Dental Infection Control Audit

Region	
Dental Center	
Number of dental clinics	
Auditor 1: Name & Mobile number	
Auditor 1: Name & Mobile number	
Email	
Date of Visit	
Participants Presented (IPC head, Director of the dental center)	

Activities	Meaning
O	Observation
SI	Staff Interview
D	Documents
PF	Personal files
MR	Medical Records

Scoring	Explanation
2	Fully Met (80% or more Compliance)
1	Partially Met (from 50% to less than 80% Compliance)
0	Not Met (less than Compliance)
NA	Not Applicable

	Standards		Sub-Standard	Weight	Activities			Scoring	Comments
1.	Infection Control Department	1.1	There is infection control (IC) unit/department in the dental center to implement the infection control program and at least one staff is assigned for the unit.	Critical	D	SI			
		1.1	The head of IC unit/department reports directly to the highest administrative authority (Director of the dental center).	High	D				
		1.1	Infection control practitioners are qualified in infection control through certification, training, or experience.	High	PF	SI			
2.	Leadership support	2.1	Adequate resources are allocated to infection control Department (e.g., offices, internet access, IT support ...etc.)	High	O	SI			
		2.1	Adequate infection control supplies are provided to HCWs for successful IC program (e.g., PPE, disinfectants ...etc.)	Critical	D	O	SI		
		2.1	Infection control team is given full authority to implement the Infection Control (IC) policies & procedures.	High	D	SI			
3.	Infection Control Program	3.1	There is a Infection control program to reduce the risk of healthcare associated infections which involves patients, staff, trainees, volunteers, families and visitors.	Critical	D	SI			
		3.1	The program is applied to all areas of the dental center according to the scope of services.	High	D	O	SI		
		3.1	The IC program is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.	High	D	SI			
4.	Infection Control Manual (IC Policies and Procedures)	4.1	There is up-to-date hard copy / electronic access of the MOH manual of infection prevention and control in dental settings in the center.	High	O				
		4.2	Dental staff members have access to the Infection Control manual and are familiar with the content of the manual and its use.	High	SI				
5.	Infection control Education and Training	5.1	IC department provides continuous education and training (formal & on- job training) for HCWs on infection control.	High	D	PF	SI		
		5.2	IC department provides orientation and training on basics of infection control for newly hired HCWs within 3 months of joining the work.	High	D	PF	SI		
		5.3	IC department provides education on infection control for patients, families and visitors.	Medium	D	SI			
		6.1	There is a special clinic for employees' health that provides pre-employment counseling and screening, immunization, post exposure management and work restriction. (if there is no clinic, the dental center should have a written mechanism for prearranged referral of dental healthcare workers to a healthcare facility to receive all appropriate occupational health services)	High	D	O	SI		
		6.2	All employees have a baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB).	High	MR				
		6.3	The immune status of newly hired staff against hepatitis B, measles, mumps, rubella and varicella are determined by documented vaccination, serological evidence of immunity, documented clinical / laboratory evidence of disease with life long immunity). Appropriate vaccine(s) is administered to those who are susceptible.	Medium	MR				
		6.4	The influenza vaccine is administered annually to targeted HCWs as per MOH recommendations.	Medium	MR	SI			

6.	**Employee Health**	**6.5**	Newly hired staff are screened for tuberculosis upon contracting with PPD test. The test is repeated annually for those who are non-reactive and PPD conversion rates are monitored and calculated.	High	MR				
		6.6	There is an implemented system for reporting, follow up, and management of sharp or needle stick injuries and blood or body fluid exposures.	Critical	D	SI			
		6.7	The IC team regularly monitors different types of staff exposure and take corrective actions to prevent recurrence, e.g., engineering controls as self-sheathing needles, or safety scalpels are applied.	High	D	SI			
		6.8	Reporting through electronic system is active and ongoing (i.e., reliable reports of sharp or needle stick injuries and blood or body fluid exposures are sent to GDPIC through the EPINet or HESN system in a timely manner)	Critical	D	SI			
		6.9	There are regular training activities for sharp injuries prevention.	High	D	PF			
		6.10	The screening, immunization, and post exposure management data are kept in staff medical records.	High	MR				
7.	**Hand Hygiene**	**7.1**	Alcohol based hand rub dispensers are available and easily accessible (at least one dispenser in each clinic).	Critical	O				
		7.2	Supplies necessary for performing hand washing procedures (sinks, soap, water, paper towels, antimicrobial soap,) are available and easily accessible.	Critical	O	SI			
		7.3	Hand washing sinks are dedicated only for hand washing procedure (not used to clean instruments).	High	O	SI			
		7.4	Dental staff members comply with hand hygiene recommendations can display appropriate hand hygiene techniques according to WHO guidelines (appropriate technique and recommended duration).	Critical	O	SI			
		7.5	There are enough number of hand hygiene posters beside hand rub dispensers and sinks.	Medium	O				
8.	**Personal Protective Equipment**	**8.1**	Sufficient and appropriate personal protective equipment are available and accessible in a variety of types and sizes. (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/ face shields, utility gloves, sterile surgeon's gloves for surgical procedures).	Critical	O	SI			
		8.2	Surgical mask and eye protection with solid side shields or a face shield are worn when performing procedures likely to cause splash or spatter.	Critical	O	SI			
		8.3	Masks are changed between patients or during patient treatment if they become wet.	Critical	O	SI			
		8.4	Protective clothing (Gown) is worn over street clothes or uniforms to protect against splash or spatter.	Critical	O	SI			
		8.5	Protective clothing (Gown) is changed between patients or when it is visibly soiled or penetrated by blood or other potentially infectious fluids.	Critical	O	SI			
		8.6	Medical gloves are worn when contact with body fluids is expected.	Critical	O	SI			
		8.7	Sterile surgeon's gloves are worn when performing or assisting on oral surgical procedures.	High	O	SI			
		8.8	Gloves are removed immediately after use, and hand hygiene is performed immediately.	Critical	O	SI			
		8.9	All types of personal protective equipment are removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas).	High	O	SI			

		8.10	Dental staff members can display appropriate technique of donning and doffing of personal protective equipment. (corrects sequence and appropriate technique).	Critical	O	SI			
9.	Respiratory Hygiene	9.1	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).	Medium	O				
		9.2	Tissues and no-touch receptacles for disposal of tissues are provided at patient waiting areas.	Medium	O				
		9.3	Supplies are provided for patients to perform hand hygiene in or near waiting areas.	Medium	O				
		9.4	Face masks are offered to coughing patients and other symptomatic persons when they enter the setting.	Medium	O				
		9.5	Persons with respiratory symptoms are encouraged to sit as far away from others as possible. If possible, a separate waiting area is ideal.	Medium	O				
10.	Sharps Safety	10.1	Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needle recapping devices) are used to prevent injuries.	Medium	O	SI			
		10.2	Used disposable syringes and needles, scalpel blades, and other sharp items are placed in appropriate puncture-resistant containers.	High	O	SI			
		10.3	Sharps containers located as close as possible to the area where the sharps are used.	High	O				
		10.4	When needles must be recapped, needle recapping devices or the one-handed scoop technique are used.	Critical	O	SI			
11.	Instrument Reprocessing	11.1	No reprocessing of instruments is carried inside the dental clinic.	Critical	O	SI			
		11.2	If the sterilization process will be applied after 2 hours or more, a transportation gel/spray is applied.	Medium	O	SI			
		11.3	All heat tolerant dental instruments are replaced between patients and sent to central sterilization.	Critical	SI	D			
		11.4	Contaminated dental instruments are transferred to the central sterilization department in a closed, sealable and puncture resistant container.	High	O	SI			
		11.5	Single-use devices are discarded after one use and not used for more than one patient.	Critical	O	SI			
12.	Environmental Surfaces Infection Control	12.1	Clinical contact surfaces (e.g., such as light handles, bracket trays, switches on dental units, computer equipment) are either barrier protected or cleaned and disinfected with a hospital disinfectant after each patient.	High	O	SI			
		12.2	Housekeeping surfaces (e.g. as floors, walls, and sinks) are routinely cleaned using either a dilute detergent or low-level disinfectant and cleaned and disinfected with an appropriate low-level disinfectant if visibly contaminated with blood saliva or other bodily fluids.	Medium	O	SI			
		12.3	There are separate clean and dirty utility rooms in the dental center.	High	O				
		12.4	Cleaning materials and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE).	Medium	SI				
		12.5	Staff members engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)	High	SI				
		12.6	Mops or cloths used to clean housekeeping surfaces are either cleaned after use and allowed to dry before reuse, or are single- use items.	Medium	SI				

		12.7	Fresh cleaning or low-level disinfecting solutions are prepared daily and as instructed by the manufacturer.	Medium	SI				
		12.8	Biological spill kits are available in dental clinics and HCWs are have access to the kits and capable of using them properly.	High	O	SI			
		13.1	The products and protocols recommended by dental unit manufacturer to maintain water quality are followed. (if the manufacture instructions are not available, water lines are disinfected daily /weekly with an approved MOH solution and as per the manufacturer's instructions).	High	SI	D			
13.	**Dental Unit Waterlines**	**13.2**	In order to ensure that the water used in routine patient treatment meet standards for drinking water (that is, less than 500 CFU/mL of bacteria), water sampling is taken from all water outlets at all the clinics with a minimum frequency of semiannually and sent to the microbiology lab.	High	SI	D			
		13.3	Water monitoring records are maintained for at least (2) years.	Medium	SI	D			
		13.4	Sterile saline or sterile water is used as a coolant / irritant when performing surgical procedures.	Medium	SI				
		13.5	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 hand pieces, ultrasonic scalers, and air/water syringes.)	Medium	SI				
		14.1	Supplies required for waste segregation are adequate in number and size at points of production. (supplies include: waste containers, colored coded bags, sharp containers).	Critical	O	SI			
		14.2	Sharp containers are wall mounted or holed on a stand.	High	O				
		14.3	No infectious medical waste or sharps are observed outside specified containers.	High	O				
		14.4	Medical waste bags are collected after being securely closed when filled to 3/4 of its maximum capacity and labelled with the date and place of production.	High	O	SI			
		14.5	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.	High	O	SI			
14.	**Waste Management**	**14.5**	Collection & transportation of medical waste are done by allocated workers wearing proper PPE at fixed times and on demand.	High	O	SI			
		14.6	Infectious medical waste is transported in closed and impervious specified carts with biohazard sign. Carts are cleaned after each use or at least daily.	High	O	SI			
		14.7	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.	Medium	O	D			
		14.8	Infectious medical waste is transported outside the dental center every 24 hours to be disposed through the nationally approved system for medical waste management.	Medium	D	O	SI		
		14.9	Allocated infectious waste workers are vaccinated against blood borne pathogens and trained on hand hygiene, use of PPE and safe handling of waste.	High	D	MR	SI		
		15.1	Appropriate personal protective equipment are worn by dental workers when exposing radiographs and handling contaminated film packets.	High	O	SI			
		15.2	Only heat-tolerant or disposable radiographic devices are used (such as film holders, positioners).	Critical	O	SI			
15.	**Dental Radiographs**	**15.3**	Heat-tolerant devices are sent to central sterilization for cleaning and heat-sterilizing between patients.	Critical	O	SI			