

# OSHA/INFECTION CONTROL/CDC/STATE BOARD INSPECTION

## CHECKLIST FOR DENTAL OFFICES

**TIJA HUNTER, CDA, EFDA, CDIA, CDSO, CDSH, MADAA**

### RECORDING KEEPING AND DOCUMENTATION

**OBTAIN COPIES OF THE FOLLOWING:**

|  |  |
|--|--|
|  | Licenses/Permits for all clinical team members                                   |
|  | CPR cards for all clinical team members  |
|  | Radiology certificates for all assistants, Dr.'s and/or Hygiene where they apply |
|  | Infectious/Regulated Waste disposal contract                                     |
|  | Dental Unit Waterline testing results/reports                                    |
|  | Biological/Spore test results for the past three years for all sterilizers       |
|  | Unemployment Quarterly Reports listing all employment for previous two years     |

**Confirm office has documentation of the following CONFIDENTIAL records:**

**Note: These records must be maintained for a duration of employment plus 30 years**

|  |  |
|--|--|
|  | Exposure Report                          |
|  | Hepatitis B Vaccine and/or Titer records |
|  | Post-Exposure Incident Report            |

**Confirm office has documentation fo the following records (copies may be requested):**

Note: These records must be maintained for at least 3 years

|  |  |
|--|--|
|  | Annual Blood borne Pathogens Training Records for all team members for 3 years                                       |
|  | Annual Hazard Communication Standard Training Records for all team members for 3 years                               |
|  | Annual documentation of efforts to consider safer needle devices which includes feedback and input from team members |

**Confirm the office has the following on the premises:**

|  |  |
|--|--|
|  | OSHA poster and other required State and Federal posters displayed for employees |
|  | CDC Guidelines for Infection Control in Dental Health-care Settings (2003)       |
|  | OSHA Bloodborne Pathogens Standard (1910.1030)                                   |
|  | OSHA Hazard Communication Standard (1920.1200)                                   |
|  | SDS Book, third party SDS Contract Subscription or whereabouts on the computer   |

**Confirm the office has a written Exposure Control Plan (updated annually) the includes the following:**

|  |  |
|--|--|
|  | Standard Precautions   |
|  | Engineering and Work Practice Controls   |
|  | Hand Hygiene   |
|  | Personal Protective Equipment  |
|  | Operatory turn around/housekeeping policies and procedures                         |
|  | Instrument processing policies and procedures                                      |
|  | Management of infectious waste policies and procedures                             |
|  | Laundry policies and procedures  |
|  | Hepatitis B Vaccination policy and procedures to include vaccine and titer testing |

|  |  |
|--|--|
|  | Post-Exposure evaluation and follow-up policy and procedures |
|  | Training schedule and policy                                 |

## POST-EXPOSURE MANAGEMENT PROTOCOL

**Confirm the office has the following:**

|  |   |
|--|---|
|  | An established relationship with a Qualified Health-Care Provider (QHCP) (Where you will send a team member that has had an exposure. Name: |
|--|---|

**Confirm the office has a “Grab and Go” packet with post-exposure incidents which includes:**

|  |   |
|--|---|
|  | Name, address, phone number and directions to QHCP                |
|  | Post-Exposure incident report form                                |
|  | Post-Exposure Health-Care Professionals Written Opinion form      |
|  | Worker’s Compensation Insurance form                              |
|  | Any office forms related to Post-Exposure                         |
|  | Source Patient “What Happened” Letter and consent form (optional) |

## HAND HYGIENE

**Confirm proper protocol and products used for hand hygiene are appropriate:**

|  |  |
|--|--|
|  | Hands are washed with soap and water at the beginning of each day  |
|  | Hands are either washed with soap and water or an alcohol-based hand rub before each patient procedure NOTE: <i>If hands are visibly soiled, soap and water must be used instead of an alcohol based hand rub.</i> |
|  | Hands are either washed with soap and water or an alcohol based hand rub after each patient procedure  |
|  | If hand location are used, they are compatible with gloving materials  |
|  | Fingernails and jewelry do not interfere with integrity of the gloving material  |

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

**Confirm availability and proper use of PPE:**

|  |   |
|--|---|
|  | All PPE is paid for by employer (i.e.: gloves, masks, gowns/coats and eyewear (Rx glasses are exempt)   |
|  | Gloves, masks, gowns/coats are not work in non-patient areas (i.e.: restroom, break rooms, admin areas and outside of office.   |
|  | All PPE is available in appropriate sizes for all personnel   |
|  | Exam gloves are used and changed between patient procedures by all personnel  |
|  | Gloves: Sterile Gloves are available in appropriate sizes and are used by all personnel involved with surgical procedures Note: <i>Surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery and removal of teeth that requires the elevation of a tissue flap, removal of bone or sectioning.</i> |
|  | Heavy Duty Utility gloves are available in appropriate sizes for all personnel  |
|  | Heavy Duty Utility gloves are used during all instrument processing procedures when risk of BBP’s is present  |
|  | If latex gloves are used, they must be powder free and low protein  |
|  | Masks are properly worn to cover both nose and mouth during all patient procedures  |
|  | Masks are discarded after each patient procedure or more frequently if we or soiled   |

|  |  |
|--|--|
|  | Eyewear is worn during all patient procedures  |
|  | Eyewear is periodically cleaned with soap and water or per manufacturers IFU's             |
|  | Coats/gowns are long sleeved, high scooped necked and worn during gall patient procedures  |
|  | Coats/gowns are worn for one day at most or changed during the day if visibly soiled       |
|  | Coats/gowns that are reusable are laundered on-site or laundered by a professional service |

## **WORKPLACE EXPOSURE PREVENTION RESPIRATOR PROTOCOL**

|  |   |
|--|---|
|  | All team members have read and understand the practice's Respirator Protocol                  |
|  | All team members have been fit tested and are comfortable and confident of their mask choice? |

## **SHARPS AND SHARPS SAFETY**

**Confirm office policies and procedures for sharps safety and sharps management are in place and practical:**

|  |  |
|--|--|
|  | All of the following (if applicable) are considered sharps: needles, scalpels, Ortho wires and brackets, endo files, burs, matrix bands, interproximal wedges, anesthetic capsules after a positive aspiration, etc. |
|  | NO sharps are disposed of into routine trash or waste containers   |
|  | Sharps: Employers are aware of, asked for input and offered sharps safety devices as alternatives (annually)   |
|  | Needles: Anesthetic needles are recapped using the one-handed scoop method or with a recapping device  |
|  | Needles: Surgical needles (if applicable) are self-sheathing   |
|  | Sharps containers are puncture resistant, leak proof, closable and properly labeled  |
|  | Sharps containers are maintained upright, in an area either fastened to the wall or someplace it will not easily come in contact with personnel, and discarded when contents reach the designated fill line          |

## **OTHER BIOHAZARDOUS/INFECTION WASTE**

**Confirm office is properly handling, managing and disposing of non-sharp infectious waste**

|  |  |
|--|--|
|  | All potentially infectious waste that is saturated, is disposed of in hazardous waste        |
|  | Waste not saturated, is disposed of in routine trash/waste                                   |
|  | Infectious waste containers are sturdy, puncture resistant, leak proof, closable and labeled |
|  | Infectious waste is properly removed from the office per State laws                          |

## **EXTRACTED TEETH**

**Confirm extracted teeth (that are not given back to the patient) are disposed of properly:**

|  |   |
|--|---|
|  | Extracted teeth that contain amalgam are disposed of into an amalgam scrap container                              |
|  | Extracted teeth that do not contain amalgam and are sharp are disposed of into a sharps container                 |
|  | Extracted teeth that do not contain amalgam and are not sharp, are disposed of into an infectious waste container |

## **LAUNDRY: ON SITE AND PROFESSIONAL SERVICE**

**Confirm offices that have laundry are following proper procedures:**

|  |  |
|--|--|
|  | On-site laundry: Laundry is washed in warm to hot water with household detergents            |
|  | On-site laundry: Used gowns are stored in a labeled bin or container                         |
|  | Professional Service: Enough coats/gowns are available and kept in a clean area in all sizes |

## OPERATORY TURN-AROUND EQUIPMENT/CLINICAL CONTACT SURFACES

**Confirm office is performing proper operatory turn-around procedures:**

|  |   |
|--|---|
|  | All clinical personnel, when interviewed, knew the difference between sanitation, disinfectant and sterilization  |
|  | All clinical personnel, when interviewed, knew what is meant by cross-contamination and chain of infection  |
|  | All clinical personnel, when interviewed, were instructed on the disinfectant used in office and kill time of that product  |
|  | Clinical Contact Surfaces (CCS) include all surfaces that are likely to be touched during patient procedures and include such items as: light handles, light switches, air-water syringes buttons, slow and high-speed evacuation switches, the holders for the air-water syringe, slow and high-speed evacuation cords and handpieces, x-ray buttons, digital x-ray sensors, equipment brackets/handles, chair switches, view box buttons, light curing units, impression guns, etc. |
|  | CCS: All CCS that are difficult to clean are barrier protected  |
|  | CCS: Barriers are changed and discarded after each patient and the underlying surfaces are sanitized prior to placing new barriers  |
|  | CCS: Barrier protected surfaces are sanitized with spray-wipe-spray or pre-moistened wipe technique   |
|  | CCS: Used barriers are removed and discarded with gloved hands  |
|  | CCS: New barriers are placed with clean ungloved hands  |
|  | CCS: That are not difficult to clean (smooth surfaces) and are not barrier protected, are properly disinfected between patients with an EPA registered intermediate level Tuberculocidal spray (not wipe) disinfectant<br>Name of Spray: _____ TB kill time: _____  |
|  | CCS: (When applicable) are disinfected with “spray-wipe-spray-wait” technique per manufacturer instructions   |
|  | Housekeeping Surfaces include surfaces that are not likely to be touched by personnel during patient procedures and include such items are countertops that are outside the field of operation, patient chair, etc.   |
|  | Housekeeping surfaces are sanitized between patients  |

## INSTURMENT PROCESSING AND STERILIZATION

**Confirm office is performing proper instrument processing and sterilization procedures:**

|  |  |
|--|--|
|  | Sterilization room has designated dirty and clean areas and a flow that supports dirty to clean processing                                 |
|  | All critical and semi-critical items are heat sterilized (instruments, headpieces, burs, impression trays, bite blocks, etc.)              |
|  | If immersion sterilization (cold sterile- <i>not recommended</i> ) if used, it must be justified   |
|  | Proper PPE is worn during instrument processing (mask, eyewear, heavy utility gloves, gown)  |
|  | Instruments are cleaned prior to sterilization, ideally in an ultrasonic bath with basket and lid (used anytime the ultrasonic is running) |
|  | Hand scrubbing is strongly discouraged and only used with one instrument with a long handled brush   |


|  |  |
|--|--|
|  | All instruments and items placed in the sterilizer are bagged or wrapped prior to sterilization                                    |
|  | All bags and/or wrapped cassettes have an external and internal indicator (multi-parameter)  |
|  | All bags and/or wrapped cassettes have the date of sterilization written on the outside of the package with sterilizer load number |
|  | If multiple sterilizers are used, the sterilizer used is indicated on the outside of the package                                   |

**INSTRUMENT PROCESSING AND STERILIZATION CONTINUED:**

|  |   |
|--|---|
|  | List the make and model of all sterilizers used in the office and provide copies of weekly spore test for each:<br>Make:                      Model:<br>Make:                      Model: |
|  | Instruments remain bagged or wrapped until patient presents for treatment   |
|  | Biological/Spore testing is preformed weekly on all sterilizer and records are maintained for at least 3 years  |
|  | Office has written policy and procedures in place for spore test failures   |

**SINGLE-USE DISPOSABLE PRODUCTS**

**Confirm office disposes the following and all other single-use items after one use:**

|  |   |
|--|---|
|  | Any item that states “disposable”, “single use” or “one time use only” on the outside of the package is intended for one time use and is discarded after one use. Even if the item can tolerate sterilization or disinfection, it is discarded and not reprocessed or reused. Universal symbol for “do not use twice”:<br> |
|  | Saliva Ejectors   |
|  | High-Speed evacuation tips  |
|  | Disposable prophylaxis cups   |
|  | Disposable impression trays   |
|  | X-ray/Panorex bite sticks   |

**DENTAL UNIT WATERLINES**

**Confirm office is in compliance with CDC standards:**

|  |   |
|--|---|
|  | Dental Unit Waterline (DUWL) test results include samples from at least one high-speed handpiece, one air-water syringe, one cavitron and one tap water control |
|  | DUWL test results show all samples submitted tested at less than 500 CFU/ml (Colony Forming Units)  |

**DENTAL RADIOLOGY**

**Confirm office is in compliance with dental radiology standards:**

|  |   |
|--|---|
|  | All X-rays tube heads and units have State Inspection stickers that have not expired  |
|  | Personnel follow proper safety procedures when taking radiographs (i.e.: no holding films for patient, all personnel must leave the room) |

|  |   |
|--|---|
|  | Patients are protected with appropriate lead apron with thyroid collar for all standard and digital radiographs |
|--|---|

## **CONTROLLED SUBSTANCE AND PARENTERAL MEDICATIONS**

**Confirm office is utilizing and practicing safe procedures with parenteral medications:**

|  |   |
|--|---|
|  | All personnel completed the CDC's One and Only Campaign training (One Needle, One Syringe, Only One Time) |
|  | Controlled substance Log Book is compliant with State Board rules and regulations                         |
|  | Controlled substance inventory is consistent with Log Book records  |

## **ORAL SURGICAL PROCEDURES**

**Confirm office follows proper oral surgical procedures:**

|  |   |
|--|---|
|  | Sterile gloves are worn by all personnel during all surgical procedures. Note: Surgical procedures included biopsy, periodontal surgery, apical surgery, implant surgery and removal of teeth that requires the elevation of a tissue flap, removal of bone or sectioning |
|  | Sterile saline/water is used for irrigation during all surgical procedures  |
|  | Antimicrobial soap is used for hand hygiene prior to all surgical procedures  |

## **HANDLING OF BIOSY SPECIMENS**

|  |   |
|--|---|
|  | Biopsy specimens are handled using Standard Precautions and are properly labeled for shipment |
|--|---|

## **DENTAL LABORATORY**

**Confirm lab work is done following the proper infection control and safety procedures:**

|  |   |
|--|---|
|  | Proper Personal Protective Equipment (gloves, eyewear, mask, gown) are worn during lab processing procedures  |
|  | Impressions are properly disinfected prior to pouring   |
|  | Lab accessories (rag wheels, lab burs, etc.) are sterilized between each patient use  |
|  | Lab pumice is used and discarded after each patient use   |
|  | Lab equipment is safely mounted/positioned and has all safety guards and shields in place   |
|  | Appliances/Retainers are properly disinfected prior to delivering to patient  |
|  | Proper ventilation is available to maintain healthy air quality   |
|  | For lab work sent to an outside lab, confirm office has communicated with lab, via written lab slip, which is legal document that must be kept for a period for two years |

## **GENERAL WORKPLACE SAFETY**

**Confirm office is in compliance with the following heral workplace safety requirements:**

|  |  |
|--|--|
|  | All areas in office are kept clean and organized (storage rooms, darkroom, lab, sterilization area, etc.                                       |
|  | Eyewash station is readily accessible and is in proper working condition, hot water is disconnected  |
|  | Eyewash station supplies a controlled flow of water to both eyes simultaneously  |
|  | Eyewash station is located in an area large enough to provide room for the eyelids to be held open with hands while the eyes are being flushed |
|  | Eyewash station can deliver water for at least 15 minutes continuous flow, at a velocity low enough not to injure the user                     |

|  |  |
|--|--|
|  | Eyewash equipment and wiring are properly managed and maintained                           |
|  | Exit signs, emergency evacuation routes and means of egress are clearly marked             |
|  | Fire extinguishers are inspected, recharged, maintained and monitored for expiration dates |
|  | Food, drink (including water bottles) are not allowed in patient care areas                |
|  | CPR mask are readily available   |
|  | Basic first aid kit is readily available   |
|  | Emergency kit is up to date and kept in an area assessable to all personnel                |

## HAZARD COMMUNICATION REQUIREMENTS

**Confirm office is in compliance with the following Hazard Communication Standard requirements:**

|  |   |
|--|---|
|  | Written Hazard Communication program is complete  |
|  | List of hazardous chemicals used in the office is complete  |
|  | SDS book or 3 <sup>rd</sup> party subscription is kept current and is readily available to all personnel                    |
|  | SDS Layout and 16 section format is understood by all personnel   |
|  | GHS: Pictogram, Signal Words and Hazard precautionary statements are understood by all personnel                            |
|  | All bottles or containers are properly labeled (secondary containers should have similar label as original container)       |
|  | Amalgam scrap container is readily accessible and known to all personnel  |
|  | Laser plumes are suctioned with high speed evacuation during laser procedures   |
|  | Latex safe products are used when available (nitrile or synthetic products for gloves, rubber dams, prophylactic cups, etc. |
|  | Hearing safety and protection is discussed as part of annual team training  |

## ERGONOMICS (OPTIONAL)

|  |  |
|--|--|
|  | Ergonomic and musculoskeletal issues are discussed on a regular basis as part of team training             |
|  | Ergonomically designed instruments and equipment are discussed on a regular basis as part of team training |

This checklist is the property of Tija Hunter/Clinical Assistant Dynamics

This document may not be shared; it is intended for use by registered clients only.