NEVADA STATE BOARD of DENTAL EXAMINERS

PUBLIC BOOK

BOARD TELECONFERENCE MEETING

TUESDAY, JANUARY 20, 2026

6:00 P.M.

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

A.L. HIGGINBOTHAM
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF DENTAL EXAMINERS

PUBLIC MEETING NOTICE & INFECTION CONTROL COMMITTEE MEETING AGENDA

Meeting Date & Time
Tuesday, January 20, 2026
6:00 p.m.

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

Video Conferencing/ Teleconferencing Available

To access by phone, +1(646) 568-7788

To access by video webinar,

https://us06web.zoom.us/j/89575311609

Webinar/Meeting ID#: 895 7531 1609
Webinar/Meeting Passcode: 440945

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment 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 Monday, January 19, 2026, by 12:00 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 table it.

1. **Call to Order**

    a. 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 the 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 to 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 Monday, January 19, 2026, at 12:00 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. **Chairperson's Report:** Kimberely Petrilla, RDH (For Possible Action)

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

    b. Approve Agenda (For Possible Action)

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

    a. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Survey form – NAC 631.1785 (For Possible Action)

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

    a. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Documents – NAC 631.1785 (For Possible Action)

        i. Infection Control Mobile Unit Survey Form
        ii. Infection Control Mobile Survey Form Attachment (i.e. Off-site sterilization equipment inspection)

6. **Public Comment (Live public comment 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.

    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 Monday, January 19, 2026, by 12:00 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.

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7. **Announcements:**

8. **Adjournment:** (For Possible Action)

Note: To minimize computer resource and data storage drains, only the copies of the applications (redacted to exclude personal identifying or personal health information) are included with this agenda. However, the Board acknowledges that some records attached to the applications (aside from any included proprietary information, but including such things as permits, licenses, route maps, etc.) are generally public records. The Board will make available copies of the non-confidential documents attached to the applications to any member of the public upon request.

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/AUDIT FORM

Rev 12/2025

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 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 preventing and controlling the 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: Does the practice have written policies to ensure compliance with NAC 441A.225 for reporting cases or suspected cases of communicable diseases to the state health authority? Does the policy include the list of reportable diseases from NAC 441A.040 and provide contact information for the applicable local health department?	**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	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 continued			
11	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**
12	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**
13	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			
14	Hand Hygiene: Are there written policies and procedures for hand hygiene, including documentation of training?	**Y**	**N**
15	Demonstrate: Are team members adequately able to demonstrate appropriate hand hygiene techniques in line with the written policies and procedures?	**Y**	**N**
16	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)			
17	PPE: Are there written policies and procedures for proper use of personal protective equipment?	**Y**	**N**
18	Demonstrate: Do health care workers display appropriate use of PPE?	**Y**	**N**
19	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**
20	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**
21	Is the level of masks appropriate to the procedure type performed in the office?	**Y**	**N**
22	Are safety glasses with side shields and/or full-face shields, and/or loupes used in conjuction with safety glasses available?	**Y**	**N**
23	Are disposable and/or laudered gowns available for use in the office?	**Y**	**N**
Section 3: Respiratory Hygiene			
24	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?	**Y**	**N**
25	Prevention: Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?	**Y**	**N**
26	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			
27	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**
28	Demonstrate: Are safe recapping techniques/devices used and demonstrated by the staff?	**Y**	**N**
29	Are approved sharps containers utilized, accessible and secured to counter/wall?	**Y**	**N**
30	Do employees use engineering controls (e.g., forceps, hemostat, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?	**Y**	**N**
31	Are single use sharps (blades, needles, sutures, etc) disposed of after use?	**Y**	**N**
32	Are sharps containers removed from service when full and processed appropriately?	**Y**	**N**
Section 5: Sterilization and Disinfection of Patient-Care Items and Devices			
33	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**
34	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**
35	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 continued				
36	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**
37	Instrument loading: Are there written policies and procedures for proper sterilzation loading techniques for each sterilizer?		**Y**	**N**
38	Sterilizer Testing: Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?		**Y**	**N**
39	Is biological testing of sterilizer(s) completed weekly according to manufacturer recommendations? Is testing performed on each cycle with a full bioburden 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**
40	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**
41	Are weekly biological monitoring logs kept for a minimum of 3 years or since the office opened?		**Y**	**N**
42	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**
43	Are single-use items, supplies or devices and items labeled with ⊗ discarded after use and not re-processed?		**Y**	**N**
44	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?		**Y**	**N**
45	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**
46	Are semi-critical items sterilized after each use if not heat sensitive?		**Y**	**N**
47	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**
48	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**
49	Demonstrate: Is proper sterilization loading technique demonstrated by staff in accordance with the manufacturer guidelines?		**Y**	**N**
50	Is event-related monitoring used to ensure package integrity according to manufacturer 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**
51	Are sterilization cycles verified as follows: for pouches without cassettes and containers, by chemical/heat processes; for wrapped/closed cassettes and containers (either wrapped in pouches or not), by a class V integrator (also known as a multiple variable indicator or ISO-1440 Type V)?		**Y**	**N**
Section 6: Environmental Infection Prevention and Control				
52	Patient Operatory: Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?		**Y**	**N**
53	Are appropriate barrier products available for patient use during procedures? (e.g. dental dams, protective eyewear, etc.)		**Y**	**N**
54	Radiographs: Are there written policies and procedures in place to prevent cross contamination when taking and processing dental radiographs?		**Y**	**N**
55	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?		**Y**	**N**
56	Are there written policies and procedures for cleaning and disinfecting dental chair between patients?		**Y**	**N**
57	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?		**Y**	**N**
58	Are unprotected clinical contact surfaces cleaned and then disinfected after each patient using an EPA-registered hospital disinfectant, low-intermediate level, in accordance with the manufacturer's instructions?		**Y**	**N**
59	Is an intermediate-level disinfectant with tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?		**Y**	**N**
60	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 continued				
61	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**
62	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**
63	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?		**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				
64	Lab: Are there written policies and procedures to maintain asepsis and prevent cross-contamination during dental laboratory procedures?		**Y**	**N**
65	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	**N/A**	**Y**	**N**
66	Is fresh pumice and a sterilized or new rag wheel used for each patient?	**N/A**	**Y**	**N**
67	Are devices used to polish, trim or adjust contaminated intraoral devices disinfected and/or sterilized between patients?	**N/A**	**Y**	**N**
68	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				
69	Is sterile saline or sterile water coolant used for surgical procedures?		**Y**	**N**
70	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**
71	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**
72	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				
73	Are basic first aid products and equipment available?		**Y**	**N**
74	Are emergency medical supplies available? (Recommended to include: Nitroglycerin, Benadryl, Epinephrine Auto Injector for adult and child if applicable, Aspirin, Albuterol, Glucose, or Glucose substitute, Oxygen etc.)		**Y**	**N**
75	Medical History Form: Is a comprehensive and annually updated medical history form used to evaluate patients?		**Y**	**N**
76	Is there a working eyewash station available?		**Y**	**N**
77	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**
78	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/audit form is acknowledged.**
2. **The owner of the dental practice hereby acknowledges that NAC 631.178 requires every licensee to comply with CDC guidelines related to infection control. One such CDC guideline states, "dental health care personnel who have contact with patients can also be exposed to persons with infectious [tuberculosis], and should have a baseline tuberculin skin test (TST), preferably by using a two-step test, at the beginning of employment." Based on same, I acknowledge that, during the interview process with prospective employees, I will inquire whether the applicant has had a recent negative tuberculosis test. The Board has determined that this screening question meets compliance requirements. Employers are not entitled to applicant' personal health information under the Health Insurance Portability and Accountability Act. The CDC does not require an employer to provide or pay for tuberculosis testing.**
3. **In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/audit form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.**
4. **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.**
5. **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:**_____

Nevada Board of Dental Examiners
2651 N Green Valley Parkway, Suite 104 Henderson, NV 89014
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MOBILE UNIT & PORTABLE DENTAL EQUIPMENT - INFECTION CONTROL INSPECTION/SURVEY FORM			**Rev 12/2025**
Dental Business/Mobile Unit Name:			**Date of Inspection:**
Licensee/Owner Name:			**Operating date:**
Address/Location:			**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.

ADMINISTRATIVE MEASURES

Section 1: Infection Control Program Operating Procedures

1	Infection Control Program Manual: Is there an easily accessible Infection Control program that is specific to this business/mobile unit and available to all staff? Is there an Infection Control Coordinator? Name:	**Y**	**N**
2	Training: Is there a training program and documentation for all DHCP (initial and ongoing) in infection control policies and procedures?	**Y**	**N**
3	Annual Review: Is there documentation of review of the infection control plan at least annually to ensure compliance with best practices?	**Y**	**N**
4	Training Records: Are there written policies and procedures for training records to be kept for a minimum of 3 years?	**Y**	**N**
5	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**
6	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**
7	Bloodborne Pathogen Training: Are there written policies and procedures for the prevention and transmission of bloodborne pathogens?	**Y**	**N**

Section 2: Immunizations

8	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**
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	Medical Conditions, Patients: Does the practice have written policies to ensure compliance with NAC 441A.225 for reporting cases or suspected cases of communicable diseases to the state health authority? Does the policy include the list of reportable diseases from NAC 441A.040 and provide contact information for the applicable local health department?	**Y**	**N**

STANDARD PRECAUTIONS

Section 1: Hand Hygiene

11	Hand Hygiene: Are there written policies and procedures for hand hygiene, including documentation of training and appropriate selection of antiseptic agents?	**Y**	**N**
12	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: Respiratory Hygiene				
13	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?		**Y**	**N**
14	Prevention: Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?		**Y**	**N**
15	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 3: Environmental Surfaces: Clinical Contact Surfaces				
16	Patient Operatory: Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?		**Y**	**N**
17	Are environmental surfaces in the service area covered, cleaned and disinfected between uses?		**Y**	**N**
18	Are there written policies and procedures of what surfaces will be cleaned, disinfected or barrier protected, including the process and products used?		**Y**	**N**
19	If chemical disinfectants are used, are there written policies and procedures for how they are managed, stored, and disposed of?	**N/A**	**Y**	**N**
20	Is there adequate ventilation for disinfectants?		**Y**	**N**
21	Is there adequate space for equipment? (e.g., chairs, lights, sterilizers)		**Y**	**N**
Section 4: Environmental Infection Prevention and Control				
22	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?		**Y**	**N**
23	Are appropriate barrier products available for patient use during procedures? (e.g. dental dams, protective eyewear, etc.)		**Y**	**N**
24	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**
25	Is an intermediate-level disinfectant with tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?		**Y**	**N**
26	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?		**Y**	**N**
27	Are there written policies and procedures for cleaning and disinfecting dental chair between patients?		**Y**	**N**
28	Are EPA registered disinfectants prepared following the manufacturer's instruction of use? (shelf life, storage, use of material compatibility)	**N/A**	**Y**	**N**
29	Radiographs: Are there written policies and procedures in place to prevent cross contamination when taking and processing dental radiographs?	**N/A**	**Y**	**N**
30	Lab: Are there written policies and procedures to maintain asepsis and prevent cross contamination during dental laboratory procedures?	**N/A**	**Y**	**N**
31	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	**N/A**	**Y**	**N**
Section 5: Personal Protective Equipment (PPE)				
32	PPE: Are there written policies and procedures for proper use of personal protective equipment?		**Y**	**N**
33	Are gloves available in approprate sizes, including both latex and latex-free options, utility gloves and sterile surgical gloves **IF** surgeries are preformed?		**Y**	**N**
34	Is the level of masks appropriate to the procedure type performed?		**Y**	**N**
35	Are safety glasses with side shields and/or full-face shields, and/or loupes used in conjuction with safety glasses available?		**Y**	**N**
36	Are disposable and/or laudered gowns used?		**Y**	**N**
37	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**
Section 6: Sharps Safety				
38	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**
39	Are all DHCP trained in the safe handling and management of sharps?		**Y**	**N**
40	Do employees use engineering controls (e.g., forceps, hemostat, etc) to retrieve contaminated sharps from syringe, handles, trays or containers?		**Y**	**N**
41	Are single use sharps (blades, neeldes, sutures, etc) disposed of after use?		**Y**	**N**
42	Are approved sharps containers utilized, accessible and secured?		**Y**	**N**
43	Are there written policies and procedures for transporting and disposing of sharps and sharps containers?		**Y**	**N**

Section 7: Management and Follow-Up of Occupational Exposures			
44	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**
	a. Is there a designated person responsible for post-exposure management?	**Y**	**N**
45	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**
Section 8: Singe-Use and Reusable Patient Items			
46	Are only single-use disposable items being used?	**Y**	**N**
IF YES: Proceed to questions 47-50 below	☐ ***N/A (Not Applicable)***		
47	Are there written policies and procedures for which single-use disposable items will be used and how they will be disposed of?	**Y**	**N**
48	Are single-use items, supplies or devices and items labeled with ⊗ discarded after use and not re-processed?	**Y**	**N**
49	Are syringes that deliver sealant and composite material barrier protected if they aren't single-use, disposable syringes?	**Y**	**N**
50	Are disposable items unit-dosed for each patient?	**Y**	**N**
51	Are reusable patient items processed onsite?	**Y**	**N**
52	Is there an adequate inventory of instruments used for the number of patients treated if sterilized off-site?	**Y**	**N**
IF NO: An Infection Control inspection of the off-site sterilization equipment will be completed in conjuction with this inspection.			
IF YES: Proceed to questions below	☐ ***N/A (Not Applicable)***		
53	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**
54	Is there documentation of training that is appropriate for all DHCP processing semi critical and critical instruments?	**Y**	**N**
55	Are semi-critical items sterilized after each use if not heat sensitive?	**Y**	**N**
56	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**
57	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**
58	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**
59	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**
60	Are containers for holding and transporting contaminated instruments puncture-proof, secured, and labeled as a biohazard?	**Y**	**N**
61	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**
62	Instrument loading: Are there written policies and procedures for proper sterilzation loading techniques for each sterilizer?	**Y**	**N**
63	Sterilizer Testing: Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?	**Y**	**N**
64	Can dental equipment and patient items be safely stored and secured if left on site?	**Y**	**N**
65	Is biological testing of sterilizer(s) completed weekly according to manufacturer reccomendations? Is testing preformed on each cycle with a full bio burden load under normal processiong 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. Is a control processed for each test?	**Y**	**N**
	c. Is this documented in a log?	**Y**	**N**
66	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**
67	Are weekly biological monitoring logs kept for a minimum of 3 years or since opened?	**Y**	**N**

DENTAL UNIT WATER QUALITY				
68	Is sterile saline or sterile water coolant used for surgical procedures?		**Y**	**N**
69	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**
70	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**
71	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**
MANAGEMENT OF REGULATED AND NON-REGULATED MEDICAL WASTE				
72	Medical Waste: Are there written policies and procedures for medical waste management and is the name telephone number of licensed waster hauler for regulated waste available?		**Y**	**N**
	a. Name of company used: _____		**Y**	**N**
	b. Is biohazardous waste stored properly?		**Y**	**N**
73	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**
OTHER				
74	Are basic first aid products and equipment available?		**Y**	**N**
75	Are emergency medical supplies available? (Recommended to include: Nitroglycerin, 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**

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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. **The owner of the dental practice hereby acknowledges that NAC 631.178 requires every licensee to comply with CDC guidelines related to infection control. One such CDC guideline states, "dental health care personnel who have contact with patients can also be exposed to persons with infectious [tuberculosis] and should have a baseline tuberculin skin test (TST), preferably by using a two-step test, at the beginning of employment." Based on same, I acknowledge that, during the interview process with prospective employees, I will enquire whether the applicant has a had a recent negative tuberculosis test. The Board has determined that this screening question meets compliance requirements, as employers are not entitled to personal health information of applicants absent consent per the Health Insurance Portability and Accountability Act, and the CDC does not require an employer to provide or pay for tuberculosis testing.**
3. **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.**
4. **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.**
5. **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:**_____

_____

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

OFF-SITE STERILIZATION INSPECTION ATTACHMENT FORM for MOBILE UNITS & PORTABLE DENTAL EQUIPMENT *Rev 12/25*

Dental Office Name:	**Date of Inspection:**
Licensee/Owner Name:	**Opening date:**
Address/Location:	**INSPECTOR(S)** (1) _____ (2) _____
City: / **State:** NV / **Zip Code:**	**PURPOSE OF INSPECTION** — **Off-site 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.

Sterilization and Disinfection of Patient-Care Items and Devices

1	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**
2	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**
3	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**
4	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**
5	Instrument loading: Are there written policies and procedures for proper sterilzation loading techniques for each sterilizer?		**Y**	**N**
6	Sterilizer Testing: Are there written policies and procedures for sterilization, biological monitoring, including how to handle a failed biological monitoring test?		**Y**	**N**
7	Is biological testing of sterilizer(s) completed weekly according to manufacturer reccomendations? Is testing preformed on each cycle with a full bio burden load under normal processiong 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**
8	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**
9	Are weekly biological monitoring logs kept for a minimum of 2 years or since the office opened?		**Y**	**N**
10	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**
11	Are single-use items, supplies or devices and items labeled with ⊗ discarded after use and not re-processed?		**Y**	**N**
12	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?		**Y**	**N**

Inspector Initials _____ **Licensee Initials** _____

13	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**
14	Are semi-critical items sterilized after each use if not heat sensitive?		**Y**	**N**
15	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**
16	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**
17	Demonstrate: Is proper sterilization loading technique demonstrated by staff?		**Y**	**N**
18	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**
19	Are sterilization cycles verified as follows: for pouches without cassettes and containers, by chemical/heat processes; for wrapped/closed cassettes and containers (either wrapped in pouches or not), by a class V integrator (also known as a multiple variable indicator or ISO-1440 Type V)?		**Y**	**N**

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Receipt of a copy of the foregoing is hereby acknowledged:

By:_____ **Print name:**_____

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

Inspector Initials _____ **Licensee Initials** _____