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CHECKLIST

Infection Prevention and Control (IPAC) Core Elements in Dental Practice Settings

This checklist was developed as a tool to assist public health units and stakeholders in conducting inspections related to IPAC lapse investigations. Unless otherwise indicated, the resource used was the Provincial Infectious Disease Advisory Committee's (PIDAC's) Infection Prevention and Control for Clinical Office Practice, Revised April 2015. Specific sections are cited for where the information may be found within the document.

The checklist was developed in collaboration with Royal College of Dental Surgeons of Ontario, The College of Dental Hygienists of Ontario and Ontario Ministry of Health and Long-Term Care. For more information about this resource, please contact ipac@oahpp.ca.

Clinic Name: _____

Clinic Address: _____

Date of Inspection: _____ Inspection Type: _____

Name of Inspector: _____

Clinic Contacts (name and phone numbers):_____

- **Legislated Requirement (Leg):** Must be compliant with the relevant Act or regulation (e.g., *Occupational Health and Safety Act*).
- **High Risk (High):** Immediate health hazard exists. Stop practice and correct immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury. Practices that cannot be corrected immediately must be stopped until the health hazard is observed to have been eliminated. An Order may be warranted/ issued.
- **Medium Risk (Med):** Practices must be corrected. Timelines for compliance or agreement on alternate process to be determined during inspection.
- **Inform and Educate (I/E):** Provide information on best practices and mandatory legislated practice requirements. This may also include just-in-time education.

NOTE: These categorizations represent the minimum risk level. Based on good judgement and circumstance, public health units may increase the risk category.

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 1: RECEPTION/WAITING AREA.

1	Reception/ Waiting Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
1.1	There is appropriate IPAC signage at the entrance of the clinic and at the reception desk.		**I/E**	☐	☐	☐	Refer to the section on Routine Practices, Booking, Reception and Placement.	
1.2	There is a process for managing patients/clients with suspected febrile respiratory infections, rash and eye infections to prevent transmission to others.		**Med**	☐	☐	☐	Refer to the section on Routine Practices,Booking, Reception and Placement.	
1.3	There is 70% to 90% alcohol-based hand rub (ABHR) and masks available at reception, with signage for appropriate use.		**Med**	☐	☐	☐	Refer to the sections on Routine Practices, Hand Hygiene Products. ABHR for hand hygiene has a minimum concentration of 60% alcohol but a concentration of 70% is preferable to be effective against Norovirus.	
1.4	There are tissue boxes available.		**I/E**	☐	☐	☐	Refer to the sections on Booking, Reception and Placement, Respiratory Etiquette and see Appendix E for a sample sign for reception areas, Cover Your Cough. Waste recepticles should also be available for immediate disposal of tissues into waste after use. Access to ABHR for immediate hand hygiene after disposal of tissues.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

1	Reception/ Waiting Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
1.5	Furniture, items and touch surfaces are cleaned and disinfected (e.g., chairs, toys).		I/E	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, Surfaces and Finishes.	

TABLE 2: POLICIES AND PROCEDURES

2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
2.1	There are written IPAC policies and procedures that are based on the most current best practices.		Med	☐	☐	☐	For Items 2.1 to 2.3 - refer to PIDAC's Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section 9. IPAC Program Functions, B. Policies and Procedures. Additional Resources: PIDAC Infection Prevention and Control for Clinical Office Practice, April 2015. Royal College of Dental Surgeons of Ontario (RCDSO) Guidelines Infection Prevention and Control in the Dental Office, February 2010. Policies and procedures may include but are not limited to the following areas: • Routine Practices such as hand hygiene, risk assessment and appropriate selection and use of PPE.	

2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							• Environmental cleaning and waste management. • Requirements for education and training of staff, dental hygienists and dentists. • Healthy work place and occupational health policies such as work restrictions when ill and management of exposures to blood and body fluids. Policies and procedures may vary depending on the size of the clinical setting and the complexity of services provided.	
2.2	Policies and procedures are reviewed and updated as required on a regular basis.		**I/E**	☐	☐	☐		
2.3	Staff members have access to the IPAC policies and procedures and are familiar with their use.		**I/E**	☐	☐	☐		
2.4	IPAC and Occupational Health and Safety policies and procedures are followed by all staff including dental hygienists and dentists.		**I/E**	☐	☐	☐	Refer to: PIDAC's Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section 4. Additional Resource: Occupational Health and Safety (OHS). RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
2.5	A policy exists regarding water and water use within the dental setting during a Boil-Water Advisory.		**I/E**	☐	☐	☐	Refer to: IPAC Canada, Infection Prevention and Control Audit for General IPAC Practices in Dentistry, March 2016. Additional Resource: Mortality Weekly Report (MMWR) Recommendations and Reports December 19, 2003 / Vol. 52 / No. RR-17.	
2.6	Policies and procedures are in place for maintaining dental unit water quality.		**I/E**	☐	☐	☐	Refer to: Safe Drinking Water Act, 2002 ONTARIO REGULATION 169/03 Regulatory Standards for Drinking Water. Dentists and dental hygienists should consult with the manufacturer of their dental unit or water delivery system to determine the best method for maintaining acceptable water quality and the recommended frequency of monitoring. Methods used to treat dental water systems target the entire biofilm; no rationale exists for routine testing for such specific organisms as Legionella or Pseudomonas, except when investigating a suspected waterborne disease outbreak.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							Additional Resource: MMWR Recommendations and Reports December 19, 2003 / Vol. 52 / No. RR-17.	

TABLE 3: EDUCATION

3	Education	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
3.1	Regular education (including orientation and continuing education) and support is provided in clinical office practices to help staff consistently implement appropriate IPAC practices.	**Leg.**	**I/E**	☐	☐	☐	Refer to the section on Staff Education and Training. Additional Resource: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. Persons with knowledge of IPAC should be active participants in the planning and implementation of IPAC educational programs.	
3.2	There is a process for recording and reporting of attendance at staff education and training.	**Leg.**	**I/E**	☐	☐	☐	Refer to: PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Staff Education and Training.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 4: DENTAL UNIT WATERLINES AND WATER QUALITY

4	Dental Unit Waterlines and Water Quality	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
4.1	Staff have received training regarding water quality, biofilm formation, water treatment methods and appropriate maintenance protocols for water delivery system.		**Med**	☐	☐	☐	Refer to: IPAC Canada, Infection Prevention and Control Audit for General IPAC Practices in Dentistry. Additonal Resource: MMWR Recommendations and Reports December 19, 2003 / Vol. 52 / No. RR-17.	
4.2	Waterline heaters are not used.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
4.3	All waterlines are purged at the beginning of each workday by flushing them thoroughly with water for at least 2 to 3 minutes. Before purging is carried out, handpieces, air/water syringe tips and ultrasonic tips are removed from the waterlines.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
4.4	Handpieces using water coolant are run for 20 to 30 seconds after patient/client care. The handpiece is then removed.Cleaning and disinfection of clinical contact surfaces occurs before another sterilized handpiece is attached for use with the next patient/client.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

4	Dental Unit Waterlines and Water Quality	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
4.5	Sterile water or sterile saline is used when irrigating open surgical sites and whenever bone is cut during invasive surgical procedures. Appropriate devices, such as bulb syringes or single-use disposable products, are used to deliver sterile irrigation solutions.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
4.6	For offices using closed or other water delivery systems: The manufacturer's instructions related to dental units and equipment are followed for daily and weekly maintenance.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
4.7	Manufacturer's instructions regarding testing, maintenance and preventative maintenance of lines, anti-retraction valves and other accessories are followed.		**Med**	☐	☐	☐	Refer to: IPAC Canada, Infection Prevention and Control Audit for General IPAC Practices in Dentistry. "The majority of recently manufactured dental units are engineered to prevent retraction of oral fluids, but some older dental units are equipped with antiretraction valves that require periodic maintenance. Users should consult the owner's manual or contact the manufacturer to determine whether testing or maintenance of antiretraction valves or other devices is	

4	Dental Unit Waterlines and Water Quality	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							required. Even with antiretraction valves, flushing devices for a minimum of 20–30 seconds after each patient is recommended." MMWR Recommendations and Reports December 19, 2003 / Vol. 52 / No. RR-17.	

TABLE 5: DENTAL HANDPIECES AND OTHER INTRAORAL DEVICES

5	Dental Handpieces and Other Intraoral Devices	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
5.1	Devices that contact mucous membranes and are attached to the air or waterlines of the dental unit should be activated to discharge air and water for a minimum of 20 to 30 seconds after each patient/client use.		**Med**	☐	☐	☐	Several dental devices that contact mucous membranes are attached to the air or waterlines of the dental unit, including: • high and low-speed handpieces • prophylaxis angles • ultrasonic and sonic instruments • air abrasion devices • air/water syringe tips Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

5	Dental Handpieces and Other Intraoral Devices	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
5.2	Multi-use syringes used for the delivery of sealants, etching, bonding and filling materials are disinfected with a low level disinfectant between patients. The syringe tip is a single use device and is discarded in the sharps container after each patient.		**Med**	☐	☐	☐		

TABLE 6: SUCTION LINES

6	Suction Lines	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
6.1	Suction lines are purged between patients/clients by aspirating water or an appropriate cleaning solution.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
6.2	Suction lines are flushed out with an enzymatic cleaner or appropriate cleaning solution at least once per week.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 7: GENERAL ENVIRONMENTAL CLEANING INCLUDING PRODUCTS

7	General Environmental Cleaning including Products	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
7.1	Surfaces, furnishings, equipment and finishes are smooth, non-porous, seamless (where possible) and cleanable (e.g., no unfinished wood or cloth furnishings).		I/E	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, Surfaces and Finishes. Additonal resource: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See section on Surfaces in Health Care Settings and Finishes in Health Care Settings (Walls, Flooring).	
7.2	There is a written procedure for immediate containment, cleaning and disinfection of spills of blood and body fluids.		High	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning up Body Fluid Spills. Additional resources: Environmental Cleaning Toolkit Videos - Cleaning a Blood Body Fluid Spill. Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
7.3	There are procedures for cleaning each area of the clinic. If cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the clinic.		I/E	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

7	General Environmental Cleaning including Products	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
7.4	Chemical products used for environmental cleaning: Have a drug identification number (DIN) from Health Canada. Are prepared and used according to manufacturer's instructions for dilution, temperature, water hardness, use, shelf life and storage conditions. Are labelled with expiry date. Are stored in a manner that reduces risk of contamination.		**High**	☐	☐	☐	Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See Section 1. Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment, D. Cleaning Agents and Disinfectants. Additional Resource: Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
7.5	Routine cleaning and disinfection of touch surfaces and floors is done at least daily in the reception, waiting rooms and hallway spaces.		**I/E**	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 8: ENVIRONMENTAL CLEANING IN THE HEALTH CARE ENVIRONMENT WHERE CARE IS PROVIDED

8	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
8.1	Surfaces/items that come into direct contact with the patient's/client's body fluids (e.g., saliva or blood) are cleaned and disinfected between patients/clients.		High	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, Principles of Cleaning and Disinfection and Cleaning up Body Fluid Spills. Additional Resources: Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
8.2	Treatment area including all horizontal surfaces and dental chair are cleaned and disinfected between patients/clients and when visibly soiled. Where paper covers are used (e.g., head rest covers) they must be changed between patients/clients.		Med	☐	☐	☐	Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See section on Cleaning Agents and Disinfectants- Using Disinfectants. Additonal resources: Refer to the section on Control of the Environment - Cleaning the Environment, General Principles of Environmental Cleaning- Clinical component; Cleaning Between Patients; and Table 1: Frequency of cleaning items in the clinical practice setting.	

8	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. Clean and disinfect using an approved surface cleaner and a hospital-grade low-level disinfectant (these products are also available as a one-step cleaner/disinfectant). High-touch surfaces may require more frequent cleaning. Avoid using spray bottles to apply products as aerosols are a safety risk. Change cleaning cloths, mop heads and disinfectant solution in buckets frequently. DO NOT double-dip cleaning cloths.	
8.3	Barriers are used to cover clinical contact surfaces that are difficult to clean and disinfect (e.g., switches, computer equipment) and decrease the bioburden on the equipment. Barriers are removed and discarded between patients/clients using gloves. Following barrier removal, the underlying surfaces are inspected for visable contamination. If contaminated the		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. Some equipment cannot withstand repeated exposure to water or cleaning solutions.	

8	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
	surfaces are cleaned and disinfected. If not visibly contaminated, where possible, the underlying surfaces may still be cleaned and disinfected. Clean barriers are placed prior to the next patient/client.							
8.4	Clean or sterile dental/medical supplies are not stored under sinks, or on counters adjacent to sinks.		**High**	☐	☐	☐	Refer to the sections on Routine Practices, Hand Hygiene, and Hand Washing Sinks. Additional Resource: Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
8.5	Waste disposal meets provincial regulations and local bylaws, with attention to sharps and biomedical waste.	**Leg.**	**High**	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment, Waste and Sharps. Additional resources: Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See Table 2: Disposal Streams for Biomedical and General Waste and Collection of Waste. Segregate waste at the point where it was generated into either plastic bag or rigid container with a lid.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

8	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							Do not double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior. Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping. Biomedical waste is to be stored in a secure (locked) dedicated area that is clearly marked with a biohazard symbol. Canadian Standards Association (CSA). Z317.10-09. Handling of waste materials in health care facilities and veterinary health care facilities 2014. Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 9: ROUTINE PRACTICES/ADDITIONAL PRECAUTIONS

9	Routine Practices/ Additional Precautions (Hand hygiene, Personal Protective Equipment (PPE))	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
9.1	There is the ability to perform hand hygiene at the point of care using alcohol based hand rub (ABHR) or liquid soap and water if hands are visibly soiled.		High	☐	☐	☐	Refer to the section on Routine Practices, Hand Hygiene, and Hand Hygiene Products. Additional resources: Refer to: PIDAC's Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Sections on What is Hand Hygiene?; Alcohol-based hand rub vs. soap and water; Alcohol Based Hand Rub (ABHR); Hand Washing Sinks and Soap Formulations and Product Selection C. Placement of ABHR Dispensers. Refer to RCDSO: Guidelines Infection Prevention and Control in the Dental Office, February 2010. Of importance: 1) ABHR for hand hygiene has a minimum concentration of 60% alcohol but a concentration of 70% is preferable to be effective against Norovirus. 2) ABHR is available in each operatory or where patient/client care is provided.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

9	Routine Practices/ Additional Precautions (Hand hygiene, Personal Protective Equipment (PPE))	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							3) There are dedicated hand hygiene sinks with liquid soap available in each clinic. 4) Bottles of ABHR and liquid soap are not to be "topped up" when partially full or empty, but replaced with new bottles of product. Bar soap is not acceptable. ABHR dispensers should be available immediately adjacent to the entrance to every client care area (e.g., outpatient clinic room) unless contraindicated by guidelines from the Ontario Fire Marshall's Office.	
9.2	Effective hand hygiene requirements are in place: no artificial nails or nail enhancements and preferably no polish. Any polish must be fresh and not chipped. Nails are short (i.e., not more than 2mm beyond fingertip).		**I/E**	☐	☐	☐	Refer to: PIDAC's Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Section II. Best Practices, 5. Impediments to Effective Hand Hygiene. Additional Resource: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. 1) Nails must be kept clean and short. 2) Nail polish, if worn, must be fresh and free of cracks or chips.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

9	Routine Practices/ Additional Precautions (Hand hygiene, Personal Protective Equipment (PPE))	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							3) Artificial nails or nail enhancements must not be worn. 4) Rings are not worn, preferably. 5) Hand and arm jewellery, including watches, are must be removed or pushed up above the wrist by staff caring for clients before performing hand hygiene.	

TABLE 10: PERSONAL PROTECTIVE EQUIPMENT (PPE)

10	Personal Protective Equipment (PPE)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
10.1	PPE-such as gowns, gloves, masks, and eye protection, is available at point of care.	**Leg.**	**High**	☐	☐	☐	Refer to the section on Legislation Relating to Infection Prevention Control Practices in the Clinical Office - The Occupational Health and Safety Act (OHSA), Routine Practices, and Personal Protective Equipment (PPE).	

NOTE: If any reusable critical or semi-critical dental or/medical devices/equipment is being reprocessed within the dental practice setting, refer to Public Health Ontario's Reprocessing in the Dental Practice Settings Checklist.

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 11. REPROCESSING OF DENTAL/MEDICAL EQUIPMENT/DEVICES USED TO PROVIDE PATIENT/CLIENT CARE

11	Dental/medical Equipment/Devices used to provide Patient/Client Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
11.1	Non-critical items are cleaned and low-level disinfected between uses.		**Med**	☐	☐	☐	Refer to: PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013. See Appendix B: Reprocessing Decision Chart. Additional Resources: CSA. Z314.0-13 Medical Device Reprocessing - General requirements. (2013). RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. Dental/medical equipment that comes into contact with the patient's/client's intact skin requires low-level disinfection (LLD) after each use. Equipment and surfaces must be thoroughly cleaned prior to LLD. Examples of items that require LLD include: radiograph head/cone, blood pressure cuffs, oximeters, facebow.	
11.2	Reprocessed dental/medical equipment/devices is/are stored in a clean, dry location in a manner that minimizes contamination or damage.		**High**	☐	☐	☐	Refer to: CSA. Z314.0-13 Medical Device Reprocessing - General requirements (2013). Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

11	Dental/medical Equipment/Devices used to provide Patient/Client Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
11.3	Newly purchased, non-sterile critical and semi-critical dental/medical equipment/devices are inspected and reprocessed prior to use, according to their intended use as per manufacturer's recommendations.		High	☐	☐	☐	Refer to: PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013. See section A. Purchasing and Assessing Medical Equipment/Devices and/or Products for Disinfection or Sterilization Processes.	
11.4	Any critical or semi-critical dental/medical equipment/device labelled as single-use cannot be reprocessed and re-used. Examples include: syringesneedles, prophylaxis cups and brushes, and certain orthodontic brackets.		High	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010. Additional Resource: PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013. See section P. Single-Use Medical Equipment/ Devices.	
11.5	Semi-critical items such as mouth mirrors, amalgam condensers, reusable impression trays and handpieces that come into contact with mucous membranes or non-intact skin must undergo cleaning followed by sterilization between patient/client uses. Heat stable semi-critical items are sterilized; heat sensitive semi-critical items are replaced by heat stable or disposable items.		High	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

11	Dental/medical Equipment/Devices used to provide Patient/Client Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
11.6	All critical items (e.g., surgical instruments, periodontal scalers), are either SINGLE PATIENT USE (disposable) or sterilized between uses.		High	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
11.7	At point-of-use, upon opening the reprocessed dental/medical equipment/ device, the integrity of the packaging and the equipment/device is checked; results of the chemical indicator are validated; and equipment/devices are reassembled, if required.		High	☐	☐	☐		

TABLE 12: DENTAL RADIOGRAPHY

12	Dental Radiography	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
12.1	After a radiograph is exposed, the film packet is dried with disposable gauze or a paper towel to remove blood or excess saliva and then placed in a container, such as a disposable cup, for transport to the developing area.		Med	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
12.2	The film packet is cleaned of gross debris and saliva and disinfected with an appropriate low-level disinfectant before opening to develop the film. Alternatively, if a barrier pouch is used over the film,		Med	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

12	Dental Radiography	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
	it is removed and film dropped onto a clean surface being careful to avoid contamination of the inner film packet. Gloves are then removed and clean gloves worn while developing film to prevent contamination of the developing equipment.							
12.3	Digital radiography sensors are protected with barriers as they come into contact with mucous membranes. After barrier removal, sensors are cleaned of gross debris and saliva and disinfected with a low-level disinfectant or as per manufacturer's instruction.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

TABLE 13: DENTAL LABORATORY

13	Dental Laboratory	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
13.1	Impressions, prostheses or appliances are cleaned and disinfected as soon as possible after removal from the patient's/client's mouth, before drying of blood or other organic debris.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
13.2	All items returned from an outside laboratory to a dental office are cleaned and disinfected prior to placing in a patient's/client's mouth.		**Med**	☐	☐	☐	Refer to: IPAC Canada, Infection Prevention and Control Audit for General IPAC Practices in Dentistry.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

13	Dental Laboratory	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							Finished prostheses and appliances delivered to the patient should be free of contamination. This can be accomplished with an appropriate low-level disinfectant by either the commercial dental laboratory or dental office. Additional Resource: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

TABLE 14: HANDLING OF BIOPSY SPECIMENS

14	Handling of Biopsy Specimens	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
14.1	Biopsy specimens are placed in a sturdy, leak-proof container that has a secure lid and is clearly labelled with the universal biohazard symbol.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
14.2	Care is taken when collecting the specimen to avoid contaminating the outside of the container. If the outside of the container is suspected to be or has been contaminated, it is cleaned and disinfected or placed in an impervious bag prior to transportation.		**Med**	☐	☐	☐	Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 15: MEDICATION ROOM/AREA (APPLICABLE ONLY TO PRACTICES WITH SEDATION AND OR ANETHESIA.)

15	Medication Room/Area (Applicable only to practices with sedation and or anethesia.)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
15.1	There are facilities for hand hygiene in the medication room/area. These include either a dedicated hand hygiene sink and/or alcohol based hand rub (ABHR).		**High**	☐	☐	☐	Refer to the section on Hand Hygiene, Hand Washing Sinks. Additional resources: PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Hand Hygiene, Alcohol-based Hand Rub (ABHR). Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See section 9. Hand Hygiene Considerations in Facility Design, A. Hand Washing Sinks.	
15.2	The medication preparation area is a dedicated area that is separate from areas that may potentially be contaminated with blood and body fluids.		**High**	☐	☐	☐	For 15.2- 15.4 – Refer to the sections on Medications and Skin Antisepsis, Refrigerators and Appendix H: Checklist for Safe Medication Practices. If a dedicated/separate area is not available, prepare medication in a clean area away from splashes e.g., not near hand hygiene sink or where specimens are being handled.	
15.3	There is a dedicated medication refrigerator as needed (e.g., succinylcholine).		**High**	☐	☐	☐	Refer to the section on Medications and Skin Antisepsis, and Refrigerators.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

15	Medication Room/Area (Applicable only to practices with sedation and or anethesia.)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
15.4	Food is not stored with either medication or specimens (e.g., biopsy).		High	☐	☐	☐	Refer to the section on Refrigerators.	

TABLE 16: INJECTABLE MEDICATION VIALS OR SOLUTIONS

16	Injectable Medication Vials or Solutions	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
16.1	Single-dose injectable medications are prepared at the time of use, used once on a single patient and discarded immediately.		High	☐	☐	☐	For 16.1-16.5: Refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices. The use of SINGLE USE vials is always PREFERRED. Single use injectable medications are not prepared in advanced and stored, prior to use.	
16.2	Rubber stoppers (diaphragm/septum) of vials are scrubbed with either 70% alcohol prep pad or 70% alcohol pumped onto a cotton ball prior to entry into the vial in preparation for administration. Stopper is allowed to dry before inserting a new needle into the vial.		High	☐	☐	☐	Refer to PHO's Updated guidance on the use of multidose vials. Single use injectable medication may come in a blister pack format or packaged loose in a large tin.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

16	Injectable Medication Vials or Solutions	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
16.3	Product monograph is followed and referred to for further clarification regarding correct storage (e.g. refrigeration, keep away from light), handling, preparation, and directions for administration.		High	☐	☐	☐		
16.4	Unopened vials and other products are discarded according to the manufacturer's expiration dates.		High	☐	☐	☐	Refer to the section on Medications, Vaccines and Skin Antisepsis.	
16.5	Leftover contents of vials (single-dose or multidose) are never pooled.		High	☐	☐	☐		

TABLE 17: MULTIDOSE VIALS

17	Multidose vials	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
17.1	Multidose vials have been replaced with single dose vials wherever possible.		I/E	☐	☐	☐	For 17.1 – 14.4, refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices.	
17.2	If a multidose vial is used, it must be used for a single patient/client whenever possible and labelled with the patient's/client's name.		Med	☐	☐	☐		

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

17	Multidose vials	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
17.3	The multidose vial is labelled with the date it was first used, to facilitate discarding at the appropriate time.		High	☐	☐	☐		
17.4	All needles are SINGLE PATIENT USE ONLY.		High	☐	☐	☐		
17.5	All syringes are SINGLE PATIENT USE ONLY.		High	☐	☐	☐	Re-usable dental syringes for the delivery of local anesthetic are acceptable in dental offices. Must be sterilized between patients/clients.	
17.6	Multidose vials are never entered with a used needle OR used syringe.		High	☐	☐	☐		
17.7	The multidose vial is accessed on a surface that is clean and where no dirty, used or potentially contaminated items are placed or stored.		High	☐	☐	☐		
17.8	Once medication is drawn up, the needle is IMMEDIATELY withdrawn from the vial. A needle is NEVER left in a vial to be attached to a new syringe.		High	☐	☐	☐		
17.9	The multidose vial is discarded immediately if sterility is compromised or questioned.		High	☐	☐	☐		
17.10	Opened multidose vials are discarded according to the manufacturer's instructions or within 28 days, whichever is shorter		High	☐	☐	☐		

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 18: ASEPTIC TECHNIQUE

18	Aseptic Technique (always practised for percutaneous injection)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
18.1	Hand hygiene is performed immediately prior to administration of injectable products (e.g., vials, needles, syringes).		**High**	☐	☐	☐	Refer to: PIDAC's Best Practices for Hand Hygiene. In All Health Care Settings, April 2014. See section II. Best Practices, 3. Indications and Moments for Hand Hygiene during health care activities Critical risk related to PIDAC moment #2 of hand hygiene (i.e., before aseptic procedure).	
18.2	ABHR containers are labelled, and not refilled or topped up.		**Med**	☐	☐	☐	Refer to: PIDAC's Best Practices for Hand Hygiene In All Health Care Settings, April 2014. See Appendix C: PIDAC's Hand Hygiene Fact Sheet for Health Care Settings – Factors that Reduce the Effectiveness of Hand Hygiene.	
18.3	Skin should be prepped with 70% alcohol prior to injection.		**Med**	☐	☐	☐	Refer to the section on Medications, Vaccines and Skin Antisepsis.	
18.4	Preferably disposable single use alcohol prep pads are used to prepare the skin for injection. Seventy (70 %) alcohol pumped onto cotton balls at time of use is permitted.		**I/E**	☐	☐	☐	Refer to: USP 797 Pharmaceutical Compounding, June 2014, pg. 57. (Available for purchase from USP). Cotton balls are stored in a clean covered container.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

TABLE 19: SHARPS SAFETY PROGRAM

19	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
19.1	Sharps containers must be: 1) Clearly labelled as sharps containers, preferably with a Biohazard symbol, or colour-coded according to the employer's safe work practices; 2) Puncture-resistant; 3) Tamper-proof; 4) Closable; contained sharps must not be able to fall out with normal use; 5) Leakproof on both sides and bottom; 6) Not filled past the fill line, usually at the 3/4 mark.	**Leg.**	**High**	☐	☐	☐	For 19.1- 19.7 - Refer to the section on Control of the Environment, Sharps, and Sharps Containers Additional Resource: CSA. Z316.6-14 - Sharps injury protection - Requirements and test methods - Sharps containers(2014).	
19.2	There is a puncture-resistant sharps container at point-of-use AND/OR sharps are transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover) or cassette.	**Leg.**	**High**	☐	☐	☐	Refer to the section on Control of the Environment, Sharps, and Sharps Containers. Additional Resource Occupational Health and Safety Act [O. Reg. 67/93]. For information on Safety needles in the dental practice setting, please see RCDSO Dispatch article "Changes to Needle Safety Regulation Come into Effect July 1, 2010."	
19.3	Sharps containers are securely stored for timely, safe removal according to local legislated biomedical waste by-laws.	**Leg.**	**High**	☐	☐	☐	Refer to the section on Control of the Environment - Cleaning the Environment Waste.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

19	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
19.4	Sharps/needles/syringe must be safety-engineered medical sharps (SEMS) whenever possible.	**Leg.**	**High**	☐	☐	☐	Refer to: Ontario Regulation 474/07 Needle Safety. A SEMS is a hollow-bore needle that is designed to eliminate or minimize the risk of a skin puncture injury to the worker, and is licensed as a medical device by Health Canada. For information on Safety needles in the dental practice setting, please see RCDSO Dispatch article "Changes to Needle Safety Regulation Come into Effect July 1, 2010."	
19.5	There is a policy or procedure in place to prevent the transmission of blood-borne pathogens (i.e. hepatitis B, hepatitis C and HIV) that includes an immunization policy for hepatitis B vaccination and a record of documented immunity to hepatitis B by serology.		**Med**	☐	☐	☐	Refer to the section on. Administrative Controls and item - Staff Immunization. Refer to the Blood- borne Diseases Surveillance Protocol for Ontario Hospitals developed by the OHA/OMA in collaboration with the MOHLTC. If there are no policies, recommend Hepatitis B vaccine for clinic staff given potential for needle stick injury.	
19.6	There is a blood-borne pathogen post-exposure management policy or procedure that incorporates worker education and facilitation		**Med**	☐	☐	☐	Refer to: PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November 2012. See section C. Occupational Health and	

19	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
	of timely access to a medical assessment for appropriate post-exposure prophylaxis PEP if indicated (e.g., HIV PEP medications) Reporting of sharps injuries to the Workers' Safety and Insurance Board (WSIB) is required* and to the Ministry of Labour, as appropriate. *Dependent on size of employer						Hygiene Issues –Post-Exposure Follow Up CSA. Z314.0-13 Medical Device Reprocessing - General requirements. (2013).	
19.7	There are written measures and procedures to prevent and manage injuries from sharp objects.	**Leg.**	**High**	☐	☐	☐	Refer to: CSA. Z314.0-13 Medical Device Reprocessing - General requirements (2013). Additional resource: Occupational Health and Safety Act [O. Reg. 67/93].	

TABLE 20: SPECIMEN HANDLING

20	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.1	There is a policy or procedure for handling of all blood and body fluids. This includes blood specimens obtained through venipuncture (e.g., platelet rich plasma for bone grafts) and biopsy specimens.		**I/E**	☐	☐	☐	Refer to the section on Cleaning the Environment - Cleaning up Body Fluid Spills.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

20	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.2	Tourniquets are non-latex and are single use.		I/E	☐	☐	☐	Refer to the sections on Personal Protective Equipment and Appendix I: Recommended Minimum Cleaning and Disinfection Level and Frequency for Medical Equipment. PHO Just Clean Your Hands Hand Care Program. See Appendix B: Common Irritants to Skin Health (not all inclusive).	
20.4	There is a designated storage area for specimens (e.g., biopsy) separate from clean supplies.		I/E	☐	☐	☐	Refer to the section on Clinical Office Design/Renovations, Storage/Utility Area(s).	
20.5	Appropriate PPE is worn by staff when handling blood or other body fluids (e.g., biopsy).		High	☐	☐	☐	Refer to the section on Routine Practices - Personal Protective Equipment (PPE). Appropriate PPE shall be used when handling blood or other body fluids based on a personal risk assessment. Recommendations: • Gloves should be worn if it is anticipated that hands will be in contact with blood, body fluids, secretions or excretions. • A gown should be worn if it is anticipated that arms	

20	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							and/or clothing will be in contact with blood, body fluids, secretions or excretions. • Facial protection should be worn if it is anticipated that the mucous membranes of the eyes, nose and/or mouth will be in contact with blood, body fluids, secretions or excretions.	

TABLE 21: BLOOD COLLECTION DEVICES

21	Blood Collection Devices	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
21.1	SINGLE USE blood collection tube holders are PREFERRED. If blood tube holders are reused, they MUST be designed for multi-patient use and cleaned and disinfected after each use with a low level disinfectant (LLD), following the manufacturer's instructions for re-use.		High	☐	☐	☐	Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See Appendix G: Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Patient/client/Resident Care Equipment and Environmental Items.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

21	Blood Collection Devices	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							Additional resources: PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015. See Section 8. Reprocessing Medical Equipment, C. Single-Use Medical Devices. Top Five High Risk Practice Recommendations and Occupational Health and Safety Responsibilities.	

TABLE 22: OCCUPATIONAL HEALTH AND SAFETY

22	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
22.1	Responsible dentist and dental hygienist s in this setting understand their duties and responsibilities as employers and supervisors under Ontario's Occupational Health and Safety Act (OHSA) to ensure workers know about hazards and dangers by providing information, instruction, supervision on how to work safely (e.g., appropriate handling of chemicals) and training and access to appropriate PPE based on risk assessment of exposure.	Leg.	High	☐	☐	☐	Refer to the section on Legislation Relating to Infection Prevention and Control Practices in the Clinical Office- A. The Occupational Health and Safety Act (OHSA). Additional resource: Ontario Ministry of Labour- A Guide to the Occupational Health and Safety Act, March 20, 2015.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

22	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
22.2	There is a healthy workplace policy which includes a clear expectation that staff do not come into work when ill with symptoms of infection.		**Med**	☐	☐	☐	Refer to the section on Administrative Controls- Healthy Workplace Policies and Infections in Health Care Providers. It is incumbent on a dentist and dental hygienist to protect individuals within his or her clinical office practice. This responsibility is not restricted to patient/ clients, but rather, includes clinical office staff and other visitors. Infectious agents are not only spread person-to-person, but can also be spread indirectly through inanimate objects known as fomites, and the waiting room of a clinical office practice may be a source for many communicable diseases. As such, protective mechanisms must be in place, not only in direct patient/client management but in handling of the clinical office environment as well. All clinical office settings should establish a clear expectation that staff do not come into work when ill with symptoms of infection. This includes not working when acutely ill with signs and symptoms likely due to a	

22	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							transmissible infection, such as fever, cough, influenza-like symptoms, runny nose, sore throat, vomiting, diarrhea, rash or conjunctivitis. If the decision is made that the health care provider must work (weighing the risks and benefits of working against not providing patient/client care), scrupulous hand hygiene and appropriate PPE (e.g., wear a mask if you have a cold) is essential to minimize the possibility of transmission of infection.	
22.3	Staff members are immunized appropriately.		**Med**	☐	☐	☐	Although not mandated, hepatitis B vaccination is strongly recommended due to the risk of bloodborne pathogen exposure and in health care workers should include a record of vaccination and a record of sufficient antibodies to protect against infection (i.e., greater than 10U/L). Annual influenza vaccination is also strongly advised. Refer to: RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

22	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
22.5	There is a policy that prohibits eating/drinking, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses in the reprocessing area. No food, drink, tobacco or cosmetics is consumed, applied or kept in areas where infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored.	**Leg.**	**High**	☐	☐	☐	Refer to: Occupational Health and Safety Act, See Health Care and Residential Facilities Regulation (O. Reg. 67/93, s. 32.). RCDSO Guidelines Infection Prevention and Control in the Dental Office, February 2010.	
22.6	All chemical products (e.g. cleaning and disinfecting agents) are labelled according to WHMIS requirements.	**Leg.**	**High**	☐	☐	☐	Refer to the section on The Workplace Hazardous Materials Information System (WHMIS). Additional resource: R.R.O. 1990, Reg. 860: WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS).	
22.7	Material Safety Data Sheets (MSDS) for cleaning/disinfecting products are readily available and up to date.	**Leg.**	**High**	☐	☐	☐	Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012. See section E. Other Considerations-Chemical Safety. Additional resource: R.R.O. 1990, Reg. 860: WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS).	

Leg. Req.: Legislated Requirement **C:** Compliant **NC:** Not Compliant **N/A:** Not Applicable

22	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
							MSDS should be no more than three years old and updated as new product information is available.	

Please print and sign:

Owner/Operator (print name): _____

Signature: _____ Date:_____

Signatures as appropriate: _____ Date: _____

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