, sterilization monitoring, and proper use of PPE is monitored, and feedback is provided to dental personnel	3		
Hand Hygiene				
24	Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) for routine dental procedures are readily accessible	1		
25	If surgical procedures are performed, appropriate supplies are available for surgical scrub technique (e.g., antimicrobial soap, alcohol-based hand rub with persistent activity)	2		
26	Dental personnel are trained regarding appropriate indications for hand hygiene including handwashing, hand antisepsis, and surgical hand antisepsis	2		
Personal Protective Equipment (PPE)				
27	The facility has written policies for the selection, proper use, donning, doffing of PPE			
28	Sufficient and appropriate PPE is available (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/face shields, utility gloves, sterile surgeon's gloves for surgical procedures) are readily accessible to dental personnel			
29	Dental personnel receive training on proper selection and use of PPE			
30	PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)			
31	Dental personnel wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment			
32	Dental personnel change gloves between patients; do not wear the same pair of gloves for the care of more than one patient			
33	Dental personnel wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or other potentially infectious materials			
34	Dental personnel wear sterile surgeon's gloves for all surgical procedures			
35	Dental personnel wear protective clothing (e.g., reusable, or disposable gown, laboratory coat or uniform) that covers personal clothing and skin (e.g., forearms)			
36	Dental personnel change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious materials			

Respiratory Hygiene/Cough Etiquette			
37	<p>Policies and procedures to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting have been implemented. These measures include:</p> <ul style="list-style-type: none"> • Posting signs at entrances (with instructions to patients to cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions) • Providing tissues and no-touch receptacles for disposal of tissues • Providing resources for patients to perform hand hygiene in or near reception area • offering face masks to symptomatic persons when they enter the facility (Note: in the era of COVID-19, ALL persons in the dental facility must wear face coverings upon entry) • providing space and encouraging persons with respiratory symptoms to sit as far away from others as possible 		
38	Dental personnel have received training on the importance of containing respiratory secretions in people who have signs and symptoms of a respiratory infection (Note: respiratory secretions should be contained in all persons in the era of COVID-19)		
Sharps Safety			
39	Written policies, procedures, and guidelines for exposure prevention and postexposure management are available	2	
40	<p>Dental personnel identify, evaluate, and select devices with engineered safety features (e.g., safer anesthetic syringes, blunt suture needle, safety scalpels, or needleless IV systems)</p> <ul style="list-style-type: none"> • At least annually • As they become on the market <p>Note: if staff inquire about the availability of new safety devices or safer options and find none are available, dental personnel can document these findings in their office exposure control plan.</p>	3	
41	Sharps containers are located as close as possible to the area in which the items are used	2	
42	Sharps containers are disposed of in accordance with state and local regulated medical waste rules and regulations Can we elaborate what Nevada State regulations are?	2	
43	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers.	2	
Safe Injection Practices			
44	Written policies, procedures, and guidelines for safe injection practices (e.g., aseptic technique for parenteral medications) are available	3	

45	Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment	1		
46	Needles and syringes are used for only one patient	1		
47	Anesthetic cartridges are cleaned, and heat sterilized before use on another patient	1		
48	The rubber septum on a medication vial is disinfected with alcohol before piercing	2		
49	Medication containers (single and multidose vials, ampules, and bags) are entered with a new needles and new syringe, even when obtaining additional doses for the same patient	1		
50	Single-dose vials, ampules, and bags or bottles of intravenous solutions are used for only one patient	1		
51	Leftover contents of single-dose vials, ampules, and bas of intravenous solutions are not combined for later use	1		
52	Single-dose vials for parenteral medications are used when possible	2		
53	When using multidose medication vials: <ul style="list-style-type: none"> • Multidose vials are dedicated to individual patients whenever possible • Multidose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination of the vial • If a multidose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use • Multidose vials are dates when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial. Note: this is different from the expiration date printed on the vial 	1		
54	Fluid infusion and administration sets (i.e., IV bags, tubings, and connections) are used for one patient only and disposed of appropriately	1		
Sterilization and Disinfection of Patient-Care Items and Devices				
55	Written policies and procedures are available to ensure reusable patient care instruments and devices are cleaned and reprocessed appropriately before use on another patient	2		
56	Policies, procedures, and manufacturer reprocessing instructions for reusable instruments and dental devices are available, ideally in or near the reprocessing area	2		
57	There is a policy that single-use devices are discarded after one use, and not used for more than one patient	1		
58	Dental personnel responsible for reprocessing reusable dental instruments and devices are appropriately trained	2		

	<ul style="list-style-type: none"> • Upon hire • At least annually • Whenever new equipment or processes are introduced 			
59	<p>Training and equipment are available to ensure that dental personnel wear appropriate PPE (e.g., examination or heavy-duty utility gloves, protective clothing, masks, eye protection) to prevent exposure to infectious agents or chemicals</p> <p>Note: The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure</p>	2		
60	<p>Routine maintenance for sterilization equipment is:</p> <ul style="list-style-type: none"> • Performed according to manufacturer instructions • Documented by written maintenance records 	2		
61	<p>Written policies and procedures are in place outlining dental setting response (e.g., recall of device, risk assessment) in the event of a reprocessing error/failure</p>	2		
62	<p>Reusable critical and semicritical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use</p> <p>Note: if the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use</p>	1		
63	<p>The instrument processing area has a workflow pattern designed to ensure that devices and instruments clearly flow from high contamination areas to clean/sterile areas (i.e., there is a clear separation of contaminated and clean workspaces)</p>	2		
64	<p>Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization</p>	2		
65	<p>Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector) is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood</p>	1		
66	<p>Work-practice controls that minimize contact with sharp instruments (e.g., long-handled brush) are used and appropriate PPE is worn (e.g., puncture- and chemical-resistant utility gloves) if manual cleaning is necessary</p>	2		
67	<p>After cleaning and drying, instruments are appropriately wrapped/packaged for sterilization</p>	2		
68	<p>The sterilizer is loaded following manufacturer instructions (not overloading)</p>	2		
69	<p>A chemical indicator is used inside each package. If the chemical indicator is not visible from the outside, an exterior chemical indicator is also used on the package.</p> <p>Note: the chemical indicators may be integrated into the package design.</p>	2		

70	<p>Sterile packs are labeled at a minimum with:</p> <ul style="list-style-type: none"> • The sterilizer used • Cycle or load number • Date of sterilization • Expiration date (if applicable) 	2		
71	FDA-cleared medical devices for sterilization are used according to manufacturer's instructions	1		
72	Logs for each sterilizer cycle are current and include results from each load.	1		
73	A biologic indicator (i.e., spore test) is used at least weekly and with every load containing implantable items Logs for each sterilizer cycle are current and include results from each load.	1		
74	Weekly biological monitoring logs are kept for 2 + years or since opening date: _____ note: check to make sure this is Nevada law	1		
75	There is a written policy for managing failed mechanical, chemical, or biological monitoring	1		
75a	<p>The facility utilizes Immediate use sterilization (formerly termed "flash sterilization")</p> <p>If yes,</p> <ul style="list-style-type: none"> • Items are cleaned and dry before the unwrapped sterilization cycle • Mechanical and chemical indicators are used for each unwrapped sterilization cycle • Items are handled aseptically and used immediately • Implantable devices are not sterilized unwrapped 			
76	Instrument packs are not used if mechanical (e.g., time, temperature, pressure) or chemical indicators indicate inadequate processing (e.g., color change for chemical indicators)	1		
77	After sterilization, dental devices and instruments are stored so that sterility is not compromised	2		
78	Sterile packages are inspected for integrity and compromised packages are reprocessed before use	2		
79	Reusable heat sensitive semicritical items that cannot be replaced by a heat stable or disposable alternative are high-level disinfected according to manufacturer's instructions (dilution, expiration date, shelf life, storage, safe use, disposal, and material compatibility)	2		
80	<p>Dental handpieces and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions</p> <p>This includes:</p> <ul style="list-style-type: none"> • High and low speed handpieces • Low speed motors • Prophylaxis angles • Ultrasonic and sonic scaling tips 	1		

	<ul style="list-style-type: none"> • Air abrasion devices • Air and water syringe tips 			
81	<p>If digital radiography is used in the dental setting: FDA-cleared barriers are used to cover the sensor and barriers are changed between patients After the surface barrier is removed, the sensor is ideally cleaned, and heat sterilized or high-level disinfected according to the manufacturer's instructions. If the item cannot tolerate these procedures, then at a minimum, the sensor is cleaned and disinfected with an intermediate-level EPA-registered hospital disinfectant. Note: consult with the manufactures regarding compatibility of heat sterilization methods and disinfection products</p>	2		
82	<p>Facility-specific Sterilization information:</p> <ul style="list-style-type: none"> • Number of working autoclaves: • Number of working chemiclaves: • Number of working dry heat sterilizers: • Number of working pressure pulse sterilizer (e.g., STATIM): • Number of working ultrasonic cleaners: • Number of working instrument washers: 	1		
83	<p>Facility-specific monitoring information: Biologic testing is performed:</p> <ul style="list-style-type: none"> • Weekly: • Any load that contains a non-sterile implantable device: • For every load that contains a non-sterile implantable device. Note: results should be verified prior to using the implantable device whenever possible 	1		
84	<p>Biological monitoring (spore tests) is performed:</p> <ul style="list-style-type: none"> • In-office: • By independent mail-in biological testing service: • If using mail-in testing service, the name of the service is: 	NA		
Environmental Infection Control				
85	<p>Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (i.e., clinical contact and housekeeping)</p>	2		
86	<p>Dental personnel performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces:</p> <ul style="list-style-type: none"> • Upon hire • When procedures/policies change • At least annually 	2		
87	<p>Training and equipment are available to ensure dental personnel wear appropriate PPE (e.g., examination or heavy-duty utility gloves, protective</p>	2		

	clothing, masks, and eye protection) to prevent exposure to infectious agents or chemicals			
88	Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed	2		
89	Procedures are in place for decontamination of spills of blood or other body fluids	2		
90	Clinical contact surfaces are either barrier protected or cleaned and disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood	2		
91	Surface barriers are used to protect clinical contact surfaces that are difficult to clean (e.g., switches on dental chairs, computer equipment, connections to hoses) and are changed between patients	2		
92	Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE)	3		
93	Regulated medical waste is handled and disposed of according to local, state, and federal regulations	2		
94	DHCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection) Note: The correct type of PPE depends on infectious or chemical agent and anticipated type of exposure.	2		
Dental Unit Water Quality				
95	Policies and procedures are in place for maintaining dental unit water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water	3		
96	Dental unit waterline treatment products /devices are used to ensure water meets EPA regulatory standards for drinking water	3		
97	Product manufacturer instructions (i.e., waterline treatment product, dental unit manufacturer) are followed for monitoring the water quality <ul style="list-style-type: none"> Maintain documentation of dental unit waterline testing 	3		
98	Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.	3		
99	Sterile saline or sterile water is used as a coolant/irrigant when performing surgical procedures Note: Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile bulb syringe, single use disposable products, and sterilizable tubing).	3		
100	Dental unit waterlines are flushed for 20-30 seconds: <ul style="list-style-type: none"> between patients 	2		

	<ul style="list-style-type: none"> at the beginning and end of the day 			
101	Written policies and procedures are available outlining response to a community boil-water advisory	3		
Dental Laboratory				
102	Use PPE when handling items received in the laboratory until they have been decontaminated Before they are handled in the laboratory, dental prostheses, prosthodontic materials are cleaned and disinfected, and rinsed by using an EPA-registered hospital disinfectant having at least an intermediate-level activity	2		
103	Heat-tolerant items used in the mouth (e.g., metal impression trays, face-bow forks) are cleaned and heat-sterilized	2		
104	Contaminated items that do not normally contact the patient (e.g., burs, polishing points, rag wheels, lathes) are cleaned and disinfected or sterilized according to manufacturer instructions	2		
105	Fresh pumice and a sterilized or new rag wheel are used for each patient	2		
106	Intraoral items such as impressions, bite registrations, prostheses, and orthodontic appliances are cleaned and disinfected by using an EPA-registered hospital disinfectant having at least an intermediate-level claim	2		
107	Splash shields and equipment guards are used on dental laboratory lathes	4		
Supplies for Employees with Exposure Risks				
108	Gloves: <ul style="list-style-type: none"> Examination gloves Sterile surgeon's gloves Heavy duty utility gloves (puncture and chemical resistant) 	1		
109	Masks: <ul style="list-style-type: none"> ASTM level 1 ASTM level 2 ASTM level 3 NIOSH approved Respirator 	1		
110	Protective eyewear: <ul style="list-style-type: none"> Safety glasses with side shield goggles Full face shield 	1		
111	Protective gowns: <ul style="list-style-type: none"> Reusable Disposable 	1		
112	Running water eye station accessible	3		
113	Basic first aid products and equipment: Nitroglycerin <ul style="list-style-type: none"> Benadryl EpiPen Oxygen 	4		

	<ul style="list-style-type: none">• Aspirin• Albuterol• Glucose• Glucagon			
114	A comprehensive and annually updated medical history form is used to evaluate patients	3		

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Agenda Item 4(b):
Addendum to the Infection Control Survey
Form Prepared by Marie T Fluent, DDS

Nevada Board of Dental Examiners
Addendum Infection Control/Survey Form—During Pandemic

		Level 1-4	Y	N
Administrative measures and Recordkeeping				
1	Written policies have been developed and implemented that address the prevalence of COVID-19 at the community and state level	4		
2	The facility has a written COVID-19 Safety Plan	2		
3	The facility performs a hazard assessment and updates as COVID-19 conditions change and as CDC Recommendations for COVID-19 Infection Prevention in Healthcare Settings are updated	3		
4	The facility has a written comprehensive respiratory protection program which includes medical evaluations, fit testing, and training	3		
5	Dental personnel are trained on appropriate PPE including: <ul style="list-style-type: none"> • When to use PPE • What PPE is necessary • How to properly don, use, and doff PPE in a manner to prevent self-contamination • How to properly dispose of or disinfect and maintain PPE • The limitations of PPE 	2		
6	The facility has written policies for providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection	3		
Preparation of the Facility				
7	Physical distancing of six feet is maintained between people in all areas of the facility except during patient care	3		
8	Signage has been placed to encourage hand hygiene, respiratory hygiene, and cough etiquette in entryway	3		
9	Hand hygiene products, tissues, and waste cans are placed for patient and visitor use	3		
10	Toys, magazines, and other frequently touched objects are removed	3		
11	Frequently touched surfaces are cleaned and disinfected routinely	3		
12	The Heating, Ventilation, and Air Conditioning system has been evaluated to: <ul style="list-style-type: none"> • Increase filtration efficiency • Increase air exchanges per hour • Increase percent of outdoor air supplied • Limit the use of demand-controlled ventilation • Add HEPA air filtration units • Ensure that contaminated air flows away from the patient and operator and away from common areas in the facility • Incorporate upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation 	4		

Screening and Triage				
13	Employees, patients, and nonemployees are screened prior to office entry and those with suspected or confirmed COVID-19 are not permitted to enter	3		
14	If dental personnel have signs or symptoms consistent with COVID-19, he or she should immediately return home and notify their primary healthcare provider to determine whether medical evaluation is necessary	2		
Entry into the Facility				
15	All patients and visitors wear their own mask or face covering. Note: Children under 2 and those who experience difficulty breathing are not be required to wear a mask	2		
16	The facility limits the number of visitors accompanying the patient to only those people who are necessary (e.g., caregivers)	3		
17	Patients and visitors are encouraged to perform hand hygiene	3		
Equipment and Supplies				
18	Appropriate PPE is available to dental personnel (check all that apply): <ul style="list-style-type: none"> • Examination gloves • Disposable gown • Reusable (laundered) gown • Goggles • Face shield • ASTM level 1 surgical mask • ASTM level 2 surgical mask • ASTM level 3 surgical mask • NIOSH-certified disposable N95 respirator 	1		
Clinical Areas				
19	If aerosol generating procedures are performed, the following mitigation strategies are implemented (check all that apply): <ul style="list-style-type: none"> • Four-handed dentistry • High volume evacuation suction • Dental dams • N-95 respirators or higher are used in communities where there is evidence of moderate to substantial transmission 	3		
20	A preprocedural mouth rinse is provided prior to patient care	4		
21	Dental care is provided in individual patient rooms whenever possible	4		
22	For dental facilities with open floor plans (check all that apply): <ul style="list-style-type: none"> • There is at least 6 feet of space between patient chairs • Physical barriers are placed between patient chairs • Operatories are oriented parallel to the direction of airflow if possible 	4		
Environmental Infection Control				

23	Disinfectants used are EPA-registered disinfectants identified on List N for use against SARS-CoV-2	3		
24	Routine cleaning and disinfection procedures are followed consistently and correctly after each patient	3		
25	Dental personnel follow CDC recommendations for Sterilization and Disinfection of Patient-Care Items	3		
26	Dental Unit Water is maintained and monitored to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (<500 CFU/ml)	3		

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