NEVADA STATE BOARD of DENTAL EXAMINERS

Board Teleconference Meeting

Thursday, April, 2023

6:00 p.m.

PUBLIC BOOK

Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Notice of Agenda & Teleconference Meeting of The Infection Control Committee

Meeting Date & Time

Thursday, April 6th, 2023
6:00 P.M.

Meeting Location:

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy., Suite 104
Henderson, NV 89014

Video Conferencing / Teleconferencing Available

To access by phone, call Zoom teleconference Phone Number: (669) 900 6833
To access by video webinar, visit www.zoom.com or use the Zoom app
Zoom Webinar/Meeting ID#: 814 6001 6753
Zoom Webinar/Meeting Passcode: 400587

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form, live public comment, and by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov.** Written submissions received by the Board on or before **Wednesday, April 5th, 2023, by 4:00 P.M.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. **Call to Order**

   - Roll call/Quorum

2. **Public Comment (Live public comment, by teleconference, and pre-submitted email/written form):**
The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

   Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Wednesday, April 5th, 2023, by 4:00 P.M.** may be entered intothe record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

   In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual,the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

*3. **Chairman's Report**: Joshua Branco, DMD (For Possible Action)

   *a. **Request to Remove Agenda Item(s)** (For Possible Action)

   *b. **Approve Agenda** (For Possible Action)

*4. **New Business**: (For Possible Action)

   *a. **Discussion, Consideration and Possible Recommendations to the Full Board of Proposed Adjustments to the Infection Control Survey Form in General** (For Possible Action)

5. **Public Comment (Live public comment and by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

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6. **Announcements**

*7. **Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014
Nevada State Board of Dental Examiners website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

Discussion, Consideration and Possible Recommendation to the Full Board of Proposed Adjustments to the Infection Control Survey Form in General

IC Inspection/Survey Form Changes

#1 Re-word

> *Written infection control program that is specific to the owner of the location and easily accessible by all staff.*

#2

#3

#4 Re-Word

> *Documentation of education and training that is appropriate to each dental personnel/staff including hands-on training for personnel that process semi critical and critical instruments.*

#5

#6 Re-Word

> *Procedure for corrective action for any deviation from written policy including documentation of any corrective actions.*

#7 Re-Word

> *Written policy and procedures for providers/staff with an acute or chronic medical condition that may expose others to infection.*

#8 Change to include TB testing for new employees per CDC recommendations and State requirements.

> *Documentation of vaccinations and testing offered to DHCP (TB Testing, Hepatitis B, Influenza, MMR, Varicella, Tetanus, Meningococcal,) informed consent of exposure risk, and declination of such vaccinations or immunizations. 2 step TB testing must be recorded within 12 months of hire.*

#9 Re-Word

Confidential employee health records

#10

#11 Re-Word

> 24/7 contact telephone number for a qualified healthcare provider posted in an accessible area

#12

#13

#14

#15

#16

#17 Re-Word

Written policies and procedures for use of personal protective equipment

#18 Remove

#19

#20

#21

#22 Re-Word

Written policy and procedures for sterilization biologic monitoring including policy on managing a failed biologic monitoring test.

#23 Clarify records for biologic monitoring

Weekly biological monitoring logs that include the dates sent, returned and the results.

#24 Remove and combine with #27

Equipment and maintenance logs for each piece of equipment including sterilizers, ultrasonic quarterly testing/temp monitoring if required, main traps, eye wash, amalgam separator, and chair/operatory maintenance/repair.

#25

#26 Delete covered in #22

#27

#28 What exactly does this mean?

#29

#30

#31

#32 Clarify requirements

Written policy and procedure for decontaminating spills of blood or other body fluids with necessary supplies present for decontamination i.e Blood Spill Kit

#33 Remove covered in 34 and 35

#34 Change from level 4 to level 3

#35 Change from level 4 to level 3

#36

#37

#38

#39

#40

#41

#42

#43

#44

#45

#46

#47

#48

#49

#50

#51

#52

#53

#54

#55 Re-Word

Gloves available in appropriate sizes (latex and latex free or just latex free) including appropriate seized sterile surgical gloves if surgeries are performed in the office

#56 change to

Minimum level 3 Masks

#57 re-word

Safety glasses with side shields and/or full-face shields used in conjunction with safety glasses.

#58 re-word

Disposable full-length gowns/laundered full-length gowns changed between aerosol producing procedures or when they become visibly soiled or after each patient if disposable.

#59

#60

#61 re-word

Appropriate barrier products available for patient use (dental dams, protective eye wear, etc)

#62 re-word and change to level 2

Basic first aid products and equipment available (Recommended to include: nitroglycerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Oxygen, Aspirin, Albuterol, and Glucose)

#63 re-word

Dental unit water lines flushed for 2 minutes each day prior to use and between patients for a minimum of 20 seconds.

#64 change from level 3 to level 2

Delete #65, 66 repeat items

#67 re-word

Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization following manufacture recommendations that may require monitoring temperature and time.

#68

#69

#70

#71

#72

#73

#74 delete as it is covered in #79

#75 re-word

Is biological testing of sterilizer completed weekly on each cycle used (pouched, plastics, solid, 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)

#78 re-word

Sterilization cycles are verified with chemical/heat indicator with both interior and external indicators. Any closed cassettes/containers must contain a class V integrator

#79

#80 this should be removed as there are no implantable devices that can be sterilized in a dental office.

CDC Definition of Implantable device: according to the Food and Drug Administration (FDA), "device that is placed into a surgically or naturally formed cavity of the human body if it is intended to remain there for a period of 30 days or more" [21 CFR 812.3(d)].

#81 Re-Word

Proper sterilization loading technique demonstrated

#82

#83

#84 re-word

Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp and sterilizer used (if more than one is present)

#85 re-word

Single use items, supplies or devices and items labeled with  *are not processed and reused.*

#86

#87

#88 New

Xray units, digital sensors, cameras, scanners, curing light handles and other semi-critical items that are not heat or chemical tolerant use FDA cleared barriers and are cleaned then disinfected with an intermediate disinfection agent between patients.

#88 Re-Word

Practice uses an FDA approved chemical sterilant and has systems in place for ensuring adequate exposure time is reached.

#89

#90 Delete, covered in #87

#91 Delete, same as #89

#92

#93

#94

#95 re-word

Intraoral items such as impressions, bite registrations, prosthetics, crown and bridge, and orthodontic appliances are cleaned and disinfected before lab procedures and before delivering to the patient.

#96 re-word

Clinical contact surfaces (frequently touched surface that could patiently allow secondary transmission to the DHCW or patient) that are not barrier-protected are cleaned then disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient following manufacture recommendations. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.

#97 re-word

Housekeeping surfaces (sinks, floors, walls, drawers, supply containers, etc) are cleaned on a routine basis.

#98 (What is this referring to exactly? Typo?)

#99

#100

#101 Re-Word

Barriers are removed, cleaned then disinfected prior to applying new barrier in between patients.

#102

#103

#104 re-word

Approved sharps containers utilized, accessible, and secured to counter/wall

#105

#106 Re-Word

Safe recapping techniques/devices used and demonstrated

#107

#108 re-word

Employees use engineering controls (e.g. forceps, hemostat) to retrieve contaminated sharps from syringe, trays or containers

Nevada Board of Dental Examiners
2651 N Green Valley Parkway, Suite 104 Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

INFECTION CONTROL INSPECTION/SURVEY FORM

Rev 10/2016

Dental Office Name:			**Date of Inspection:**
Licensee Name:		**Owner Dentist:**	
Address:		**INSPECTOR(S)**	
		(1)_____ **(2)**_____	
City:	**State:** Nevada	**Zip Code:**	**PURPOSE OF INSPECTION**
			Initial Inspection: ☐ **Random 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 7DAYS.

 # 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 HAVE	LEVEL 1-4	Y	N
1	Written infection control program that is specific for the owner of this location	3	Y	N
	EDUCATION & TRAINING			
2	Documentation of review of the infection control plan at least annually to ensure compliance with best practices	3	Y	N
3	Documentation of Bloodborne Pathogen training at the date of hire for practice	3	Y	N
4	Documentation of education and training that is appropriate to the assigned duties of the specific DHCP (dental health care personnel) and include hands on training for all staff assigned to process semi critical and critical instruments	3	Y	N
5	Training records kept for 3+ years	3	Y	N
6	Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions	3	Y	N
	CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS			
7	Does the Licensee have written policies and procedures to address whether a dentist, hygienists or dental assistants who has an acute or chronic medical condition(s) that render them susceptible to opportunistic infection which may expose a patient to the risk of infection.	3	Y	N
8	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	Employee health records include any exposure and post exposure and follow up records	3	Y	N
10	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	24/7 contact telephone number listed and posted for qualified healthcare provider	3	Y	N
12	Exposure and incident reporting forms	3	Y	N
13	Sharps injury log	3	Y	N
14	Written policy and procedure for patients known to have communicable disease upon arrival	3	Y	N
	BLOODBORNE PATHOGEN ELEMENTS			
15	Written policies and procedures for the prevention of transmission of bloodborne pathogens	3	Y	N
16	Written policies for hand hygiene, including documentation of training and appropriate selection of antiseptic agents	3	Y	N
17	Written policies for use of personal protective equipment	3	Y	N
18	Monitoring and documentation of compliance with PPE	3	Y	N

00000 **1ST INSPECTION** **Inspector Initials** _____ **Licensee Initials** _____

19	Written policies and procedures for handling and management of sharps	**3**	**Y**	**N**

	DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS			
20	Writen policies and procedures for managing semi-critical and critical items	**3**	**Y**	**N**
21	Written system outlining 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**
22	Written policy and procedures for sterilization monitoring	**3**	**Y**	**N**
23	Weekly biological monitoring logs	**1**	**Y**	**N**
24	Current maintenance logs for sterilization equipment	**3**	**Y**	**N**
25	Weekly biological monitoring logs kept for 2+ years or since opening date:_____	**3**	**Y**	**N**
26	Written policy for managing failed chemical, heat or biological monitoring test	**3**	**Y**	**N**
27	Equipment and manintenance logs	**3**	**Y**	**N**
	ENVIRONMENTAL INFECTION CONTROL ELEMENTS			
28	Written policy and procedure for aseptic management during patient care	**3**	**Y**	**N**
29	Written policy and procedure for surface disinfection and environmental barrier protection	**3**	**Y**	**N**
30	Written policy and procedure for medical waste management	**3**	**Y**	**N**
31	Name/telephone number of licensed waste hauler for regulated waste	**3**	**Y**	**N**
32	Written Policy and procedure for decontaminating spills of blood or other body fluids	**3**	**Y**	**N**
33	Written policy and procedure to improve dental unit water quality	**3**	**Y**	**N**
34	Documentation of dental unit water lines testing to meet potable water standard of EPA (<500 CFU/ml)	**4**	**Y**	**N**
35	Documentation of action taken to meet EPA potable water standard, including re-testing	**4**	**Y**	**N**
36	Written policy and procedure to maintain aesepis and prevent cross contamination when taking and processing dental radiographs	**3**	**Y**	**N**
37	Written policy and procedure to maintain asepsis and prevent cross contamination during dental laboratory procedures	**3**	**Y**	**N**
	OTHER			
38	A comprehensive and annually up-dated medical histroy form is used to evaluate patients	**3**	**Y**	**N**

	COMMUNICABLE DISEASE CONTROL PROCEDURES	**LEVEL 1-4**	Y	N	N/A
39	Single use or sterilization for critical items	**1**	Y	N	N/A
40	**Multi - dose vials used**		Y	N	
41	**a)** if yes, vials are only entered with new, sterile syringe with a new, sterile needle	**1**	Y	N	N/A
42	**b)** Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	**2**	Y	N	N/A
43	**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
44	**d)** is initial access dated on the multi-use vials	**2**	Y	N	N/A
45	**Fluid infusion and administration sets (IV bags, tubing and connectors) used?**		Y	N	
46	**a)** if yes, used only on one patient	**1**	Y	N	**N/A**
47	**b)** Disposed of after single use?	**1**	Y	N	**N/A**
48	**c)** Single IV bag is **not** used to mix medications for more than one patient	**1**	Y	N	**N/A**
49	**d)** Single dose medication/infusions are used for only one patient and discarded after use	**1**	Y	N	**N/A**
50	Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	**2**	Y	N	
51	Supplies for hand hygiene accessible to employees at point of need	**2**	Y	N	
52	Soap and water easily accessible	**2**	Y	N	
53	Alcohol based rubs easily accessible-if used	**2**	Y	N	
54	Team members display appropriate hand hygiene techniques	**1**	Y	N	

	APPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS				
55	Gloves (Latex and latex free or just latex free) Sterile Surgical Gloves---for surgical procedures	**1** **2**	Y Y	N N	
56	Masks	**1**	Y	N	
57	Safety glasses with side shield or full face shields	**1**	Y	N	
58	Disposable gowns/laundered gowns offered	**1**	Y	N	
59	Health care workers display appropriate use of PPE barriers	**2**	Y	N	
60	Running water eye wash station accessible	**3**	Y	N	
61	Appropriate barrier products available (dental dams, protective eyewear, other)	**2**	Y	N	
62	Basic first aid products and equipment available (Recommended to include: nitrogylerin, Benadryl, epi-pen, oxygen, aspirin, albuterol, glucose, glucagon)	**4**	Y	N	
	DENTAL UNIT WATER QUALITY				
63	Dental unit water lines flushed between patients for a minimum of 20 seconds	**2**	Y	N	
64	Dental unit water lines are treated to remove biofilm	**4**	Y	N	
65	Maintain documentation of dental unit water line testing to meet the potable water standard of EPA (< 500 CFU/ml)	**4**	Y	N	
66	Maintain documentaion of dental unit water lines not meeting the potable water standard of EPA are treated and retested	**4**	Y	N	N/A
	CLEANING, DISINFECTION & STERILIZATION OF PATIENT CARE ITEMS				
67	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization	**2**	Y	N	
68	Sterilization equipment available and fully functional	**1**	Y	N	
69	Number of working autoclaves: _____	**1**	Y	N	N/A
70	Number of working chemiclaves: _____	**1**	Y	N	N/A
71	Number of working dry heat sterilizers: _____	**1**	Y	N	N/A
72	Number of working Flash steam sterilizers (Statim): ____	**1**	Y	N	N/A
73	Number of working ultrasonic cleaners: _____	**1**	Y	N	
74	Endodontic files/instrumentation sterilized or disposed	**1**	Y	N	
75	Is Biological testing of sterilizer completed weekly	**1**	Y	N	
76	If independent biological testing service, Name: _____		Y	N	**N/A**
77	If in-office biological testing, is control processed?	**2**	Y	N	**N/A**
78	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators	**2**	Y	N	
79	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use	**1**	Y	N	
80	Use a biological indicator for every sterilizer load that contains a non-sterile Implantable device. Verify results before using the implantable device, whenever possible.	**1**	Y	N	**N/A**
81	Proper sterilization loading technique, not overloading	**2**	Y	N	
82	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	
83	Sterile packs are inspected for integrity, compromised packs are reprocessed	**2**	Y	N	
84	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	
85	Single use instruments or devices are not processed and re-used	**1**	Y	N	
86	Semi-critical items are sterilized after each use if not heat sensitive	**1**	Y	N	
87	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	**1**	Y	N	
88	Practice is using an FDA approved chemical sterilant	**2**	Y	N	**N/A**
89	All applicable label instruction are followed on FDA approved chemical sterilant (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)	**2**	Y	N	**N/A**
90	Practice is using a FDA approved method as high level disinfectant (for heat-sensitive semicritical patient care items)	**2**	Y	N	**N/A**

91	Method used for high level disinfection are prepared and follow the manufacturer's instructions of use (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)	**2**	Y	N	N/A
Aseptic Techniques:					
92	Splash shields and equipment guards used on dental laboratory lathes	**4**	Y	N	N/A
93	Fresh pumice and a sterilized, or new rag wheel used for each patient	**2**	Y	N	N/A
94	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	**2**	Y	N	N/A
95	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	**2**	Y	N	

Environmental Infection Control		LEVEL 1-4	Y	N
96	Clinical contact surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) that are not barrier-protected are cleaned and disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.	**2**	**Y**	**N**
97	Housekeeping surfaces (sinks, floors, walls) are cleaned on a routine basis	**2**	**Y**	**N**
98	Environmental surfaces are disinfected with an EPA registered low intermediate disinfectant (TB claim) at beginning and end of day	**2**	**Y**	**N**
99	EPA registered disinfectants are prepared and follow the manufacturer's instruction of use (dilution, shelf life, storage, use of material compatibility)	**2**	**Y**	**N**
100	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	**2**	**Y**	**N**
101	Clinical contact barriers are changed between patients	**2**	**Y**	**N**
102	Decontamination and clean areas separated in the instrument processing area	**2**	**Y**	**N**
103	Biohazardous waste is disposed of properly	**2**	**Y**	**N**
Sharps				
104	Approved sharps containers utilized and accessible	**2**	**Y**	**N**
105	Sharps container taken out of service and processed appropriately	**2**	Y	N
106	Safe recapping techniques/devices used	**2**	Y	N
107	Sharps (needles, blades…) are single use	**1**	Y	N
108	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	**2**	Y	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 "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 _____ Print name:_____

this _____ day of _____, 20___ at ____:____ __.m. Title and/or position/capacity: _____