GRICG

Infection Control Compliance Audit: Clinical Units Dental Practice

Unit / Department _____Facility_____Date_____

CRITERIA AND EXPECTED OUTCOME			RATING
CRITERIA 1: RESOURCES – GUIDELINES AND MANUALS			
1.1	The following resources are available:	(Tick) ✓	
	-Health Service Infection Control Policy and Procedure Manual. (#1)		
	-Infection Control Guidelines for Prevention of Transmission of infectious Diseases in the Healthcare setting: Online or hardcopy (2010) (#1)		
	-ADA Guidelines for Infection Control (#2)		/3
		TOTAL	**/3**
CRITERIA 2: SINGLE USE ITEMS & ADMINISTRATION OF INJECTIBLES			
2.1	There are policy and procedures in place and no evidence of:		
	-Reuse of single use items (#1)		
	-Single use vials of injectable agents being used for multiple patients (#1)		
	-Multiuse creams and solutions are dispensed into individual containers for each patient (#3)		
	-Correct labeling of dispensed items occurs (#3)		/4
		TOTAL	**/4**
CRITERIA 3: PERSONAL PROTECTIVE EQUIPMENT			
3.1	***GLOVES***		

SCORING CRITERIA**:** **Full compliance = 1** **Non-Compliance = 0** **Non-applicable = 1**

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CRITERIA AND EXPECTED OUTCOME		RATING	
	-Gloves are available in a range of sizes (#1)		
	-Latex free alternatives are available for staff/patients with latex allergies (#1)		
	-Storage system protects gloves from contaminants e.g. aerosolation of water and secretions (#1)		
	-Gloves are worn for all procedures involving contact with mucous membranes, blood or body substances fluid (#1)		/4
3.2	***GOWNS***		
	-Long and short sleeved gowns are available for staff undertaking procedures (#1)		
	-Gowns are changed between each case /meal breaks/or at least when soiled (#1)		/2
3.3	***PROTECTIVE EYEWEAR***		
	-Is available and readily accessible for staff to use when there is a risk of exposure to aerosols or splashing. (#1)		
	-Should have side protection (#1)		
	-Where possible staff should have their own dedicated safety eyewear otherwise wash between use (#1)		
	-Is available for patients to wear and washed between each patient use (#1)		
	-Is clean and in good condition. (#1)		/5
	FACE MASKS		
	-Fluid resistant masks are available and worn correctly (#1)		
	-Respirators (P2/N95) masks are available for specified cases (#1)		
	-Masks are dispensed from original container at point of use and disposed of on removal and are NOT REUSED (#1)		/3
		TOTAL	**14**
CRITERIA 4: HAND HYGIENE			
4.1	***HAND HYGIENE***		/6
	-Neutral soap hand wash solutions are available at all hand basins (#1)		

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	CRITERIA AND EXPECTED OUTCOME		RATING
	-Antimicrobial hand washing solutions are available at specified clinical basins (#1)		
	-Hand washing solutions are dispensed in non-refillable, disposable containers (#1)		
	-Alcohol based hand rubs are available in all clinical areas at a safe height (#1)		
	-There is a compatible moisturiser available for all staff (#1)		
	-There is no evidence of soaps or moisturizers that are not provided or endorsed by the health service (#1)		
4.2	-Staff consistently demonstrates sound hand hygiene practices with posters available in clinical areas (#1)		
	-Staff have had education on hand hygiene and undertake annual updates (#1)		
	-Hand rubs are used when hands not visibly soiled otherwise they are washed, with soap and water (#1)		
	-Nominated clinical hand washing sinks available and accessible (#1)		/4
4.3	***TOWELS***		
	-There is paper towel and working dispenser at all hand basins (#1)		
	-Waste bins are available and not overfilled in areas paper towel is used (#1)		
	-Paper /Hand towels are single use only (#1)		/3
4.4	***JEWELLERY / NAIL POLISH***		
	-There is no evidence of staff wearing artificial/gel nails, or chipped /cracked nail polish (#1)		
	-There is no evidence of staff wearing hand or wrist jewellery (single plain band excepted) (#1)		/2
		TOTAL	**/15**

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CRITERIA AND EXPECTED OUTCOME		RATING	
CRITERIA 5: MANAGEMENT OF INSTRUMENTS IN TREATMENT AREA			
5.1	***STERILE INSTRUMENT PACK***		
	-Are protected from potential for environmental contamination e.g. moisture, dust and soil (#4)		
	-Are checked for sterility integrity -packaging intact, clean, dry, (#4)		
	-Are not opened in advance of procedure (#4)		
	- Packs are opened in a manner that facilitates aseptic removal of instruments (#4)		
	- Chemical indicators located inside instrument cassette, laminate pouch or textile packs are checked to confirm that chemical indicator has changed to the required colour prior to using the equipment (#4)		/5
5.2	***BATCH LABELS***		
	-All critical instruments have a batch label to facilitate tracking. When opened and used on a patient this is removed and placed in the patient medical record (#4)		
	-When batch label is missing, items are not to be used but returned to sterilizing area for reprocessing (#4)		
	-Where an item is opened but not used the item is returned to sterilsing area for reprocessing. Batch labels are placed on the non conforming record sheet (#4)		/3
5.3	***ASEPSIS TECHNIQUE***		
	-Instrument sets used during any dental procedure are packaged and standardised within cassette / autoplast tray and have undergone steam sterilisation prior to use (#4)		
	-Additional instruments are maintained in a sterile manner, packaged in cassettes or laminate pouches (#2,4)		
	- A 'no touch' technique is used during retrieval of additional instruments (#2,4)		
	-Zoning is used within treatment areas prevent the contamination of multiuse items or environment (#2,4)		/4
5.4	***IMPERMEABLE BARRIER WRAPS***		
	-Are single use and used routinely to cover equipment that is difficult to clean (grooves, holes) (#2,4)		/3
	-Changed and surfaces wiped between each case (#2,4)		

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CRITERIA AND EXPECTED OUTCOME		RATING	
	-Not retained on equipment overnight (#2)		
5.5	-Rubber dams are used routinely for all restorative procedures (#2)		/1
5.6	-All sterilizers maintain standards/validation with AS-NZS-4187 (#2,4)		/1
		TOTAL	**/17**
CRITERIA 6: MANAGEMENT OF DENTAL CHAIR EQUIPMENT			
6.1	***WATERLINES***		
	-Are flushed for two minutes at the beginning of each day (#2)		
	-Are flushed for 30 seconds between each patient (#2)		
	-Lines are purged with air at end of each day and dry bottle installed (#2)		
	-Water bottles are filled with treatment/distilled water at commencement of each day, (#2)		
	-There is documented evidence that daily management of waterlines occurs (#2)		
	-A documented procedure for the weekly disinfection of the water bottles and lines is available (#2)		
	-Appropriate disinfection solutions are available (#2)		/7
6.2	***ANTI RETRACTION MECHANISMS:***		
	-Weekly testing performed (#2)		
	-Results are documented (#2)		/2
6.3	***EVACUATION SYSTEMS***		
	-Staff can identify which type of evacuation system is within their clinic, i.e. 'wet' or 'dry' system (#2)		/5
	-Evacuation lines are flushed with water between each patient (#2)		
	-There is documented evidence that the above occurs (#2)		

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CRITERIA AND EXPECTED OUTCOME		RATING	
	-'Wet' system-disinfectant is flushed through the system at completion of each clinic day (#2)		
	-Appropriate disinfection is available for use within the dry system (#2)		
6.4	-Suction tips are changed between patients (#2)		
	-Single use /disposable triplex syringe, saliva ejector, High Volume Oral Evacuation System are discarded between each patient (#2)		/2
6.5	-Where a spittoon/cuspidor is in use they are cleaned daily with hot water and detergent (#2)		/1
		TOTAL	**/17**
CRITERIA 7: MANAGEMENT OF SHARPS AND CLINICAL WASTE			
7.1	***POSITIONING OF CONTAINERS***		
	-Positioned at a minimum of 1 metre above floor level, out of the reach of children. (#8)		
	-Opening visible (#1)		
	-Not overfull (#1)		
	-Accessible for use (#1)		
	-Free standing units attached (#1)		
	-Not positioned above waste bins (#1)		/6
7.2	***SHARPS***		
	-Disposed of at point of use by the user immediately after use (#1)		
	-Needles are removed by the operator with artery forceps , for reusable syringes, then disposed in sharps container for reusable syringes (#1)		
	-Needles are not recapped at any time (#1)		
	-Fingers are not used for retraction when administering local anaesthetic (LA) (#1)		/4
		TOTAL	**/10**

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CRITERIA AND EXPECTED OUTCOME		RATING	
CRITERIA 8: MANAGEMENT OF PROSTHETIC MATERIAL AND EQUIPMENT WITHIN CLINICAL ENVIRONMENTS			
8.1	-Study models and articulated models are regarded as client records and are not handled with contaminated gloves (#7)		
	-Impressions or other prosthetic appliances, e.g. wax rims, are cleaned immediately after removal from the mouth by rinsing with running water, washing with enzymatic detergent and further rinsing, until all traces of blood and debris are removed. Items are dried (#7)		
	-Reusable metal trays, rubber bowls and spatulas are washed with enzymatic detergent, rinsed, dried and sterilized (#7)		
	-When casting impressions, rubber bowls and spatulas are washed with enzymatic detergent, rinsed, dried and sterilized (#7)		
	-All materials going to dental laboratories are decontaminated and placed into a sealed container. The prosthetic equipment and material are managed so that contamination of other areas does not occur (#7)		
	-Reusable containers are washed in warm detergent and water (#7)		
	-There is a laboratory form documenting client information and procedures performed (#7)		
	-The method of cleaning/decontamination is documented on the laboratory form (#7)		
	-On completion of the laboratory work, the items are thoroughly washed in enzymatic detergent, rinsed and dried. This procedure is documented prior to returning the material to the clinical site (#7)		
	-Impressions or other prosthetic appliances being returned to the clinician or patient is transported in a container to prevent contamination of other areas (#7)		
	-Impressions or other prosthetic appliances arriving at the clinical area are rinsed in running water, washed with enzymatic detergent, and rinsed, prior to placement in the mouth (#7)		
	-Minor adjustments are made at the chair side, away from the patient. Major adjustments occur at the denture-adjustment area (#7)		
	-For minor adjustments, the dental assistant positions the high-speed evacuator near the procedure to minimise the dispersion of acrylic or other particles. On completion of the adjustment, the appliance is decontaminated, prior to polishing and returning to the patient (#7)		
	-Hand pieces and burs are rinsed, washed with detergent, rinsed, dried and sterilized. Burs are place in ultrasonic cleaner after cleaning, before sterilisation (#7)		
	-The receiving area is cleaned with detergent between cases. There is placement of a single use barrier. (#7)		/15
		TOTAL	**/15**

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CRITERIA AND EXPECTED OUTCOME		RATING	
CRITERIA 9: MANAGEMENT OF PROSTHETIC MATERIAL AND EQUIPMENT WITHIN THE LABORATORY			
9.1	-All materials going to and from dental laboratories are decontaminated, and placed into a sealed container. The items are managed so that contamination of other areas does not occur (#7)		
	-Standard precautions apply when handling denture materials. An area is set aside to receive incoming cases. The laboratory form is checked for details of the decontamination procedures performed (#7)		
	-When work arrives without the required decontamination procedures having been completed, the work is returned unopened to the source for correct processing. If this is not possible then the decontamination is done in the laboratory before any work on the items is commenced (#7)		
	-All packing materials and waste is disposed of. Reusable containers are washed in warm detergent and water (#7)		
	-The receiving area is cleaned with detergent between cases. The placement of a single use barrier is recommended (#7)		
	-Persons working on prosthetic material and equipment, or pouring or removing moulds, wear protective clothing, disposable gloves, protective eyewear, and a mask (#7)		
	-Prosthetic equipment and material which has already been inserted in the mouth are decontaminated. Any instrumentation, attachments and materials which contact these prostheses are reprocessed between cases (#7)		
	-Prosthetic equipment and material which has not been inserted in the mouth, requires that any instrumentation, attachments and materials which contact these prostheses are reprocessed daily (#7)		
	-Work surfaces are cleaned before and after each session using detergent and paper towel (#7)		
	-A small amount of pumice is dispensed for individual use and discarded thereafter. Splash guard are cleaned between cases (#7)		
	-Separate polishing items when used on old or new appliances: 1. Polishing buffs and rag wheels are thermally disinfected, sterilised, or discarded following use when dental items have been already inserted in the mouth 2. Polishing buffs and rag wheels used in the polishing process on dental items that have not been inserted in the mouth, are thermally disinfected, sterilised, or discarded at the end of the day (#7)		
	-Strong exhaust air evacuation near the work area is in use (#7)		
	-Hands are washed on entering and before leaving the work area (#7)		
	-There is no evidence of eating and drinking in the work area (#7)		
	-On completion of the work, the items are thoroughly washed in enzymatic detergent and dried. The procedure is documented prior to returning the material to the clinical site in a container to prevent contamination of other areas (#7)		/15
		TOTAL	**/15**

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CRITERIA AND EXPECTED OUTCOME		RATING	
CRITERIA 10: CLEANING AND DISINFECTING AND STERILIZING			
10.1	***CARE AND HANDLING OF USED ITEMS***		
	-Documented standard procedures observed for handling of used items, including protective clothing and eyewear (#4)		
	-Complex multi component instruments are dismantled/opened (#4)		
	-Jointed/serrated stainless steel instruments undergo ultrasonic washing with closed lid (#4)		
	-An enzymatic or alkaline detergent is used for the manual cleaning of instruments. Detergents are diluted as per manufacturer's instruction. (#4)		
	-All equipment is appropriately dried. In the absence of mechanical drying, lint free disposable material is used. (#4)		
	-Validation of cleaning procedures by physical check using magnified light (#4)		
	-Instruments identified by tape or coloured bands which impedes effective sterilisation are not present (#4)		
	-Routine equipment & instrument maintenance program in place, documentation is available e.g. free of pitting, rusting, staining, snags, burrs, sharpness, stiffness, looseness. (#4)		/8
10.2	***PREPARATION AND PACKAGING FOR STERILISATION***		
	-Instruments opened or unlocked prior to packaging (#4)		
	-Instrument protectors are used to protect delicate or sharp instruments (Silastic types are not used) (#4)		
	-Where no permanent record of physical parameters is obtained, either by printout or direct observation, a Class 4, 5 or 6 chemical integrator is used within every sterilisation load (#4)		
	-No combination packs; all packs sequentially wrapped to ensure sterility during opening (#4)		
	-A mechanism is in place to identify unsterile packs, including the presence of signage regarding this (#4)		
	-Laminate pouches are heat sealed or press seal laminate is in use (#4)		
	-A batch labelling system is in use for critical instruments (#4)		/7
10.3	***STERILISATION PROCESS***		
	-The sterilizer chamber is loaded as per manufacturers instructions (#4)		
	-Mechanism in place to validate sterilisation prior to removing load from sterilizer, i.e. printout signed, parameters of sterilisation are circled (#4)		
	-Mechanism exists to ensure that once batch label removed the original contents can still be identified, i.e. item number in place (#4)		

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CRITERIA AND EXPECTED OUTCOME		RATING	
	-Documented failure reporting procedure is in place, i.e. signage by sterilizer (#4)		
	-Appropriate storage facilities for sterilized stock ensuring shelf life & package integrity are available (#4)		
	-There is a documented recall policy (#4)		/6
10.4	***VALIDATION***		
	-Appropriate daily/weekly/periodic tests undertaken on pre-vacuum sterilizer i.e. daily Bowie Dick test, vacuum test, warm-up run, including validation and calibration (#4)		
	-Biological indicators in use with results available within 3 hours (#4)		
	-Daily test as per current standard performed on ultrasonic washer, carbon pencil, foil, lumcheck, sonicheck (#4)		
	-Daily or weekly tests as per current standard performed on mechanical washer (#4)		/4
10.5	***DOCUMENTATION/RETURNS***		
	-Results of annual testing and validation of all equipment is available, e.g. sterilizers, ultrasonic, mechanical washer (#4)		
	-Records of sterilizer loads are maintained (#4)		
	-Service records for all equipment in use is up to date and available (#4)		
	-Records maintained for all packs returned where there is no batch label or packaging compromised (#4)		/4
			/29
CRITERIA 11:WASTE MANAGEMENT			
11.1	-There is signage indicating correct segregation of waste (#1)		/1
11.2	***WASTE COLLECTION BAGS***		
	-Yellow bags/containers are available for clinical waste (#1)		
	-Black/white bags are available for general waste (#1)		
	-Sharps containers comply with AS/NZS 4031 or AS/NZS 4261 (#1)		
	-Waste storage is segregated from equipment store (#1)		/4
11.3	-Mercury waste is separated and disposed of by clinical waste contractor instructions. (*Please refer to the Institution's own contractor for instructions.)*		/1

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	CRITERIA AND EXPECTED OUTCOME	RATING	
11.4	-Extracted teeth are wrapped in a glove or gauze and disposed in clinical waste. Teeth shall not be given to patients (#5)		/1
		TOTAL	**/7**
CRITERIA 12: ENVIRONMENTAL CLEANING			
12.1	***PATIENT CARE AREAS***		
	-Are cleaned at least daily and when visibly soiled (#1)		
	-Clinical area and horizontal areas are wiped down with disposable wipes between cases (#1)		
	- Area is cleaned at end of each day as per procedure (#1)		
	-Surfaces are decontaminated with a disposable detergent wipe (#1)		
	- Containers have appropriate legible labels describing product, usage and safety data-material safety data sheets are available for all chemicals in use (#6)		/5
12.2	***BLOOD AND BODY SUBSTANCES SPILLS***		
	-Contaminants are soaked up/removed before area is cleaned (#1)		
	-Area is cleaned and dried as soon as practicable (#1)		
	-PPE including safety eyewear mask gloves and gown are worn (#1)		
	-Cleaning equipment is thoroughly cleaned with detergent after use. (#1)		/4
		TOTAL	**/9**
CRITERIA 13: FOOD SERVICES			
13.1	-Staff eating and recreational areas are separate from work areas and patient treatment areas (#1,4)		
	-There is no evidence of staff eating and drinking in clinical areas (#1,4)		
	-There is a dedicated staff food refrigerator (#1,4)		/3
		TOTAL	**/3**
		TOTAL OVERALL SCORE ACHIEVED	**/158**

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REFERENCE LIST

(#1 NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia
(#2) Australian Dental Health Guidelines and Policies. http://www.ada.org.au/about/policies.aspx
(#3) Pharmacy Association of College Honor Societies – labeling
(#4) AS/NZS-4187:2003 "Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities"
(#5) Environment protection Authority (EPA), Industrial Waste Resource Guidelines: Clinical and related waste – Operational guidance. September 2009 http://epanote2.epa.vic.gov.au/EPA/publications.nsf/2f1c2625731746aa4a256ce90001cbb5/a57f37169adcc407ca2576260016d346/$FILE/IWRG612.1.pdf
(#6) http://www.worksafe.vic.gov.au/wps/wcm/connect/16ac3d004071f557a6a6fee1fb554c40/Managing_chemicals_in_Workplace.pdf?MOD=AJPERES
(#7) Dental Health Services Victoria, Infection Control Manual, Chapter Three, Updated January 2009
(#8) Department of Health Hospital Circular 19/2006 Sharps Containers – Safety for Children

Total possible Score: **158** **Score Achieved:** **Compliance Percentage:**

COMMENTS/ACTIONS REQUIRED					
Section	Issue Identified	Action required	Responsibility	Implement by	Follow up

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Section	Issue Identified	Action required	Responsibility	Implement by	Follow up

Acknowledgement:
GRICG would like to acknowledge and thank Wendy Bacalja, Infection Control Practitioner, Royal Dental Hospital Melbourne, for allowing the GRICG to use and revise this audit tool.

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