

OSHA and INFECTION CONTROL CHECKLIST

CHECKLIST ITEMS	YES	NO	FOLLOWUP
Do you have an OSHA manual? (Is it opened and filled in as needed?)-This includes your written policies, guidelines, and office procedures related to infection control and the OSHA Bloodborne Pathogens Standard.			
Do you have an individual specified as the OSHA officer for the office? (They're in charge of filling out the notebook, arranging for training, maintaining the employee records, etc.)			
Do you have policies for training employees? Employees must be trained: at the time of initial employment; if infection control related procedures or tasks are changed; annually. Training must be appropriate in content, level of education, and language of participants.			
Is all employee training documented and placed in the OSHA manual?			
Does everyone in the office know where the manual is kept?			
Have all employees who work in the back received the Hepatitis B vaccination and testing to confirm immunity (or if they refuse to take it, have they signed a declination form)?			
Are employees aware that current health care guidelines recommend other vaccines for healthcare workers, such as flu shots, measles/mumps/rubella, tetanus/diphtheria/pertussis, etc. and that should consult with their own doctors about taking these vaccinations?			
In the event of a TB exposure, is TB testing provided for employees?			
Do all new employees get tested for TB or provide results of a recent chest x-rays?			
Do you have policies and procedures in place in the event of an employee stick injury and are all employees aware of the policies and procedures?			
Do employees know to immediately report any injuries, especially stick injuries?			
Do you have a place to send the injured employee and the source patient that will give HIV test results in 24 hours or less?			
Are employees aware of any work restriction policies (such as inability to provide direct patient care with an active staph infection on the hands, health evaluations in the event the employee contracts a disease such Hepatitis B, etc.)?			
Does each employee have a confidential medical record that is kept separate from the rest of the OSHA materials? (Includes HBV vaccine and testing information, info on employee injuries and follow-up, etc.)			
Preventing the Transmission of Bloodborne Pathogens in the Dental Office			
Does everyone use standard precautions when working anywhere in the back (operatories, labs, sterilization area, etc.)? (Standard precautions require us to treat all people, all body fluids, all potentially contaminated materials, as potentially infectious)			
Are work practice controls used to reduce exposure to potentially infectious materials? (Work practice controls change the way we do things to make our procedures safer. For example, use one handed recapping methods, place sharps containers close to where they're used, etc.)			
Are engineering controls used to reduce exposure to potentially infectious materials? (Engineering controls isolate us from hazards, such as personal protective equipment, gloves, sharps containers, safety scalpels, etc.)			
Do employees perform correct hand hygiene when hands are dirty, if a potentially infectious material is touched with bare hands, before putting on gloves, after removing gloves, and			
Are hand hygiene policies in effect for those who work in the back? (Fake fingernails and large rings aren't a great idea; nails should be relatively short and smoothly filed to prevent snagging gloves, etc.)			

Checklist Items	Yes	No	Follow-up
Do employees know which gloves are to be worn for various purposes? (Examples: surgical gloves for long surgical procedures, exam gloves for regular procedures, utility gloves for processing instruments, etc.)			
Do employees know when to change gloves? (Gloves must be changed if torn/snagged, between patients, and should be removed before leaving an operatory. Never wash gloves.)			
Are employees trained on the different types of materials used for gloves, and when the different types are appropriate? (Use nitrile exam gloves if patient or employee has latex sensitivities, certain chemical exposure may require different glove types, etc.)			
Are different types of gloves and other PPE available in different sizes to accommodate each employee and do employees know where they are located?			
Have employees received training on all forms of personal protective equipment (PPE)?			
Do employees know that personal protective equipment must be worn any time there's exposure to potentially infectious materials?			
Do employees understand that the degree of exposure determines what specific PPE is to be worn? (Example: long sleeves if spatter or aerosol is generated, eye protection, etc.)			
Are procedures and policies in place so that employees know what types of PPE are to be worn in each situation? (Examples: while working on a patient, while working in the lab or sterilization area, while using disinfectants and other chemicals to clean an operatory or other area, while taking x-rays)			
Do employees wear masks and change them between patients (or if they become wet)?			
Is eye protection worn any time there is possible exposure to potentially infectious materials?			
Do employees know to remove PPE before leaving the work area?			
Are jackets/gowns disposed of or laundered at the work site? (Or sent off to be laundered)			
Sterilization and Disinfection of Instruments and other items used to care for patients			
Are all instruments that go into the mouth either heat-sterilized or thrown away? (Exceptions would be instruments such as digital x-ray sensors and digital perio probes that can't be heat sterilized. Follow manufacturers' instructions for disinfection on these instruments.)			
Are cleaning and disinfection procedures in place for instruments that cannot be removed from air/water lines?			
Are both high speed and slow-speed handpieces sterilized between uses?			
Is the sterilization area well organized with a clear division between the clean side and the dirty side? (So that you can tell whether an item is clean or dirty just by its location in the area?)			
Are instruments processed the same way every time?			
Do employees wear thick utility gloves, jackets, and eye protection while processing instruments?			
Are instruments cleaned in the ultrasonic to remove any debris and bioburden?			
If handscrubbing is necessary, are procedures in place requiring employees to wear eye protection, use a long handled brush, use utility gloves and handle the instruments carefully to avoid an injury?			
Is the ultrasonic solution changed at least once a day, or if it becomes too contaminated?			
Is the ultrasonic tested regularly as recommended by the manufacturer? (Usually by performing a "foil test" to insure that the machine is functioning properly.)			
Are instruments inspected before packaging?			
Are chemical indicators that change color used on the inside and outside of the packaging to insure that the proper temperatures are reached?			
Are packaged instruments labeled with the date and which sterilizer was used (if the office uses more than one)? This allows instruments to be retrieved if there's a spore test failure.			
If cassettes are used, are an FDA approved wrap used on the outside to prevent contamination?			
Are instruments allowed to cool and dry in the sterilizer before handling?			

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Are procedures in place to follow up after a positive spore test?			
Are procedures in place to make sure implantable devices are properly sterilized and stored?			
Are all instruments wrapped or bagged (even individual instruments)?			
Are sterilizers loaded properly so that instruments can be easily sterilized? (When autoclaves are overloaded, instruments may not be adequately sterilized.)			
Are instruments stored in cabinets, drawers, or shelves? (Don't store them under sinks or any other place they could become wet because the pack sterility may be compromised)			
Before procedures, are packaged instruments opened in front of patients so they can see that they've been sterilized?			
In the operatories, are barriers used on items that are difficult to clean and disinfect?			
Are all barriers changed between patients?			
Are all exposed clinical contact surfaces properly cleaned and then disinfected with a tuberculocidal disinfectant between patients?			
Are the proper cleaners and disinfectants used properly? (Example: glutaraldehyde and other liquid sterilants should never be used to clean a surface or in an ultrasonic tank)			
Is a cleaning schedule in place for all areas in the office? (Sterilization area, walls, floors, etc.)			
Do you use either "spray-wipe-spray" OR "use a wipe to clean-discard the wipe-get another wipe to disinfect" method in order to properly clean and disinfect contaminated surfaces in operatories?			
Are employees trained to use wipes properly? (Keep the container closed between uses so they'll stay wet, use them to clean only the proper amount of surface area, leave the surface wet for the proper amount of time, don't use disinfectant-saturated gauze)			
Are hard surface floorings used in operatories, sterilization area, lab, etc., instead of carpet?			
Are procedures in place to handle extracted teeth? (You CAN give them to patients.)			
Are waterlines regularly tested according to dental units' manufacturer's recommendations?			
Is all of the water that goes into patients' mouths at least drinking water quality, which is 500 cfu/ml of water? (From handpieces, air/water syringe, ultrasonics, etc.)			
Is sterile water used when performing surgical procedures?			
Are patient's health history regularly updated in order to detect possible infectious diseases?			
Are policies and procedures in place to contain and properly dispose of medical waste, such as sharps or blood saturated materials? (Be aware that there are both state and federal regulations.)			
Hazard Communication Standard			
Do you have a written Hazard Communication Plan/Program?			
Has a hazard assessment established what hazards are present in the office?			
Have you made a list of all products in your office containing hazardous chemicals?			
Do you have an SDS notebook for all hazardous chemicals? (electronic or paper)			
Have all MSDS forms been replaced by SDS forms?			
Do all chemicals have labels? (Labels must be made for any chemicals out of their original containers, such as ultrasonic tanks, cold sterile solution, etc.)			
Have all employees received training at the time of original employment, whenever hazards are added or changed in the workplace, and periodically, as needed?			
Have employees received training on the labeling and SDS forms and requirements of the updated Hazard Communication Standard? (It now uses the Globally Harmonized System of Classification and Labeling of Chemicals?)			
Is all training documented and placed in the OSHA notebook?			

Safe Injection Practices**Are injections prepared using aseptic technique in a clean area?** (multi-use vials should remain in the clean area to prevent cross contamination)**Are single-use vials/ampules/bags used on only one patient?****Are multiuse vials used on one patient** (if possible)?**Are the rubber septums swabbed with alcohol before piercing?****Medication containers** (single and multi-use vials) **must always be entered with a new needle and syringe, even if it's for the same patient****Environmental Infection Control****Are all environmental surfaces cleaned on a regular basis with an approved disinfectant?** (A tuberculocidal disinfectant should be used if there is visible blood.)**Are all clinical contact surfaces** (anything you touch while you work) **disinfected between patients, or, if a barrier is used, is the barrier changed between patients?****Is correct PPE used while cleaning environmental surfaces?****Are barriers used on digital radiograph sensors changed between patients?****General OSHA Requirements****Does your office have a current TB exposure control plan and is it in your manual?** (must be completed annually)**Are new technologies evaluated every year to see if new products could make sharps use safer in your office?** (Example: new safety syringes, new IV needles, etc.)

