# CHRISP
**Queensland Health Centre for Healthcare Related Infection Surveillance and Prevention**

# Oral Health Infection Control Checklist

**Location:**                                          **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| **SURGERIES / TREATMENT ROOMS** | | | | |
| 1. | Are floor coverings impervious with sealed joins, easily cleaned and in good repair? | | | |
| 2. | Are bench tops and work surfaces constructed of an impervious material with sealed joins and easily cleaned? | | | |
| 3. | Is there a designated staff handbasin fitted with non-touch / elbow-operated taps? | | | |
| 4. | Is all hand hygiene undertaken in dedicated 'clean' sinks/hand basins? | | | |
| 5. | Is the cleaning of contaminated instruments undertaken in dedicated 'contaminated' sinks? | | | |
| 6. | Are contaminated and clean zones clearly defined? | | | |
| 7. | Are all articles within the contaminated zone cleaned and disinfected or sterilised before the next patient treatment? | | | |
| 8. | Are clean and sterilized instruments and materials stored, covered and protected from aerosols, dust and vermin? | | | |
| 9. | Are instruments intended for use in sterile procedures and in critical sites correctly bagged or wrapped, correctly sterilised and stored, protected from moisture, sharp objects, dust and vermin? | | | |
| 10. | Is there a documented cleaning schedule? | | | |
| 11. | Is there evidence of compliance with the cleaning schedule? | | | |
| 12. | Are the designated 'clean' areas of the surgery free of visible contamination? | | | |
| 13. | Is the following non-reprocessible equipment cleaned and where able, barrier protected after each patient use: <br> ☐ Bracket tables <br> ☐ Radiographic equipment <br> ☐ Curing lights <br> ☐ Suction and handpiece tubing <br> ☐ Handpiece cradles <br> ☐ Intraoral cameras | | | |

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

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| Criterion | | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|---|
| | ☐ | Hand operated controls | | | |
| 14. | Are surfaces decontaminated following each patient treatment? | | | | |
| 15. | Are opened containers of gloves stored outside the contaminated area/zone and protected from aerosols? | | | | |
| 16. | Is a non-contaminating method used for retrieving clean instruments and materials from storage during a patient treatment procedure? | | | | |
| 17. | Are lidded waste receptacles opened by a non-touch mechanism and easily accessible? | | | | |
| 18. | Do all sharps containers comply with AS 4031 or AS/NZS 4261 and located at the point of use? | | | | |
| 19. | Are sharps containers located / secured in a safe position to avoid tipping over, as well as out of the reach of children? | | | | |
| | | | **SUB-TOTAL SCORE** | | **/19** |
| **PERSONAL PROTECTIVE EQUIPMENT** | | | | | |
| 20. | Do staff wear AS/NZS1336 compliant protective eyewear during dental procedures and when manually cleaning instruments and equipment? | | | | |
| 21. | Are protective gowns/coats worn by all healthcare workers during aerosol producing procedures? | | | | |
| 22. | Are protective gowns/coats removed before eating or leaving the surgery? | | | | |
| 23. | Are soiled protective gowns/coats changed if contaminated with blood and/or at the end of the session? | | | | |
| 24. | Are reusable protective gowns/coats appropriately laundered in a Queensland Health operated / approved laundry? | | | | |
| 25. | Are sterile gowns worn by HCWs during all procedures requiring a sterile field? | | | | |
| 26. | Are plastic aprons worn over clinical gowns during instrument | | | | |

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

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| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| | reprocessing? | | | |
| 27. | Do sterile gloves conform to AS/NZS 4179 and worn appropriately for sterile procedures? | | | |
| 28. | Do masks conform to AS/NZS 4381 and worn during all dental procedures? | | | |
| 29. | Are surgical masks changed after each patient and when moist or visibly soiled? | | | |
| 30. | Are surgical masks worn with the both the nose and mouth covered and both top and bottom straps tied/secured? | | | |
| 31. | Are surgical masks removed by touching the strings or loops only? | | | |
| 32. | Are surgical masks worn during the manual cleaning of instruments? | | | |
| 33. | Are gloves worn for all procedures when it is likely that HCW hands will be contaminated with blood or body fluids, or come into contact with mucous membranes? | | | |
| 34. | Do non-sterile single use gloves conform to AS/NZS 4001? | | | |
| 35. | Are single use gloves changed and discarded after each patient? | | | |
| 36. | Are heavy duty utility gloves used for the reprocessing of equipment? | | | |
| | | **SUB-TOTAL SCORE** | | **/17** |
| **HAND HYGIENE** | | | | |
| 37. | Do HCWs wash hands before donning and after removing gloves? | | | |
| 38. | Is a liquid hand wash solution used which is appropriate for the task? | | | |
| 39. | Are cuts and open wounds covered with waterproof dressings? | | | |
| 40. | Are HCWs with skin problems such as exudating lesions or weeping dermatitis referred for medical assessment and excluded | | | |

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# Oral Health Infection Control Checklist

**Location:**                                 **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| | from patient care until the condition has resolved? | | | |
| 41. | Are disposable (eg. paper) towels used to dry hands? | | | |
| 42. | Are HCW hands free from rings (plain wedding bands exempted), hand jewellery and artificial nails before washing hands and when donning gloves prior to procedures? | | | |
| | **SUB-TOTAL SCORE /6** | | | |
| **SHARPS MANAGEMENT** | | | | |
| 43. | Are sharps handled with care? | | | |
| 44. | Are suture needles picked up with suture holders or artery forceps rather than fingers? | | | |
| 45. | Is soft tissue retraction prior to administering local anaesthetic undertaken using a dental mirror or other instrument rather than the operator's fingers? | | | |
| 46. | Is the passing of sharps by HCW hands avoided? | | | |
| 47. | Are sharps disposed of as soon as practicable and by the operator? | | | |
| 48. | Are sharps disposed of at the point of generation? | | | |
| 49. | Are staff aware of the local district procedure for the Management of Occupational Exposures? | | | |
| | **SUB-TOTAL SCORE /7** | | | |
| **SINGLE USE ITEMS** | | | | |
| 50. | Are single use only (SUO) items discarded immediately or at the end of the procedure? | | | |
| 51. | Are dental local anaesthetic cartridges stored in their blister packs to ensure sterility? | | | |
| 52. | Is the sterility of implantable items verified prior to use on a patient? | | | |
| | **SUB-TOTAL SCORE /3** | | | |

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

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# Oral Health Infection Control Checklist

**Location:**                                    **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| **WATER LINES** | | | | |
| 53. | Is all dental equipment that supplies water to the oral cavity fitted with non-return valves? | | | |
| 54. | Are dental units fitted with an independent water supply, or some other mechanism for reducing the accumulation of biofilm (for example chemical dosing systems)? | | | |
| 55. | Are water lines flushed for a minimum of 30 seconds between patients? | | | |
| 56. | Are water lines disinfected e.g. ICX at the start of each day with an approved biofilm reducing solution (as per manufacturer's instructions) for a minimum of 2 minutes? | | | |
| | **SUB-TOTAL SCORE     /4** | | | |
| **WASTE MANAGEMENT** | | | | |
| 57. | Does the service segregate waste appropriately as per their District's Waste Management Plan? | | | |
| 58. | Are waste containers correctly labelled and lined with the appropriate impervious bag? | | | |
| 59. | Are sharps containers disposed of as per the district sharps management contract? | | | |
| 60. | Is clinical waste disposed appropriately and not placed in community industrial bins (e.g. school based programs)? | | | |
| | **SUB-TOTAL SCORE     /4** | | | |
| **INSTRUMENT REPROCESSING** | | | | |
| 61. | Is the instrument reprocessing area separate from the surgeries/treatment rooms and dedicated to instrument reprocessing? | | | |
| 62. | Have all staff with responsibility for reprocessing of reusable medical devices received the appropriate training? | | | |
| 63. | Are the principles of Standard Precautions adhered to during | | | |

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

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# Oral Health Infection Control Checklist

**Location:**                                      **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| | instrument cleaning? | | | |
| 64. | Is gross soil removed from instruments immediately after use at the point of use? | | | |
| 65. | Are instruments contaminated with blood and body fluids cleaned immediately to prevent substances drying on surfaces? | | | |
| 66. | Are instruments used in semi-critical sites which are not able to withstand sterilization disinfected to a high level? | | | |
| 67. | Is an instrument grade detergent used for cleaning instruments? | | | |
| 68. | Is the ultrasonic cleaner operated in accordance with Standard Operating Procedures:<br>❏ solution is changed daily<br>❏ tank cleaned daily<br>❏ transducers checked daily<br>❏ lid is fully closed during use | | | |
| 69. | Is the washer/disinfector operated in accordance with Standard Operating Procedures:<br>❏ has a print-out function<br>❏ not used as a substitute for sterilization<br>❏ operated within correct temperature & time parameters<br>❏ preventative maintenance program | | | |
| 70. | Are items dried using a low lint disposable cloth and not left to air dry before sterilization? | | | |
| 71. | Are items visually inspected for damage, completeness and contamination after cleaning? | | | |
| | **SUB-TOTAL SCORE     /11** | | | |
| **STERILIZERS** | | | | |
| 72. | If a dry heat sterilizer is used does it conform to AS2487? | | | |
| 73. | Are appropriate systems used to monitor the process of | | | |

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

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# Oral Health Infection Control Checklist

**Location:**                                      **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| | sterilization in the dry heat sterilizer unit? | | | |
| 74. | Is the sterilizer manufacturer's instruction book kept with the sterilizer? | | | |
| 75. | Is a steam under pressure sterilizer used for sterilization? | | | |
| 76. | Does the sterilizer comply with AS2192, AS1410 or AS2182? | | | |
| 77. | Has staff training in the use of the sterilizer been documented? | | | |
| 78. | Does the sterilizer have a printer or recording device attached? | | | |
| 79. | Does the sterilizer have a drying cycle? | | | |
| 80. | Is the sterilizer packed correctly and according to the validated load? | | | |
| 81. | Is the sterilizer maintained correctly? | | | |
| 82. | Is performance qualification of the sterilizers undertaken annually and as required? | | | |
| 83. | Is the method used to monitor the sterilization process consistent with AS/NZS 4815? | | | |
| 84. | Is batch label identification utilised? | | | |
| 85. | Is a control pouch containing a class 5/6 chemical indicator used in every sterilization cycle? | | | |
| 86. | Are laminate pouches loaded into the sterilizer either on their side or with the laminate surface facing upwards? | | | |
| 87. | Are all items being reprocessed in a sterilizer recorded in a sterilizer cycle record? | | | |
| 88. | Are sterilizer validation reports kept for 10 years (Adults) and 18 years plus 10 for children? | | | |
| 89. | Is the monitoring process appropriate for the sterilizer? | | | |
| | | | | **SUB-TOTAL SCORE     /18** |
| **PRACTICE MANAGEMENT** | | | | |
| 90. | Does the service have an endorsed Infection Control Management Plan? | | | |

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# Oral Health Infection Control Checklist

**Location:**                                        **Date of Assessment:**

| Criterion | | Yes | No | Comments/Action taken/Progress to date |
|---|---|---|---|---|
| 91. | Is there a register of all staff who have received education regarding the risk of acquiring or transmitting infections in the oral health setting? | | | |
| 92. | Are all staff vaccinated in accordance with the Queensland Health Policy for Immunisation of Healthcare Workers? | | | |
| 93. | Do all healthcare workers performing exposure-prone procedures know their obligations in regard to the Queensland Health Policy for the Management of Infected HCWs? | | | |
| 94. | Is there one staff member within each program with the appropriate training and experience is responsible for infection control and the reprocessing of reusable medical devices. | | | |
| 95. | Can staff locate the SOPs and guidance documents that govern their practice? | | | |
| 96. | A comprehensive medical history form is used to assess the infection control risk of each patient undergoing a dental procedure? | | | |
| 97. | Are all staff provided with infection control education? | | | |
| 98. | Do staff know and understand the process for reporting infection control breaches? | | | |
| 99. | Do staff know and understand the procedure for dealing with a blood/body fluid spill? | | | |
| 100. | All staff eat in areas physically separate from surgeries/treatment rooms and reprocessing areas? | | | |
| | | | **SUB-TOTAL SCORE** | **/11** |
| | | | **TOTAL SCORE** | **/100** |

# Oral Health Infection Control Checklist

**Location:**

**Date of Assessment:**

**Name of Assessor:**

**Position of Assessor:**

**Date for Repeat Assessment:**

Adapted from: Dental Board of Queensland Policy #4 Infection Control Guidelines

**Guidance Document:**
This tool has been developed to assist Infection Control Practitioners and Oral Health staff to assess broad based compliance with requirements of the Queensland Health Legislation, Policy, Standards and Guidelines. The audit tool is based on information contained within the following documents:

- Infection Control Management Plan:
  http://www.health.qld.gov.au/chrisp/resources/choose_icmp.asp

- Queensland Health Prevention and Control of Healthcare Associated Infection Policy and related Standards:  http://www.health.qld.gov.au/chrisp/policy_framework/overview.asp

- Queensland Health Infection Control Guidelines:
  http://www.health.qld.gov.au/chrisp/ic_guidelines/contents.asp

- Queensland Health Disinfection and Sterilization Infection Control guidelines:
  http://www.health.qld.gov.au/chrisp/sterilising/guidelines_toc.asp

- CHRISP Oral Health Internet site:
  http://www.health.qld.gov.au/chrisp/sterilising/oral_health.asp

- CHRISP Frequently Asked Questions: http://www.health.qld.gov.au/chrisp/default.asp

- Oral Health: Standard Operating Procedures:
  http://www.health.qld.gov.au/chrisp/sterilising/oral_health.asp

- Australian/New Zealand Standard 4815:2006: Office-based health care facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment [AS4815]. To obtain a copy of any relevant Australian Standard go to the following link – contact officer:
  http://qheps.health.qld.gov.au/standards/contact_officers.htm

- Oral Health Sterilizing Assessment Tool:
  http://www.health.qld.gov.au/chrisp/sterilising/oral_health.asp

- Queensland Health Maintenance Management Framework: Guidelines for Condition Assessments:
  http://qheps.health.qld.gov.au/capital_works/pdf/guidelines/gdl015_condassmeth.pdf

- Oral Health Design Facility Guidelines:
  http://www.health.qld.gov.au/cwamb/oralguide/default.asp

- Dental Board of Australia, Dental- Guidelines on Infection Control:
  http://www.dentalboard.gov.au/en/Codes-and-Guidelines.aspx

- Office of the Chief Dental Office Standards and Guidelines:
  http://qheps.health.qld.gov.au/oralhealth/content/guidelines.htm