

USAF DENTAL INFECTION CONTROL PROGRAM ✓ UP

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

Program Administration

- Do you have a letter of appointment for the dental ICO and NCOIC?
- Do the ICO and/or NCOIC attend the MTF ICC/ICRF (infection control committee/infection control review function) meetings?
- Have the ICO and NCOIC received IC training?
- Has the MTF (medical treatment facility) ICC/ICRF approved the written dental IC operating instruction (OI)?
- Does the written plan include:
 - general infection control 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 IC Program?
 - 2003 CDC Dental IC Guidelines?
 - 2004 USAF Dental IC Guidelines?
 - 2001 OSHA BBP Standard (includes the 1991 BBP Standard)?
 - relevant MTF IC guidelines?
 - policy letters and dental IC consultant updates?
 - training records & briefings, inspection results, reports to the ICC/ICRF, waterline monitoring results, sterilization 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?
- Have all personnel received annual training on
 - general IC 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 expanded or 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?
- Are devices with engineered safety features identified, evaluated, & considered for implementation at least annually?
 - Are these evaluations coordinated with the MTF ICC/ICRF and the Regional Tri-Service Product Standardization Board?
 - Are the evaluation results documented in the ECP?

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 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?
- Are fingernails short with smooth, filed edges to prevent glove tears & allow thorough cleaning?



USAF DENTAL INFECTION CONTROL PROGRAM ✓ UP

- 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?

Sterilization

- Do personnel working in the instrument processing area receive initial and recurring training?
- Is all sterilization equipment Food & Drug Administration (FDA)-cleared (autoclave, chemiclave, dry heat)?
- 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 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?
 - Is automated equipment used for cleaning?
 - If instruments are hand scrubbed, is a long-handled brush used, as well as PPE?
- Is the tabletop ultrasonic cleaner periodically tested (e.g., foil test)?

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?

Monitoring

- Is each sterilization load monitored with
 - mechanical indicators (e.g., time, temperature, pressure checked & recorded)?



USAF DENTAL INFECTION CONTROL PROGRAM ✓ UP

- 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?
(NOTE: This is a JCAHO requirement)
 - 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 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 sterilization records maintained for at least 2 years?
 - Does minimum documentation contain:
 - date and time of tests?
 - sterilizer identification number?
 - sterilizing conditions (e.g., mechanical indicator results—printouts can be maintained)?
 - 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?
- 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)
- 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 fluids in an independent reservoir on the dental unit does not assure delivery of sterile fluids)



USAF DENTAL INFECTION CONTROL PROGRAM ✓ UP

- Is the date opened placed on all sterile fluids? Are the fluids discarded at the end of the day?
- Are handpieces, ultrasonic scalers, 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 Radiology

- 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 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? _____

