Nevada Board of Dental Examiners
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INFECTION CONTROL INSPECTION/SURVEY FORM

Rev 11/2025

Dental Office Name:	**Date of Inspection:**
Licensee/Owner Name:	**Opening date:**
Address:	**INSPECTOR(S)** (1) _____ (2) _____
City: / **State:** NV / **Zip Code:**	**PURPOSE OF INSPECTION** Initial Inspection: ☐ Random Inspection: ☐

COMPLIANCE CRITERIA

ITEMS INDICATED IN RED ARE NOTED AS CRITICAL DEFICIENCIES: Failure to meet these standards will result in a non-compliant status. This will require immediate corrective action and a re-inspection from the Board to be issued within 72 hours of this inspection.

ALL OTHER ITEMS ARE NOTED AS NON-CRITICAL DEFICIENCIES: Failure to meet these standards will result in a non-compliant status. This will require corrective action be submitted to the Board for review, and may require an in person re-inspection if applicable.

ALL ITEMS IDENTIFIED AS DEMONSTRATE: 1 team member will be selected by the Infection Control inspector to demonstrate the required task or process. The selected team member must demonstrate satisfactory knowledge, proper technique, and evidence of training in line with the written policies to the specific practice being evaluated.

ADMINISTRATIVE MEASURES

1	Infection Control Program Manual: Is there a written of an infection control program that is specific to this location and easily accessible by all staff available as a single printable document on your computer server? Is there an Infection Control Coordinator? Name: ****Prior to inspection, print a physical hard-copy of your IC Program for inspectors review.****	**Y**	**N**
2	Bloodborne Pathogen Policy: Are there written policies and procedures for the prevention and transmission of bloodborne pathogens?	**Y**	**N**
3	Bloodborne Pathogen Training: Is there documentation of bloodborne pathogens training at the date of hire for each clinical staff member?	**Y**	**N**
4	Critical & Semi-Critical Instruments: 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?	**Y**	**N**
5	Annual Review: Is there documentation of review of the infection control plan at least annually to ensure compliance with best practices?	**Y**	**N**
6	Training Records: Are there written policies and procedures for training records to be kept for a minimum of 3 years?	**Y**	**N**
7	Corrective Action: Are there written policies and procedures for corrective action for deviations from the infection control program including documentation of corrective actions taken?	**Y**	**N**
8	Medical Conditions, Patients: Are there written policies and procedures to handle PATIENTS known to have communicable disease(s) upon arrival?	**Y**	**N**
9	Medical Conditions, Staff: Are there written policies and procedures for PROVIDERS/STAFF with an acute or chronic medical condition(s) that may expose others to infection?	**Y**	**N**
10	Tuberculosis: Are all DHCP screened for Tuberculosis upon hire, and is there documentation of screening? (Recommended: baseline TB skin test screening per CDC, within the last 12 months or upon hire)	**Y**	**N**
11	Vaccinations: Are there written policies and procedures requiring that the following vaccinations be offered at no cost to all DHCP, and is a signed, confidential form documenting the offered vaccinations included in each employee's record? ***Policy review only*** *Vaccines offered should include:* *1. Hepatitis B 2. Influenza 3. MMR 4. Varicella 5. Tetanus* *This form should consist of the following:* *a. Informed Consent b. Exposure Risk c. Employee Acceptance/Declination d. Employee Signature*	**Y**	**N**

ADMINISTRATIVE MEASURES cont.			
12	Exposure Management: Are there written policies and procedures regarding all occupational exposures, which include a post-exposure medical plan, and is this documented in a log?	**Y**	**N**
13	24/7 Contact Telephone Number: Is a 24/7 contact telephone number for a qualified healthcare provider to handle occupational/post exposure care posted in an accessible area?	**Y**	**N**
14	Records: Does the office maintain a confidental employee health record that includes any exposure and post exposure care recieved? ***Y/N only – cannot review confidential records***	**Y**	**N**
STANDARD PRECAUTIONS			
Section 1: Hand Hygiene			
15	Hand Hygiene: Are there written policies and procedures for hand hygiene, including documentation of training?	**Y**	**N**
16	Demonstrate: Are team members adequately able to demonstrate appropriate hand hygiene techniques in line with the written policies and procedures?	**Y**	**N**
17	Accessible Supplies: Are there supplies for hand hygiene accessible to employees at point of need? (e.g. soap, water, alcohol rub if used)	**Y**	**N**
Section 2: Personal Protective Equipment (PPE)			
18	PPE: Are there written policies and procedures for proper use of personal protective equipment?	**Y**	**N**
19	Demonstrate: Do health care workers display appropriate use of PPE?	**Y**	**N**
20	Occupational Safety: Are there written policies and procedures and supplies available for personnel to wear puncture resistant heavy duty utility gloves when processing contaminated instruments? (not exam/patient care gloves)	**Y**	**N**
21	Are gloves available in approprate sizes, including both latex and latex-free options, utility gloves and sterile surgical gloves **IF** surgeries are performed in the office?	**Y**	**N**
22	Is the level of masks appropriate to the procedure type performed in the office?	**Y**	**N**
23	Are safety glasses with side shields and/or full-face shields, and/or loupes used in conjuction with safety glasses available?	**Y**	**N**
24	Are disposable and/or laudered gowns available for use in the office?	**Y**	**N**
Section 3: Respiratory Hygiene			
25	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?	**Y**	**N**
26	Prevention: Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?	**Y**	**N**
27	Patient Resources: Is there signage posted in the public lobby instructing proper cough etiquette? Are there appropriate supplies available for patients to minimize spread of illness? (e.g. tissues, masks, hand sanitizer)	**Y**	**N**
Section 4: Sharps Safety			
28	Occupational Safety: Are there written policies and procedures for the handling and management of sharps and safe injection practices, as well as exposure, incident reporting forms, including a sharps injury log?	**Y**	**N**
29	Demonstrate: Are safe recapping techniques/devices used and demonstrated by the staff?	**Y**	**N**
30	Are approved sharps containers utilized, accessible and secured to counter/wall?	**Y**	**N**
31	Do employees use engineering controls (e.g., forceps, hemostat, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?	**Y**	**N**
32	Are single use sharps (blades, neeldes, sutures, etc) disposed of after use?	**Y**	**N**
33	Are sharps containers removed from service when full and processed appropriately?	**Y**	**N**
Section 5: Sterilization and Disinfection of Patient-Care Items and Devices			
34	Is the instrument processing area **CLEARLY** marked and separated into "Dirty/Clean" sections following the outlined workflow: *1. Decontamination/Packaging 2. Sterilization 3. Storage*	**Y**	**N**
35	Is sterilization equipment available and fully functional?	**Y**	**N**
	a. What is the number of working ultrasonic cleaners? _____ **N/A**	**Y**	**N**
	b. What is the number of working autoclaves? _____ **N/A**	**Y**	**N**
	c. What is the number of working flash steam sterilizers (statim)? _____ **N/A**	**Y**	**N**
	d. Other sterilizers: _____ **N/A**	**Y**	**N**
36	Instrument transport: Are there written policies and procedures outlining the entire sterilization process, beginning with transporting contaminated instruments through the completion of the sterilization process?	**Y**	**N**

Section 5: Sterilization and Disinfection of Patient-Care Items and Devices cont.				
37	Testing & Maintenance Logs: Are appropriate testing and maintenance logs kept for each piece of equipment such as sterilizers, ultrasonic cleaners, eyewash station(s)?		**Y**	**N**
38	Instrument loading: Are there written policies and procedures for proper sterilzation loading techniques for each sterilizer?		**Y**	**N**
39	Sterilizer Testing: Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?		**Y**	**N**
40	Is biological testing of sterilizer(s) completed weekly according to manufacturer reccomendations? Is testing performed on each cycle with a full bio burden load under normal processing parameters? (e.g. full load of instruments, not overloaded, using spore test strip or vial)		**Y**	**N**
	a. Is in-office or mail-in biological testing used? _____		**Y**	**N**
	b. If in-office: Is a control processed for each test?	**N/A**	**Y**	**N**
	c. Is this documented in a log?		**Y**	**N**
41	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date tested, date test was sent, date test results were returned, and the results of testing?		**Y**	**N**
42	Are weekly biological monitoring logs kept for a minimum of 3 years or since the office opened?		**Y**	**N**
43	Are biofilm and organic matter removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization, following manufacturer recommendations that may require temperature and time?		**Y**	**N**
44	Are single-use items, supplies or devices and items labeled with ⊗ discarded after use and not re-processed?		**Y**	**N**
45	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?		**Y**	**N**
46	Are heat tolerant handpieces sterilized after each use, such as high & low speed handpieces, prophylaxis angles and motors, ultrasonic and sonic handpiece and tips, air abrasion devices, air and water syringe tips, and motors, with exception of some electric type models?		**Y**	**N**
47	Are semi-critical items sterilized after each use if not heat sensitive?		**Y**	**N**
48	Are semi-critical items, such as digital sensors, intraoral cameras, intraoral scanners, and curing lights that are not heat- or chemical-tolerant, used with FDA-approved barriers and then cleaned and disinfected with an intermediate-level disinfectant between patients?		**Y**	**N**
49	Are heat sensitive semi-critical item processed at a minimum of high-level disinfection or chemical sterilization after each use according to manufacturer's instructions?	**N/A**	**Y**	**N**
50	Demonstrate: Is proper sterilization loading technique demonstrated by staff in accordance with the manufacturer guidelines?		**Y**	**N**
51	Is event-related monitoring used to ensure package integrity according to manufactuer guidelines? Including folding along the dotted lines, reprocessing if compromised, proper storage, date stamp, sterilizer used, (if multiple sterilzers used) and cycle or load number?		**Y**	**N**
52	Are sterilization cycles verified with chemical/heat indicators for pouches and a class V integrator for wrapped/closed cassettes and containers, including pouches?		**Y**	**N**
Section 6: Environmental Infection Prevention and Control				
53	Patient Operatory: Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?		**Y**	**N**
54	Are appropriate barrier products available for patient use during procedures? (e.g. dental dams, protective eyewear, etc.)		**Y**	**N**
55	Radiographs: Are there written policies and procedures in place to prevent cross contamination when taking and processing dental radiographs?		**Y**	**N**
56	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?		**Y**	**N**
57	Are there written policies and procedures for cleaning and disinfecting dental chair between patients?		**Y**	**N**
58	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?		**Y**	**N**
59	Are unprotected clinical contact surfaces cleaned and then disinfected after each patient using an EPA-registered hospital disinfectant, low-intemediate level, in accordance with the manufacturer's instructions?		**Y**	**N**
60	Is an intermediate-level disinfectant with tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?		**Y**	**N**
61	Are EPA registered disinfectants prepared following the manufacturer's instruction of use? (shelf life, storage, use of material compatibility)	**N/A**	**Y**	**N**

Section 6: Environmental Infection Prevention and Control cont.				
62	Biological Spills: Are there written policies and procedures for decontaminating biohazardous fluids with necessary supplies present for decontamination?		**Y**	**N**
	a. Is there a **biological** spill kit?		**Y**	**N**
63	Medical Waste: Are there written policies and procedures for medical waste management and is the name telephone number of licensed waste hauler for regulated waste available?		**Y**	**N**
	a. Name of company used: _____		**Y**	**N**
	b. Is biohazardous waste stored properly?		**Y**	**N**
64	Housekeeping: Are there written policies and procedures for housekeeping surfaces (e.g., sinks, floors, walls, drawers, supply containers) to be cleaned and disinfected with an EPA-registered low to intermediate- level disinfectant regularly as a part of routine maintenance, and is this documented in a cleaning log?		**Y**	**N**
	a. In house?	**N/A**	**Y**	**N**
	b. Hired? If yes, name of company: _____ Is there a written job description which outlines proper sharps safety and management?	**N/A**	**Y**	**N**
Section 7: Laboratory				
65	Lab: Are there written policies and procedures to maintain asepsis and prevent cross contamination during dental laboratory procedures?		**Y**	**N**
66	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	**N/A**	**Y**	**N**
67	Is fresh pumice and a sterilized or new rag wheel used for each patient?	**N/A**	**Y**	**N**
68	Are devices used to polish, trim or adjust contaminated intraoral devices disinfected and/or sterilized between patients?	**N/A**	**Y**	**N**
69	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?		**Y**	**N**
DENTAL UNIT WATER QUALITY				
70	Is sterile saline or sterile water coolant used for surgical procedures?		**Y**	**N**
71	Water Lines: Are there written policies and procedures for meeting EPA potable water standard and treating biofilm, including treating, testing and re-testing water lines?		**Y**	**N**
72	Water Line Documentation: Is documentation kept for dental unit water line testing to meet the potable water standard of EPA <500 CFU/ml?		**Y**	**N**
	a. Product used to treat water to meet the potable water standard: _____		**Y**	**N**
	b. How are the water lines tested? _____		**Y**	**N**
	c. Are the water lines being tested quarterly and is this documented in a log?		**Y**	**N**
73	Line Flushing: Are there written policies and procedures for dental unit water lines to be flushed for 2 minutes each day prior to use and in between patients for a minimum of 20 seconds?		**Y**	**N**
OTHER				
74	Are basic first aid products and equipment available?		**Y**	**N**
45	Are emergency medical supplies available? (Recommended to include: Nitrogylerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Aspirin, Albuterol, Glucose, or Glucose substitute, Oxygen etc.)		**Y**	**N**
76	Medical History Form: Is a comprehensive and annually updated medical history form used to evaluate patients?		**Y**	**N**
77	Is there a working eyewash station available?		**Y**	**N**
78	Is an FDA-approved chemical sterilant being used, and are written policies and procedures in place to ensure proper exposure time is followed?	**N/A**	**Y**	**N**
79	Are all applicable label instructions followed on the FDA approved chemical sterilant including expiration date, shelf life, storage, safe use, disposal and material compatibility?	**N/A**	**Y**	**N**

OWNER/AUTHORIZED AGENT ACKNOWLEDGEMENT AND RECEIPT OF COPY

1. **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.**
2. **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.**
3. **If the initial inspection or random inspection is failed, the licensee has 72 hours to correct any defects before the Board schedules a re-inspection. If the re-inspection is also failed, the licensee may refer to NAC 631.1785 for information on further reinspection procedures and failure consequences.**
4. **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 further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4). This action can be taken at any time, including after the initial inspection or before the re-inspection.**

Receipt of a copy of the foregoing is hereby acknowledged:

By:_____ **Print name:**_____

This _____ **day of** _____**, 20**___ **at** ____**:**____ **.m.** **Title and/or Position/Capacity:**_____

Infection Control Survey Form - Citation Sheet

Checklist Section	Nevada Citation(s) / References
Administrative Measures (Questions 1 – 14)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)
Standard Precautions (Questions 15 – 24)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)
Standard Precautions (Questions 25 – 27)	Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; October 2016.
Standard Precautions Questions (28-51)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)
Standard Precautions Question 52	Citation: N/A. **Note:** A specific requirement regarding Class V indicators is *not found* in CDC guidelines; however, per our Infection Control Program Developer, Dr. Kanian, their use is strongly recommended during the sterilization process. ***Pending Approval of revised Regulation.**
Standard Precautions Questions (53-70)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)
Dental Unit Water Quality Question 71	Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; October 2016.
Dental Unit Water Quality (Questions 72 – 74)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)
Other (Questions 75 – 77)	Citations: N/A. **Note:** Specific requirements are not found in CDC guidelines; however, per our Infection Control Program Developer, Dr. Kanian, they are recommended in a Dental Setting. ***Pending Approval of revised Regulations.**
Other (Questions 78-79)	Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003:529 (NO.RR-17)

Infection Control Committee Questions and Responses

Checklist Question Number	Committee Question	Research/Response
1	a. Is a "Hard-copy" of the Infection Control manual required? b. Why is there an infection control coordinator?	a. A hard-copy of the infection control manual is not required to be on hand for the staff, a digital copy accessible to staff will meet this requirement. Inspectors having access to practice computers with patient information would be a violation of HIPAA. A hard copy needs to be made available for inspection. b. Per CDC there does need to be an individual identified as the coordinator, whether that be the licensee or admin staff member.
2	a. Replace word "training" with "policy"	a. This has been completed.
8	a. What this question specifically is asking? b. What does "communicable" diseases refer to?	a. Per CDC the facility needs to have written policies and procedures on what to do/how to handle patients known to have communicable diseases. b. NAC 441a.040 defines "Communicable Diseases" and provide a comprehensive list. What the policies are, are up to the discretion of how each facility would like to handle patients.
10	a. Research if this is a CDC requirement. b. Clarify what type of screening test would be needed.	a. Per CDC all DHCP need to be screened upon hire for TB, with a skin test (TST). No further details are provided. b. Per NAC441a.375 (3) a TB skin test is required for all DHCP upon hire, or a valid test within the last 12 months of their hiring date would be acceptable.
11	a. Remove the requirement for the Meningococcal vaccine requirement.	a. No CDC requirement for this vaccine, this has been removed.
12	a. Confirm it his references the OSHA 300 Log	a. CDC does not cite/name a specific log to track occupational exposures, as log as exposures are documented in a log. If the facility is already tracking these exposures on an OSHA 300 log, that is acceptable to be used in the infection control program.

17	a. Determine if demonstration is required	a. CDC does not state that a demonstration is a regulatory requirement. However, in practice, our inspectors have found that while an office may have written policies, practices such as proper hand washing are not always demonstrated in person. When the inspectors observe improper practice they educate on the subject matter per CDC recommendations and pass the facility on this item.
20	a. Correct spelling of performed.	a. This has been corrected.
24	a. Determine if demonstration is required	a. CDC does not state that a demonstration is a regulatory requirement. However, in practice, our inspectors have found that while an office may have written policies, practices such as proper donning/doffing are not always demonstrated in person. When the inspectors observe improper practice they educate on the subject matter per CDC recommendations and pass the facility on this item.
29	a. Determine if demonstration is required	a. CDC does not state that a demonstration is a regulatory requirement. However, in practice, our inspectors have found that while an office may have written policies, practices such as proper use of safe recapping techniques/devices are not always demonstrated in person. When the inspectors observe improper practice, they educate on the subject matter per CDC recommendations and pass the facility on this item.
34	a. Do the 4 sections listed need to be labeled in this exact way? Are sections labeled "Dirty/Clean" still acceptable?	a. CDC outlined the 4 terms for section workflow as best practice for sterilization process. CDC states processing areas ideally should be divided into at least three areas, as now listed. Clean and Dirty are deemed acceptable if the two sections are clearly marked and separated for infection control purposes.
40	a. Correct spelling of performed and processing. b. Confirm if mail-in testing is acceptable.	a. This has been corrected. b. Per CDC, no specific regulation for or against the use of mail-in testing services. Per our inspectors, lots of offices do currently still utilize these services.
42	a. Confirm retention period is two years, not three.	a. Per CDC, retention period for sterilization monitoring is 3 years. This has been corrected.

50	a. Determine if demonstration is required	b. CDC does not state that a demonstration is a regulatory requirement. However, in practice, our inspectors have found that while an office may have written policies, practices such as sterilizer loading per the manufacturer instructions are not always demonstrated in person. When the inspectors observe improper practice they educate on the subject matter per CDC recommendations and pass the facility on this item.
51	a. Determine if event-related monitoring is the current CDC recommendation. b. Statement is contradictory	a. Event-related monitoring is supported by the CDC, the packaged items would remain sterile until an event (like instrument poking through) causes the instrument to not be sterile. b. The intent of the question is to ensure all proper packaging procedures followed on the front end to ensure proper sterilization occurred. So in the future, the practice can trust that unless an event occurs that instrument remains sterile.
52	a. Further research to see if there is an existing reference for the required use of Class V integrators.	a. Unable to locate existing CDC requirement for Class V integrators. The Board is currently in the process of implementing a regulation in NRS to make this a requirement.
62 and 62a	a. How is this different than regular disinfecting protocols? b. Is there a need for a specific biological spill kit?	a. CDC states that the facility must have polices and procedures to address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials. b. No, offices do not need to purchase a specific branded kit. The facility must have components of a biological spill kit accessible, per their own written policies and procedures.
64	a. Is documentation of a log necessary?	a. Checking off that routine cleaning was actually done and logged for beginning and end of day holds the staff accountable to ensure its done. This log can be very simple.
65	a. Is documentation of a log necessary?	a. Condensed previous questions 64/65.
71	a. Confirm requirements for use of sterile water or saline during surgical procedures and whether this question is necessary	a. CDC states that the use of sterile saline or sterile water as a coolant when performing surgical procedures. CDC does not provide additional details regarding standalone or single use dental units.

75	a. Correct spelling of applicable.	b. This has been corrected.
77	a. Remove the phrase “running water” from line item.	a. Revised item to state “working” eyewash station.
78 & 79	a. Relocate questions to section 5	a. IC Program developer recognizes the content may relate to section 5 but, has found that these items are not being regularly used in most dental offices. Placed at the end of sheet to include few offices, but mostly marked NA by inspectors.