

# NEVADA STATE BOARD of DENTAL EXAMINERS



## INFECTION CONTROL COMMITTEE MEETING

TUESDAY, APRIL 25, 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**

Tuesday, April 25<sup>th</sup>, 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](http://www.zoom.com) or use the Zoom app

Zoom Webinar/Meeting ID#: 862 5324 8648

Zoom Webinar/Meeting Passcode: 757048

#### **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](mailto:nsbde@dental.nv.gov)**. Written submissions received by the Board on or before **Monday, April 24th, 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](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Monday, April 24th, 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.

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)**


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**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](http://www.dental.nv.gov)  
 Nevada Public Posting Website: [www.notice.nv.gov](http://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**

#24 Appropriate testing and maintenance logs for each piece of equipment such as sterilizers, ultrasonic cleaners, traps, eye wash, amalgam separators, etc.

#28 Leave as is

#56 Masks appropriate to the procedure type performed in the office

#58 Disposable and/or laundered gowns available for use

#88 Semi-critical items that are not heat or chemical tolerant, such as digital sensors, intraoral cameras, intra oral scanners, curing lights, etc, use FDA approved barriers and are cleaned then disinfected with an intermediate level disinfection agent between patients

#98 Environmental surfaces are cleaned then disinfected with an EPA registered low to intermediate level disinfectant at the beginning and end of the day

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: <input type="checkbox"/> Random Inspection: <input type="checkbox"/>			
<b>COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4</b>						
# 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.						
<b>RECORD KEEPING – EACH PRACTICE MUST HAVE</b>				LEVEL 1-4	Y	N
1	Written infection control program that is <u>specific</u> for the owner of this location			3	Y	N
<b>EDUCATION &amp; TRAINING</b>						
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
<b>CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS</b>						
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
<b>BLOODBORNE PATHOGEN ELEMENTS</b>						
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

19	Written policies and procedures for handling and management of sharps	3	Y	N
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### DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS

20	Written 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 maintenance 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 asepsis 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 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
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 <b>not</b> 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: nitroglycerin, 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
<b>Aseptic Techniques:</b>					
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	
<b>Environmental Infection Control</b>			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	
<b>Sharps</b>					
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: \_\_\_\_\_