

<b>Name of dental center</b>	
<b>Date of audit</b>	
<b>Number of dental clinics in the center</b>	
<b>Name of auditor</b>	

<b>Aspect</b>	<b>Standard</b>	<b>Score</b>
<b>Administration</b>	1. Written infection prevention policies and procedures specific for the dental setting are available and dental healthcare personnel (DHCP) are familiar with and can have access to it.	
	2. At least one individual trained in infection control is assigned for coordinating the infection control program.	
<b>Education and training</b>	3. DHCP receive job or task-specific training on infection prevention policies and procedures: <ul style="list-style-type: none"> <li>a. Upon hire</li> <li>b. Annually</li> <li>c. When new tasks or procedures are assigned to DHCP.</li> </ul>	
	4. Infection control Training records for are maintained for at least two years.	
<b>Employee Health</b>	5. There is assigned clinic / staff for coordinating the employees' health program.	
	6. The dental facility has a written mechanism for prearranged referral arrangements to a healthcare facility professional to receive all appropriate immunizations.	
	7. All employees have baseline screening for: <ul style="list-style-type: none"> <li>a. hepatitis B,</li> <li>b. hepatitis C,</li> <li>c. HIV,</li> <li>d. Tuberculosis.</li> </ul>	
	8. The immune status of newly hired staff is determined by serological testing against: <ul style="list-style-type: none"> <li>a. Hepatitis B,</li> <li>b. Measles,</li> <li>c. Mumps,</li> <li>d. Rubella,</li> <li>e. Varicella.</li> </ul>	
	9. Appropriate vaccine(s) is administered at no cost to all employees who are susceptible.	
	10. All DHCP are offered annual influenza vaccination at no cost.	
	11. The dental facility has a written mechanism for referral arrangements to qualified health care professionals to ensure prompt and appropriate provision of post exposure management with medical follow-up.	
	12. When an occupational exposure occurs, an exposure incident report is filled and sent to the infection control / employee health coordinator.	

	13. DHCP are familiar with the process of reporting an occupational exposure event.	
	14. A log of needle sticks, sharps injuries, and other employee exposure events is maintained.	
	15. The dental facility has a clear system to maintain confidential medical records (e.g., immunization records and documentation of tests received as a result of occupational exposure) for all DHCP.	
<b>Hand Hygiene</b>	16. Supplies necessary for adherence to hand hygiene procedures (soap, water, paper towels, alcohol-based hand rub, antimicrobial soap, alcohol-based hand scrub with persistent activity) are readily accessible to DHCP.	
	17. DHCP can display appropriate hand hygiene techniques according to WHO guidelines.	
	18. There are enough number of hand hygiene posters beside hand rub dispenser and the hand hygiene sink.	
<b>PPE</b>	19. Sufficient and appropriate PPE (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/ face shields, utility gloves, sterile surgeon's gloves for surgical procedures) are available and accessible to DHCP and in a variety of types and sizes.	
	20. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas).	
	21. DHCP can display appropriate donning and doffing of Personal Protective Equipment.	
	22. When performing procedures likely to cause splash or spatter, surgical mask and eye protection with solid side shields or a face shield are worn.	
	23. Masks are changed between patients.	
	24. Only single use / heat tolerant face protection devices (eyewear, face	
	25. Medical gloves are worn when contact with body fluids is expected.	
	26. Sterile surgeon's gloves are worn when performing or assisting on oral surgical procedures.	
	27. Gloves are removed immediately after use, and hand hygiene is performed immediately thereafter.	
<b>Respiratory Hygiene</b>	28. Signs are posted at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths / noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions).	
	29. Tissues and no-touch receptacles for disposal of tissues are provided at patient waiting areas.	
	30. Supplies are provided for patients to perform hand hygiene in or near waiting areas.	
	31. Face masks are offered to coughing patients and other symptomatic persons when they enter the setting.	
	32. Persons with respiratory symptoms are encouraged to sit as far away from others as possible. If possible, a separate waiting area is ideal.	

<b>Sharps Safety</b>	33. Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels) are used to prevent injuries.	
	34. One-handed scoop technique or a recapping device is used to recap needles.	
	35. Used sharps devices (e.g., needles, scalpel blades, and orthodontic wires) are placed in sharps containers located as close as feasible to the point of use.	
<b>Instruments Reprocessing</b>	36. No reprocessing of instruments is carried inside the dental clinic.	
	37. Single-use devices are discarded after one use.	
	38. If the sterilization process will be applied after 2 hours or more, a transportation gel/spray is applied.	
	39. All reusable dental instruments are replaced after each patient and sent to central sterilization for cleaning and sterilization.	
	40. Contaminated dental instruments are transferred to the central sterilization department in a closed, sealable and puncture resistant container.	
<b>Environmental Infection Control</b>	41. Clinical contact surfaces and frequently touched (e.g., such as light handles, bracket trays, switches on dental units, computer equipment) are either barrier protected or cleaned and disinfected with an after each	
	42. Environmental surfaces (e.g. as floors, walls, and sinks) are routinely cleaned with soap and water or cleaned and disinfected if visibly contaminated with blood.	
	43. DHCP use personal protective equipment, as appropriate, when cleaning and disinfecting environmental surfaces.	
	44. Manufacturer instructions are followed for the correct use of cleaning and disinfecting products.	
	45. There is a spill kit in each clinic and DHCP are familiar with spill management.	
<b>Dental Unit Waterlines</b>	46. The products and protocols recommended by dental unit manufacturer for monitoring water quality are followed.	
	47. There is a protocol to ensure that the water used in routine patient treatment meet standards for drinking water (that is, less than 500 CFU/mL of heterotrophic water bacteria).	
	48. Water monitoring records are maintained for at least (2) years.	
	49. Sterile saline or sterile water is used as a coolant / irrigant when performing surgical procedures.	
	50. For devices that are connected to the dental water system and enter the patient's mouth, water and air are discharged for at least 20-30 seconds after use on each patient. (Such devices include handpieces, ultrasonic scalers, and air/water syringes.)	
	51. Supplies required for waste segregation are adequate in number and size at points of production. (waste containers, colored coded bags, sharp containers)	
	52. Non-sharp medical regulated waste are disposed in leak-proof, color-coded/biohazard labeled containers	
	53. Non-regulated waste are disposed in regular (black waste container).	

<b>Waste Management</b>	54. Sharps containers are being kept wall mounted or on a stand.	
	55. Sharp boxes are collected after being securely closed when filled to 3/4 of its maximum capacity and labelled with the date and place of production.	
	56. Transportation of medical waste is done by allocated workers wearing PPE.	
	57. Infectious medical waste is transported in closed and impervious specific carts with Biohazard logo.	
	58. The medical waste store is according to the standards (adequate in space, away from traffic, secured, well ventilated & temperature <18 °C., with water source & drainage, cleanable walls & floors.	
	59. Extracted teeth (with no amalgam) are disposed as regulated medical waste.	
	60. Extracted teeth containing amalgam are sprayed with a disinfectant, air dried, and stored in a sealed container.	
<b>Dental Radiology</b>	61. Before they are used for educational purposes, extracted teeth that do not contain amalgam are heat-sterilized and placed in a leak-proof container (labeled with the biohazard).	
	62. PPE are worn when exposing radiographs and handling contaminated film packets.	
	63. Clinical contact surfaces (e.g., frequently touched surfaces) are either barrier protected or cleaned and disinfected with an after each patient.	
	64. Only heat tolerant and single use devices are used in radiology.	
<b>Dental Laboratory</b>	65. Heat-tolerant devices are sent to central sterilization for cleaning and heat-sterilizing between patients.	
	66. The dental laboratory is divided into the following areas: a. Receiving area. b. Production area. c. Shipping area.	
	67. Lab personnel wear appropriate PPE when handling contaminated items.	
	68. No reprocessing of instruments is carried inside the dental lab.	
	69. Single-use devices are discarded after one use.	
	70. If the sterilization process will be applied after 2 hours or more, a transportation gel/spray is applied.	
	71. Contaminated dental instruments are transferred to the central sterilization department in a closed, sealable and puncture resistant container.	
	72. Items that will come in contact with mucous membranes, but which are not used between patients are cleaned and disinfected. (e.g., prostheses, and orthodontic appliances).	
	73. Heat tolerant items used in the mouth and on contaminated laboratory items and materials are set to central sterilization before being used for another patient or another laboratory case (e.g.: Metal impression trays, Burs, Hand pieces, Metal rulers, Metal spatulas, Orthodontic pliers).	

	74. Items that do not normally contact the mucous membranes but frequently become contaminated and cannot withstand heat-sterilization are cleaned and disinfected between patients and according to the manufacturer's instructions. (e.g.: articulators, face-bows, lathes, case pans, shade guide, wooden-handled spatulas, rubber mixing bowls and torch).	
<b>Store</b>	75. Medical storage areas are adequate capacity, cleaned, and secured	
	76. Storage shelves are 40 cm from the ceiling at least, 20 cm from the floor, and 5 cm from the wall.	
	77. Storage shelves are made of easily cleanable material, e.g., fenestrated stainless steel, Aluminum or hard plastic.	
	78. Sterile and clean items are completely separated from other non-medical items.	
	79. No Items are kept in the original shipping boxes.	

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