

INFECTION CONTROL CHECKLIST FOR DENTAL SETTINGS USING MOBILE VANS OR PORTABLE DENTAL EQUIPMENT

Guiding Principles of Infection Control:

PRINCIPLE 1. TAKE ACTION TO STAY HEALTHY

PRINCIPLE 2. AVOID CONTACT WITH BLOOD AND OTHER POTENTIALLY INFECTIOUS BODY SUBSTANCES

PRINCIPLE 3. MAKE PATIENT CARE ITEMS (instruments, devices, equipment) SAFE FOR USE

PRINCIPLE 4. LIMIT THE SPREAD OF BLOOD AND OTHER INFECTIOUS BODY SUBSTANCES

Levels of Anticipated Contact between the dental health care professional (DHCP) or volunteer and the patient's mucous membranes, blood or saliva visibly contaminated with blood to determine the suggested elements for the infection control program. This checklist is designed to provide information for 3 levels of programs:

- I. **Anticipated contact with the patient's mucous membranes, blood or saliva visibly contaminated with blood.**
- II. **Anticipated contact with the patient's mucous membranes but not with blood or saliva visibly contaminated with blood.**
- III. **No anticipated contact with the patient's mucous membranes, blood, or saliva visibly contaminated with blood.**

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3525 Piedmont Road NE
Building 5, Suite 300
Atlanta, GA 30305 USA
P: 1.410.571.0003 • 800.298.6727
office@osap.org • OSAP.org

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Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	X	X	Infection Control Program Operating Procedures			
			Is there a written infection control program?			
			Is there a designated person(s) responsible for program oversight?			
			Are there methods for monitoring and evaluating the program?			
			Is there a training program for dental health-care personnel (DHCP) (initial and ongoing) in infection control policies and practices?			
X	X	X	Immunizations			
			Are DHCP adequately immunized against vaccine-preventable diseases? Immunizations should meet or exceed federal, state and local guidelines. (May not be necessary for screenings)			
			Hepatitis B			
			Annual Influenza			
			Additional immunizations needed for program:			
X	X	X	Hand Hygiene			
			Are sinks available close to the area where care is provided?			
			If not, are alcohol-based hand sanitizers available?			
			Is staff properly trained in the use of alcohol handrub products?			
X	X		Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)			
			Is there a protocol that outlines what PPE are worn for which procedures?			
			Is PPE storage available and close to care?			
			Are facilities available to disinfect PPE (DHCP eyewear, patient eyewear, heavy duty utility gloves)?			

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X	X	As necessary	Environmental Surfaces: Clinical Contact Surfaces (e.g., light handles and countertops)			
			Is there a list of what surfaces will be cleaned, disinfected or barrier protected and the process and products to be used?			
			If chemical disinfectants are used, is there a protocol for how they are managed, stored and disposed?			
X	X		Housekeeping Surfaces (e.g., floors, walls)			
			Is there a list of which housekeeping surfaces will need to be cleaned and disinfected and how often?			
X	X		Safe Handling of Sharp Instruments and Devices			
			Are DHCP trained in the safe handling and management of sharps?			
			Are sharps containers safely located as close as possible to the user?			
			Is there a written protocol for transporting and disposing of sharps and sharps containers?			
X	X		Management and Follow-Up of Occupational Exposures			
			Is there a written procedures manual for post-exposure management?			
			Is there a designated person responsible for post-exposure management?			
			Is there a mechanism to document the exposure incident?			
			Where is the closest medical facility for wound care and post-exposure management?			
			Is there a mechanism to refer the source and DHCP for testing and follow-up?			
			Is there a mechanism for expert consultation by phone?			
			Are post-exposure prophylaxis medications readily available onsite, at an emergent care facility or nearby pharmacy?			
			Who is the responsible party for post-exposure care costs?			
			Does Workers' Compensation apply?			
			Have DHCP been trained in post-exposure management procedures?			



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X	X	If Used	Reusable Patient Items			
			Are reusable patient items processed onsite?			
			IF YES:			
			Is there a protocol for how and where contaminated instruments are cleaned and processed?			
X	X	If Used	Reusable Patient Items, continued			
			Is there adequate space for the processing area to be divided into clean and dirty areas?			
			Has the person who is performing the processing been adequately trained?			
			Is the sterilizer(s) spore tested at least weekly?			
			Are protocols in place to handle positive tests?			
			Can dental equipment and patient items be safely stored and secured if left on site?			
			IF NO:			
			Is there an adequate inventory of instruments for the number of patients to be treated?			
			Are containers for holding or transporting contaminated instruments puncture-proof, secured, & labeled as a biohazard?			
X	X	X	Single-Use (Disposable) Items and Devices			
			Is there a protocol for which single-use, disposable items will be used and how they will be disposed? e.g., gloves, tongue depressors			
			Are disposable items unit-dosed for each patient?			
			Are syringes that deliver sealant and composite material barrier protected if they aren't single-use, disposable syringes?			
X	X	X	Management of Dental Unit Water Quality			
			Is there a protocol for how dental unit water quality will be maintained and monitored?			
X	X	X	Management of Regulated and Non-Regulated Medical Waste			
			Is there a protocol and designated person responsible for proper disposal of regulated waste (e.g., sharps containers, extracted teeth) and nonregulated waste (regular trash)?			



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