



**In CONTROL Fact Sheet
NUMBER 10**

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Dental Infection Prevention & Control Program Self-Inspection

With the recent release of the revised *USAF Guidelines for Infection Prevention & Control in Dentistry*, all clinics are encouraged to use the attached checklist to examine their written operating instructions, training programs, records, and daily practices to ensure continued compliance with infection control procedures*. Creating and maintaining a safe workplace requires diligence and constant oversight. Self inspections at periodic intervals provide an opportunity to identify unsafe practices and conditions and ensure that written policies are up-to-date and appropriate. Before beginning the self inspection, review your written infection prevention and control operating instructions (OI) for both the dental clinic and the military treatment facility (MTF). This is helpful because besides complying with national standards and regulations, inspectors frequently check for consistency between your written OI and the day-to-day practices in the clinic. If after completing the self inspection, deficiencies or problems are identified, further evaluation and action are indicated to correct the problems.

[Click here](#) to see if you can answer "YES" to all items on the USAF Dental Infection Prevention & Control Program Check-Up.

*The *USAF Guidelines for Infection Prevention & Control in Dentistry* are minimal standards and in some instances dental commanders may choose to set more stringent policy to ensure uniformity within the clinic or MTF. Therefore, it is also necessary to be familiar with local and/or state policies.

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Date: _____ Individual(s) completing this form: _____

Program Administration

- Do you have letters of appointment for the dental infection preventionists (officer and NCOIC)?
- Do the infection preventionists (officer and/or NCOIC) attend the MTF ICC/ICF (infection control committee/infection control function) meetings?
- Have the infection preventionists received infection prevention and control (IP&C) training?
- Has the MTF ICC/ICF approved the written dental infection prevention and control operating instruction (OI)?
- Does the written plan include:
 - general IP&C information?
 - OSHA requirements?
 - an exposure control plan (ECP)? (*Dental may be covered under the MTF ECP or the ECP may be a separate OI*)
 - information on latex hypersensitivity?
 - information on tuberculosis?
- Does the IC notebook contain
 - AFI 44-108, Medical IP&C Program?
 - 2003 CDC Dental IC Guidelines?
 - 2012 USAF Dental IP&C Guidelines?
 - 2001 OSHA BBP Standard (includes the 1991 BBP Standard)?
 - relevant MTF IP&C guidelines?
 - policy letters and dental consultant updates?
 - training records & briefings, inspection results, reports to the ICC/ICF, waterline monitoring results, instrument processing records, health-care associated infection (i.e., nosocomial/clinic acquired) data? (*NOTE: These may be maintained in separate notebooks*)

Education & Training

- Have all personnel (including administrative personnel) received initial training before beginning to work?
- Have all personnel received annual training on
 - general IP&C policies/practices?
 - bloodborne pathogens (BBP)?
 - latex allergy and contact dermatitis information?
 - tuberculosis?
- Are training records maintained for at least 3 years?

Immunizations

- Are immunization services coordinated with Public Health (PH) or an appropriate MTF department?
- Have all personnel received the hepatitis B vaccine?
 - Have personnel (i.e., civilians) who declined the vaccine signed the declination form?

Exposure Prevention/Postexposure Management

- Is the postexposure management program coordinated with PH and other appropriate medical departments?
 - Who conducts the initial evaluation and follow-up after a needlestick incident?

- Are there policies & procedures for work restrictions for DHCP with certain illnesses or infections?
- Are Standard Precautions used for all patient encounters?
 - Are respiratory hygiene/cough etiquette practices applied in the clinic?
- Are transmission-based precautions applied when patients requiring additional precautions receive treatment in the dental clinic?

Engineering and Work Practice Controls

- Are used sharps devices (e.g., needles, scalpel blades, orthodontic wires) placed in sharps containers located as close as feasible to the point of use?
 - Are sharps containers located in each operatory?
 - Are sharps containers red or labeled with a biohazard symbol?
 - Are sharps containers emptied when they are $\frac{3}{4}$ full?
- Is a one-handed scoop technique or a recapping device used to recap needles?
- What other engineering or work practice controls or safety devices are used in the clinic?
- Is the dental infection preventionist aware of devices with engineered safety features (e.g., safety anesthetic syringes, safety scalpels) and able to discuss the advantages/disadvantages of each device?
 - Is local MTF policy followed regarding use and evaluation of new safety devices?
 - Is local MTF policy followed regarding documentation of use/non-use of safety devices?

Hand Hygiene

- Do all personnel wash their hands
 - when hands are visibly soiled?
 - after barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions?
 - before donning gloves & immediately after removing gloves?
- Do all staff members use an antimicrobial soap & water for 2-6 minutes before donning sterile surgeon's gloves for surgical procedures?
- Are all hand-hygiene products (e.g., soaps, alcohol-based handrubs, lotions MTF-approved)?
- Are MTF-approved hand lotions available for all personnel?
- Are reusable containers for soap washed and dried before refilling?
- Are the lotions used compatible with
 - gloves used in the clinic? (e.g., petroleum-based products can degrade latex gloves)
 - hand-hygiene products used in the clinic?



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- Are fingernails short with smooth, filed edges to prevent glove tears & allow thorough cleaning?
- Are artificial fingernails discouraged? (*NOTE: Some MTFs do not allow artificial fingernails*)
- If jewelry is worn, is it removed if it interferes with hand hygiene or glove use?
- Are all cases of dermatitis evaluated for treatment and follow-up?

Personal Protective Equipment (PPE)

- Is PPE available in a variety of types & sizes?
- Are scrub suits supplemented with PPE when spray or spatter of blood or OPIM is anticipated?
- Is contaminated laundry placed in an appropriately marked container according to MTF policy?
- Is PPE removed before leaving the work area?

Masks & Protective Eyewear

- Are masks and protective eyewear with solid side shields worn to protect the mucous membranes of the eyes, nose, & mouth?
 - If a face shield is worn for additional protection, is a mask always worn?
 - Is reusable PPE (e.g., protective eyewear—patient and provider) cleaned and disinfected between uses?

Head & Shoe Covers

- Are head and shoe covers available if personnel request them?

Protective Clothing

- Is long-sleeved protective clothing worn to protect clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM?
- Is long-sleeved protective clothing worn when
 - using high- or low-speed handpieces?
 - using sonic or ultrasonic scalers?
 - using sharp cutting instruments during periodontal and prophylaxis treatments?
 - spraying water and air into a patient's mouth?
 - performing oral surgical procedures?
 - manually cleaning instruments?
- Is protective clothing changed if visibly soiled or changed immediately if penetrated by blood or OPIM?

Gloves

- Are gloves worn when the potential exists for contacting blood, saliva, OPIM, or mucous membranes?
- Are new gloves worn for each patient?
- Are gloves removed when cut, torn, or punctured?
- Are puncture- & chemical-resistant gloves available for cleaning the operatory and in the instrument processing area?
- Are sterile surgeon's gloves worn for all surgical procedures?

Instrument Processing

- Do all personnel working in the instrument processing area receive initial and recurring training? Where is the training documented?
- Is all instrument processing equipment Food & Drug Administration (FDA)-cleared (e.g., autoclave, chemiclave, dry heat, instrument washers)?

- Are manufacturer instructions for the equipment in the instrument processing area available (e.g., sterilizer, instrument washer)?
- Is maintenance performed according to manufacturer instructions & MTF guidance?
- Are all heat-tolerant instruments heat sterilized before use?
- If heat-sensitive instruments must be used, are FDA-cleared high-level disinfectants/chemical sterilants used according to manufacturer instructions? (*NOTE: Intermediate-level disinfectants [e.g., the product used in the operatory] must not be used for this purpose*)
- Are single-use disposable devices used only once and disposed of appropriately?
- Are all handpieces & accessories (including all handpiece motors) heat-sterilized between uses?
 - Is lubrication & maintenance performed according to manufacturer instructions?
- Are instruments loaded into the sterilizer according to manufacturer instructions?
- Are packs allowed to dry in the sterilizer before removal?
- Is the instrument processing area divided into areas for
 - receiving, cleaning & decontaminating?
 - preparation & packaging?
 - sterilization?
 - storage?

Cleaning

- Are puncture- & chemical-resistant heavy-duty utility gloves available for instrument cleaning?
- Are masks, protective eyewear, and protective clothing used when manually cleaning instruments?
- Are instruments and cassettes transported to the instrument processing area in solid carrying containers that are red or labeled with the biohazard symbol?
- Are all instruments cleaned before sterilization (follow manufacturer instructions)?
 - Is automated equipment used for cleaning?
 - If instruments are hand scrubbed, is a long-handled brush used, as well as PPE?
- Is automated cleaning equipment (e.g., ultrasonic cleaners, instrument washers, thermal disinfectors) tested upon initial installation, weekly during routine use, and after major repairs.

Packaging

- Are instruments & cassettes wrapped before sterilization to maintain sterility?
- Are packages labeled with the following
 - sterilization id number?
 - load number?
 - operator's initials?
 - either an expiration date or the date sterilized (i.e., event-related)?
- Although not recommended as a routine practice, if instruments are sterilized unwrapped is there a written policy for how these instruments will be labeled and stored?



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Monitoring

- Is each sterilization load monitored with
 - mechanical (physical) indicators (e.g., time, temperature, pressure checked & recorded)?
 - an internal chemical indicator in every package?
 - an external indicator, if the internal indicator is not visible?
- Are the chemical indicators designed for the sterilization process being used (i.e., steam, dry heat, chemical vapor)?
- If a pre-vacuum steam autoclave is used, is air removal testing performed daily or according to manufacturer instructions?
- Is spore testing performed at least weekly for all sterilizers?
 - Is the dental clinic spore testing on the same frequency as the medical group/clinic?
 - Is a control used with each spore test?
 - Is the spore test designed for the type of sterilizer being used (i.e., steam, dry heat, chemical vapor)?
 - Is a spore test used with each load that contains implantable devices?
 - If flash sterilization (immediate-use sterilization) is necessary, is a spore test used with each flash cycle?
 - Is there a written protocol to manage a sterilizer failure (i.e., positive spore test)?
- Are instrument processing records maintained for at least 2 years?
 - Does minimum documentation contain:
 - date and time of tests (including instrument washer tests)?
 - sterilizer identification number?
 - sterilizing conditions (e.g., mechanical indicator results—printouts can be maintained)?
 - load contents?
 - individual conducting the testing?
 - results of the test & control?
 - nature & date of any maintenance & repairs?

Storage

- Is time-related shelf life (expiration date) used or event-related shelf life (indefinite shelf life)?
- Are packages inspected before use?
 - Are wet, torn, or damaged packages opened, recleaned, & resterilized before use?
- Are instruments stored in clean, dry, covered or enclosed cabinets or areas? (*NOTE: Only cleaning supplies are allowed under the sink—Do not store patient-care items or sterile packs under the sink*)
- Are clean & sterile patient items stored away from office & cleaning supplies?
- If sterile and clean items are stored together, are they clearly separated to prevent misuse of non-sterile items when a sterile item is required? If containers/dividers are used to store items, can they be easily cleaned?

- Are MTF guidelines followed when storing clean & sterile items—e.g., storing items a certain distance from the floor, ceiling, & outside walls?
- Is a “first in, first out” storage policy used?
- Are all shipping cartons (e.g., cardboard) removed from the dental treatment & supply areas?

Cleaning and Disinfecting Environmental Surfaces

- Are all cleaners and disinfectants MTF-approved?
- Are manufacturer instructions followed for all products?
- When cleaning & disinfecting equipment & surfaces is PPE always worn?
- Are impervious surface barriers used to protect clinical contact surfaces?
 - Are the surface barriers changed between each patient?
 - If the barrier is compromised or the surface contaminated when removing the barrier, is the surface cleaned & disinfected?
 - Are all barrier-protected surfaces cleaned & disinfected at the end of the day?
- Are EPA-registered hospital grade intermediate level disinfectants used to clean & disinfectant surfaces & equipment that is not barrier protected between patients?
- Does housekeeping services clean designated surfaces/areas on a regular schedule?
- Is there a protocol to manage blood spills?
- Are carpeting and cloth furnishings removed from patient care, lab, or instrument processing areas?
- Are local, state, and/or federal regulations followed regarding regulated medical waste?
 - Are personnel trained how to handle & manage regulated medical waste?
 - Are color-coded (e.g., red) or biohazard-labeled containers used for regulated medical waste disposal?

Dental Unit Water Quality

- Do you use water meeting the EPA standard for drinking water (≤ 500 CFU/mL) for non-surgical dental procedures?
 - What measures are taken to improve water quality (e.g., independent water bottle with the use of a waterline treatment product; water purification device)? Product Name: _____
 - Are manufacturer instructions followed for monitoring water quality? In the absence of this guidance, is monitoring performed at least quarterly?
 - Is there a protocol to manage water not meeting the ≤ 500 CFU/mL EPA standard?
 - Are water monitoring records maintained for at least 2 years?
- Are sterile irrigating solutions used for all surgical procedures?
 - Are devices specifically designed for delivering sterile fluids used (e.g., bulb syringes, single-use disposable tubing, sterilizable tubing)? (*NOTE: Placing sterile*



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fluids in an independent reservoir on the dental unit does not assure delivery of sterile fluids)

- Are all sterile irrigation fluids discarded after use on one patient?
- Are handpieces, ultrasonic scalars, air/water syringes, etc flushed for 20-30 seconds after each patient?
- Have you consulted with the manufacturer of the dental unit regarding maintenance of antiretraction equipment?
- Are all evacuation lines and suction/amalgam traps cleaned daily?
- Does the clinic have a protocol to follow in the event of a boil-water advisory?

Aseptic Technique for Parenteral Medications

- Are aseptic techniques followed when using single or multidose medication vials and IV fluids?
- Are sterile devices used to enter single or multidose medication vials?
- Are single-dose medication vials used for one patient only and disposed of appropriately?
- Are manufacturer & MTF storage, use, & expiration policies followed?
- Are IV fluid bags and equipment used for one patient and disposed of appropriately?

Contact Dermatitis and Latex Hypersensitivity

- Upon initial assignment and annually, does the staff receive training on the signs, symptoms, & diagnoses of skin reactions associated with frequent hand hygiene and glove use?
- Are patients routinely screened for latex allergy?
- Is there a written protocol for treating latex-allergic patients?
- If using latex gloves, are they reduced protein & powder-free?
- Is a "latex-safe" environment available for patients and DHCP with latex allergy?
 - Are non-latex materials/kits & synthetic gloves (e.g., non-latex) available for treatment of patients?
- Are policies in place for evaluation, diagnosis, & management of DHCP with suspected or known latex allergy or occupational contact dermatitis?

Dental Laboratory

- Do all personnel wear PPE when handling contaminated impressions, lab cases, etc until they have been cleaned & disinfected?
- Are all impressions, appliances, etc disinfected with an intermediate-level disinfectant before entering the lab?
- Are heat-tolerant items (e.g., impression trays, bite forks) heat sterilized before reuse?
- If rag wheels, polishing points, burs, etc are used on an appliance previously worn by the patient (even if it was disinfected) cleaned & disinfected before reuse?
- Is the pumice mixed with a disinfectant & changed out daily at a minimum?

- Are rag wheels cleaned & disinfected at a minimum daily (heat sterilization is preferable)?
- Are lathes cleaned & disinfected daily?
- Are case pans & articulators cleaned and disinfected when visibly soiled & after each case is completed?

Dental Radiography

- Are gloves worn when exposing radiographs and handling contaminated film packets?
 - If spattering of blood or OPIM is anticipated, is other PPE available in radiology?
- Are surface barriers used to protect clinical contact surfaces?
 - Are surface barriers changed between patients?
 - If the barrier is compromised or the surface contaminated when removing the barrier, is it cleaned and disinfected?
 - Are all barrier-protected surfaces cleaned & disinfected at the end of the day?
- Are EPA-registered hospital grade intermediate level disinfectants used to clean & disinfectant surfaces & equipment that is not barrier-protected between patients?
- Are heat-tolerant devices cleaned and heat-sterilized between patients?
- Are exposed radiographs handled in an aseptic manner to prevent contamination of developing equipment?
- If digital radiography equipment is used, is the sensor/plate barrier-protected and then cleaned & disinfected with an intermediate-level disinfectant after each patient?

Biopsy Specimens

- Are biopsy specimens placed in a leakproof container labeled with the biohazard symbol?

Handling Extracted Teeth

- Are extracted teeth disposed of as regulated medical waste, unless returned to the patient?
- If amalgam-free extracted teeth are used for training purposes are they heat sterilized before use?
(NOTE: Do not heat sterilize teeth with amalgam)

Lasers

- Are safety precautions used if the clinic has a laser (e.g., laser eyewear, respirators, ventilation)?

Tuberculosis (TB)

- Does the clinic have a written TB control plan?
- Have all personnel received a baseline tuberculin skin test?
- Are staff members trained in the signs, symptoms, and transmission of TB?
- Are all patients assessed for signs and symptoms of TB?

Health-Care-Associated Infections

- Is surveillance for health-care-associated infections performed?
 - What methods are used? _____

