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.			
Are policies/procedures assessed annually and exposure control plan updated as needed?			
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, COVID-19, etc. and that should consult with their own doctors about taking these vaccinations?			
Does your office have a current TB exposure control plan with policies and procedures? Is the facility assessnent and individual TB risk assessments documented in your manual?			
Do all new employees do a risk assessment, & get TB test or show recent chest xrays/TB test? In the event of a TB exposure, is TB testing provided for employees?			
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.) If they are found to be safer and work better than the system you currently use, are they utilized?			
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 between patients? (Always wash your hands using soap and water when first entering an operatory and/or if hands are visibly soiled; otherwise, hand sanitizers are also fine.)			
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.)			

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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 to prevent both bloodborne and airborne transmission?			
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)			
Is eye protection worn any time there is possible exposure to potentially infectious materials?			
Are jackets/gowns disposed of or laundered at the work site? (Or sent off to be laundered**)**			
Preventing the Transmission of Respiratory Pathogens in the Dental Office			
Have employees been trained about transmission of respiratory illnesses, including COVID-19 and epidemiology of SARS-CoV-2, including airborne droplet transmission and contact with infected surfaces?			
Do employees know to use standard precautions until it is determined that a respiratory disease may be present, (because of patient screening or because of high levels of community transmission), then transmission precautions should be used?			
Do employees understand their risk of exposure to respiratory pathogens, including SARS-CoV-2 and understand how to prevent transmission using transmission precautions?			
Do employees understand the measures taken in the office to prevent exposure, including screening patients, use of cough etiquette, disinfecting surfaces, wearing masks as necessary while in the office, staying out of potentially infected areas unless necessary, handwashing, proper use/donning/removing/disposing of PPE? Masks and eye protection should be donned before entering the operatory.			
Do employees understand methods of controlling airborne droplets? Consider HVAC modifications (if possible: increasing rate of air exchange, HEPA filters, rerouting ducts and return air vents, etc.**), air purification (**scrubbers, portable air purifiers, UV light disinfection, etc.**), use of external suction units, rubber dams, etc. Consider location of return ducts and air purifiers to ensure potentially contaminated air is not drawn from patient past Dr/Asst.**			
Is a written respiratory protection plan in place for this office?			
Has everyone received training on the respiratory protection program?			
Does everyone understand the difference between masks/respirators? (Please note: Facial hair will not work with all types of respirators, so the correct type of respirator must be chosen to ensure that the employee is protected).			
Does everyone understand how to choose a mask/respirator and which ones are appropriate for various procedures? (For aerosol generating procedures, respirators plus a faceshield are recommended, especially in areas with high levels community transmission. If respirators not available or cannot be worn, a level 2/3 surgical mask with a faceshield can be worn. For procedures involving splashing or spatter, wear respirator or level 2/3 surgical mask with a faceshield.)			
Has everyone had a medical evaluation to see if they can use a respirator? Are all results documented in the employee medical record?			
For those who are able to wear respirators, have fit tests been completed?			

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Does everyone understand how to select, store, clean, maintain, and repair respirators as needed? If necessary to use a respirator on more than one patient because of shortages, does everyone understand how to store/maintain them, and when to replace them.			
Does everyone understand how to make sure a respirator fits and will seal correctly?			
Community spread determines the level of PPE. If community spread is high/substantial, respirators are recommended for aerosol producing procedures, and may be worn for procedures that produce spray/spatter/droplets (plus faceshield, eye protection, gowns, etc.)			
Are employees screened daily for symptoms, and understand they are to report any COVID symptoms so testing and evaluation can be performed?			
Do employees understand that those with higher risk of severe COVID-19 disease should get a medical evaluation before working in a dental office?			
Are procedures in place for risk assessments and evaluating exposure for employees and patients, including work restrictions, post exposure protocol, etc.?			
If community transmission of respiratory diseases are high, consider using higher levels of PPE and avoiding aerosol producing procedures when possible. For patients who may be compromised, you may want to reduce patient exposure by having them wear masks, socially distance, and only patients should be in operatories (if possible**).**			
If there is an open floor plan, make sure there is six feet between patient chairs, place easy to clean barriers between chairs (floor to ceiling, careful not to interfere with fire sprinklers).			
Make sure reception area is not cluttered and is easy to clean. Wipe down surfaces/doors/handles/any touch surfaces frequently during the day. Make sure hand sanitizer/tissues/trash cans/wipes for pens, credit card touch pads and other frequently touched surfaces are available and respiratory hygiene/cough etiquette is enforced.			
Are patients screened for symptoms and exposure to respiratory diseases?			
Are physical barriers in place wherever proper distancing can't be maintained, especially at the front desk?			
If patients with active COVID-19 are treated, appropriate airborne precautions (such as isolation rooms with airborne protection) **must be taken, and try to avoid aerosol producing procedures. Patients may have to be referred to facilities with proper airborne protections. Respirators/faceshields and proper PPE must be worn.**			
Sterilization and Disinfection of Instruments and other items used to care for patients			
Are employees trained on how to properly process/sterilize/store instruments and to how clean and disinfect surfaces?			
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 slow speed motors and nosecones sterilized between uses?			
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/ 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?			
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?			

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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 unless needed for immediate use?			
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?			
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 between patients with a disinfectant that is tuberculocidal (which also kills SARS CoV-2) ?			
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**.)**			
Is a housekeeping schedule in place to ensure that solutions are changed, traps are emptied, maintenance on equipment is performed, etc. regularly?			
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 regs.)			

Checklist Items	Yes	No	Followup
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**.) All disinfectants should have a confirmed coronavirus kill/be approved for use against SARS-CoV-2.**			
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/film changed between patients?			
Are nitrous systems properly disinfected between patients to avoid transmission of bloodborne/respiratory pathogens?			
General OSHA Requirements			
Are doors unblocked and exits marked?			
Are O2/N2O tanks secured, checked visually for leaks and damage?			
Waterline maintenance and monitoring			
Are policies and procedures in place to make sure dental unit waterlines are treated regularly (as recommended by the manufacturer).			
Are testing procedures in place and results documented? If a failure occurs, procedures are in place to retreat the lines and retest as needed?			
Is sterile water used as an irrigant/coolant for surgical procedures?			
Are policies in place in the event of a boil water advisory? (Don't use municipal water for procedures, etc.)			