



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.



Infection Control Checklist

Clinic Name

Date of Audit

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

#	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your clinic have an occupational Health Record/File for each Staff Member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your clinic have the immunization record of all staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Has your clinic been trained in antimicrobial stewardship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does your clinic implement steps to reduce antibiotic misuse in your practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Has your clinic been trained in Disease Concepts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Has your clinic been trained in the routes of disease transmission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has your clinic been trained in Universal, Standard and Additional Precautions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Has your clinic been trained in The Spaulding's Classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does your clinic follow additional protocols during an epidemic (such as COVID-19)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does your clinic have self-quarantine protocol to avoid infecting clinical members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is your clinic trained in Common and Emerging Infectious diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Is your clinic trained in common bloodborne diseases (HIV and Hepatitis)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does your clinic have a policy on getting the seasonal flu shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your clinic have a policy on regular TB testing for the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Does your clinic follow the guidance on COVID-19 (CDC, OSHA, County/State Hlth. Dept.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you use adequate air purifying devices in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has your clinic been trained in classification, selection and use of germicides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Has your clinic owner been involved in selection of your clinic's surface disinfectant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Has your clinic been trained in microbial and viral kill needs, and the qualifications of an Intermediate-level Hospital Disinfectant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Does your clinic know about substantivity or residual effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Does your clinic use a Disinfectant Presoak for your dirty instruments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Does your clinic use a pre-procedural mouthrinse for every clinical visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Does your clinic test and record the validity of immersion disinfectants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does your clinic clean the suction-lines and replace suction traps regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Does your clinic have a protocol for keeping dental treatment water below 500 cfu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Do you have a protocol to treat the source water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Do you have a protocol to treat the water system biofilms regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Do you test the dental treatment water (from each chair) at least once every 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you use a sterile delivery system, and sterile irrigants/coolants for surgical care (dental implants and dental surgeries involving bone)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Have you been trained in controlling dental treatment water contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Do you use either the R2A agar or HPC water samplers for testing treatment water contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Has your clinic been trained in the proper use of PPE and inanimate Surface Barriers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Did you know that scrubs are not considered as PPE? (they are street clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35	Did your clinic know that Full PPE must be worn to reduce the risk of splash & spatter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Did you know that long or false nails, and unharnessed hair are not helpful in the clinics? (this is not gender/sex specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Do you have the latex alternatives in the clinic (gloves and dams)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Does the clinic provide all necessary PPE for the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Does the clinic provide PPE for the staff based on their sizes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Does the clinic have a policy on Use of PPE in its dental laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Does the clinic have a policy on protection of eyes (particulate matter, LASER and white/blue/HEV curing light)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Does the clinic have a policy on respirator use in the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Does the clinic have a policy on 'Face- Fit' for respirator use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Do you use FDA approved Surface barriers in the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Do you use a deep sink for hand washing in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Has your clinic staff been trained in hand washing and hand care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Does your clinic staff examine their hands for cuts/bruises/hang nails daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Does your clinic have finger-cots and other prescribed dressings (before gloving)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Does all your staff use an emollient on their hands regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Is the person who does the reprocessing in the clinic trained and up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Does your clinic follow Spaulding's Classification in reprocessing reusables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Does your clinic separate instruments and waste chairside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Does your clinic use germicides in the holding solution or ultrasonic solution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Do you do a sterile rinse of instruments after immersion sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	If using an immersion sterilant while sterilizing, do you measure the validity of the liquid sterilant using the manufacturer's IFUs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Does your clinic examine each batch of instruments for debris before sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Does your clinic clean and dry the ultrasonic bath daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Does your clinic degass the ultrasonic bath daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Does your clinic test the ultrasonic washer monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Does your clinic use an FDA approved instrument washer (Like Miele or SciCan)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Is your clinic knowledgeable about the sterilizer and its cycles used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Do you use a mail-out service for weekly monitoring all your sterilizers in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Does your clinic use in-office spore-tests and maintain the records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Have you ever had sterilization monitoring Failures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	If the failure was true, did you inform the patients for up to a week before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Did you know you can use the pouch or a wrap during instrument sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Do you have wet packs or pouches coming out of the sterilizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Do you use Class IV chemical indicators with each instrument pouch/pack/cassette?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Did you know that it is not mandatory to use a chemical indicator during sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Did you know that you should use a Class II indicator every morning if using a 'B' Class sterilizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Audit Conducted by:

Signature: _____

Name:

Designation