

**Infection Control Checklist-1**

About this Audit: (Please print it, save it and discuss it with your staff.

The document is an Infection Control Checklist for dental clinics.

The checklist includes 70 items related to infection control in clinics.

The checklist covers topics such as staff training, immunization records, antimicrobial stewardship, disease transmission, and precautions during an epidemic.

It also includes topics like hand washing, use of personal protective equipment, sterilization of instruments, and water quality control.

The checklist emphasizes the importance of following guidelines from organizations like CDC, OSHA, and County/State Health Departments. It follows standards and science.

It mentions the need for regular testing and monitoring of sterilization equipment.

The document suggests using FDA-approved surface barriers and germicides.

It highlights the importance of proper hand care and daily examination of hands for cuts or bruises.

The checklist includes questions about proper use of PPE, including latex alternatives and respirators.

It mentions the need for regular cleaning and maintenance of equipment like ultrasonic baths and instrument washers.

The document recommends using mail-out services and in-office spore tests for sterilization monitoring.

It covers the use of surrogates of validation such as chemical indicators.



Clinic Name: Date:

Infection Control Checklist



Choose

Select/click the appropriate box. Only choose the column Y (yes) if you can provide proof during an audit.

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **#** | **IC Item (Based on Safety Needs)** | **Y** | **N** | **N/A** |
| 1 | Have you trained all your clinic staff in IC according to your state board’s needs? | [ ]  | [ ]  | [ ]  |
| 2 | Does your clinic have an occupational Health Record/File for each Staff Member? | [ ]  | [ ]  | [ ]  |
| 3 | Does your clinic have the immunization record of all staff members? | [ ]  | [ ]  | [ ]  |
| 4 | Has your clinic been trained in antimicrobial stewardship? | [ ]  | [ ]  | [ ]  |
| 5 | Does your clinic implement steps to reduce antibiotic misuse in your practice? | [ ]  | [ ]  | [ ]  |
| 6 | Has your clinic been trained in Disease Concepts? | [ ]  | [ ]  | [ ]  |
| 7 | Has your clinic been trained in the routes of disease transmission? | [ ]  | [ ]  | [ ]  |
| 8 | Has your clinic been trained in Universal, Standard and Additional Precautions? | [ ]  | [ ]  | [ ]  |
| 9 | Has your clinic been trained in The Spaulding’s Classification? | [ ]  | [ ]  | [ ]  |
| 10 | Does your clinic follow additional protocols during an epidemic (such as COVID-19)? | [ ]  | [ ]  | [ ]  |
| 11 | Does your clinic have self-quarantine protocol to avoid infecting clinical members? | [ ]  | [ ]  | [ ]  |
| 12 | Is your clinic trained in Common and Emerging Infectious diseases? | [ ]  | [ ]  | [ ]  |
| 13 | Is your clinic trained in common bloodborne diseases (HIV and Hepatitis)? | [ ]  | [ ]  | [ ]  |
| 14 | Does your clinic have a policy on getting the seasonal flu shot? | [ ]  | [ ]  | [ ]  |
| 15 | Does your clinic have a policy on regular TB testing for the staff? | [ ]  | [ ]  | [ ]  |
| 16 | Does your clinic follow the guidance on COVID-19 (CDC, OSHA, County/State Hlth. Dept.)? | [ ]  | [ ]  | [ ]  |
| 17 | Do you use adequate air purifying devices in your clinic? | [ ]  | [ ]  | [ ]  |
| 18 | Has your clinic been trained in classification, selection and use of germicides? | [ ]  | [ ]  | [ ]  |
| 19 | Has your clinic owner been involved in selection of your clinic’s surface disinfectant? | [ ]  | [ ]  | [ ]  |
| 20 | Has your clinic been trained in microbial and viral kill needs, and the qualifications ofan Intermediate-level Hospital Disinfectant? | [ ]  | [ ]  | [ ]  |
| 21 | Does your clinic know about substantivity or residual effect? | [ ]  | [ ]  | [ ]  |
| 22 | Does your clinic use a Disinfectant Presoak for your dirty instruments? | [ ]  | [ ]  | [ ]  |
| 23 | Does your clinic use a pre-procedural mouthrinse for every clinical visit? | [ ]  | [ ]  | [ ]  |
| 24 | Does your clinic test and record the validity of immersion disinfectants? | [ ]  | [ ]  | [ ]  |
| 25 | Does your clinic clean the suction line and replace suction traps regularly? | [ ]  | [ ]  | [ ]  |
| 26 | Does your clinic have a protocol for keeping dental treatment water below 500 cfu? | [ ]  | [ ]  | [ ]  |
| 27 | Do you have a protocol to treat the source water? | [ ]  | [ ]  | [ ]  |
| 28 | Do you have a protocol to trat the water system biofilms regularly? | [ ]  | [ ]  | [ ]  |
| 29 | Do you test the dental treatment water (from each chair) at least once every 3 months? | [ ]  | [ ]  | [ ]  |
| 30 | Do you use a sterile delivery system, and sterile irrigants/coolants for surgical care(dental implants and dental surgeries involving bone)? | [ ]  | [ ]  | [ ]  |
| 31 | Have you been trained in controlling dental treatment water contamination? | [ ]  | [ ]  | [ ]  |
| 32 | Do you use R2A agar or HPC water samplers for testing treatment watercontamination? | [ ]  | [ ]  | [ ]  |
| 33 | Has your clinic been trained in the use of PPE and inanimate Surface Barriers? | [ ]  | [ ]  | [ ]  |
| 34 | Did you know that scrubs are not considered as PPE? | [ ]  | [ ]  | [ ]  |
| 35 | Did your clinic know that Full PPE must be worn to reduce the risk of splash & spatter? | [ ]  | [ ]  | [ ]  |
| 36 | Did you know that long or false nails, and unharnessed hair are not helpful in theclinics? (this is not gender/sex specific) | [ ]  | [ ]  | [ ]  |
| 37 | Do you have latex alternative in the clinic (gloves and dams)? | [ ]  | [ ]  | [ ]  |
| 38 | Does the clinic provide all necessary PPE for the staff? | [ ]  | [ ]  | [ ]  |
| 39 | Does the clinic provide PPE for the staff based on their sizes? | [ ]  | [ ]  | [ ]  |
| 40 | Does the clinic have a policy on Use of PPE in its dental laboratory? | [ ]  | [ ]  | [ ]  |
| 41 | Does the clinic have a policy on protection of eyes (particulate matter, LASER andwhite/blue/HEV curing light)? | [ ]  | [ ]  | [ ]  |
| 42 | Does the clinic have a policy on respirator use in the clinic? | [ ]  | [ ]  | [ ]  |
| 43 | Does the clinic have a policy on ‘Face- Fit’ for respirator use? | [ ]  | [ ]  | [ ]  |
| 44 | Do you use FDA approved Surface barriers in the clinic? | [ ]  | [ ]  | [ ]  |
| 45 | Do you use a deep sink for hand washing in your clinic? | [ ]  | [ ]  | [ ]  |
| 46 | Has your clinic staff been trained in hand washing and hand care? | [ ]  | [ ]  | [ ]  |
| 47 | Does your clinic staff examine their hands for cuts/bruises/hang nails daily? | [ ]  | [ ]  | [ ]  |
| 48 | Does your clinic have finger-cots and other prescribed dressings before gloving? | [ ]  | [ ]  | [ ]  |
| 49 | Does all your staff use an emollient on their hands regularly? | [ ]  | [ ]  | [ ]  |
| 50 | Is the person who does the reprocessing in the clinic trained and up to date? | [ ]  | [ ]  | [ ]  |
| 52 | Does your clinic follow Spaulding’s Classification in reprocessing reusables? | [ ]  | [ ]  | [ ]  |
| 52 | Does your clinic separate instruments and waste chairside? | [ ]  | [ ]  | [ ]  |
| 53 | Does your clinic use germicides in the holding solution or ultrasonic solution? | [ ]  | [ ]  | [ ]  |
| 54 | Do you do a sterile rinse of instruments after immersion sterilization? | [ ]  | [ ]  | [ ]  |
| 55 | If using an immersion sterilant while sterilizing, do you measure the validity of theliquid sterilant using the manufacturer’s IFUs? | [ ]  | [ ]  | [ ]  |
| 56 | Does your clinic examine each batch of instruments for debris before sterilization? | [ ]  | [ ]  | [ ]  |
| 57 | Does your clinic clean and dry the ultrasonic bath daily? | [ ]  | [ ]  | [ ]  |
| 58 | Does your clinic degass the ultrasonic bath daily? | [ ]  | [ ]  | [ ]  |
| 59 | Does your clinic test the ultrasonic washer monthly? | [ ]  | [ ]  | [ ]  |
| 60 | Does your clinic use an FDA approved instrument washer (Like Miele or SciCan)? | [ ]  | [ ]  | [ ]  |
| 61 | Is your clinic knowledgeable about the sterilizer and its cycles used | [ ]  | [ ]  | [ ]  |
| 62 | Do you use a mail-out service for monitoring all your sterilizer (being used) weekly? | [ ]  | [ ]  | [ ]  |
| 63 | Does your clinic use in-office spore-tests and maintain the records? | [ ]  | [ ]  | [ ]  |
| 64 | Have you ever had sterilization monitoring Failures? | [ ]  | [ ]  | [ ]  |
| 65 | If the failure was true, did you inform the patients for up to a week before? | [ ]  | [ ]  | [ ]  |
| 66 | Did you know you can use the pouch or a wrap during instrument sterilization? | [ ]  | [ ]  | [ ]  |
| 67 | Do you have wet pack or pouches coming out of the sterilizer? | [ ]  | [ ]  | [ ]  |
| 68 | Do you use Class IV chemical indicators with each instrument pouch/pack/cassette? | [ ]  | [ ]  | [ ]  |
| 69 | Did you know that it is not mandatory to use a chemical indicator during sterilization? | [ ]  | [ ]  | [ ]  |
| 70 | Did you know that you should use a Class II indicator every morning if using a ‘B’ Classsterilizer? | [ ]  | [ ]  | [ ]  |

Audit Conducted by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: Designation