AUSTRALIAN DENTAL ASSOCIATION

Self-Assessment Tool for Infection Prevention & Control

Third Edition, 2024

Contents

Introduction

This third edition of the ADA's Self-Assessment Tool for Infection Prevention and Control has been designed to help dental practitioners identify specific issues around infection prevention and control within their practice. It has been drawn from the 2024 5th edition of the ADA's Guidelines for Infection Prevention and Control by the ADA Infection Control Committee (ICC) and edited by Emeritus Professor Laurie Walsh AO. The current version of this tool was updated in May 2024. It incorporates changes based on *AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities*. Blue text indicates new items in this version. Underlined text in this document shows where there are hyperlinks to key resource documents online. Completion of this self-assessment will enable practices to address the Dental Board of Australia Self-Reflective Tool for Infection Prevention and Control (July 2022).

Prior to undertaking a self-assessment, it would be helpful to have a printed or electronic copy of the 5th Edition of the ADA's Guidelines for Infection Prevention and Control on hand for ease of reference. If you answer 'no' to any of the questions, you can easily refer to the relevant section of the ADA's Guidelines for Infection Prevention and Control for further information. If you require additional clarification on an item, contact the ADA's Infection Control Committee for advice via email: contact@ada.org.au

Each practice should have a manual that reflects how that specific location is working to ensure the risk of the spread of infectious diseases is minimised. The ADA has a comprehensive infection control manual template for the benefit of members available from ada.org.au. The manual should include:

- methods of hand hygiene (both routine and surgical)
- personal protective equipment requirements
- setting up the treatment area between patients
- environmental cleaning protocol
- defined zones that require barrier protection and cleaning between patients
- protocol following an exposure incident, e.g. a sharps injury
- handling and disposal of sharps
- waste disposal
- processing of reusable items (cleaning, packaging, sterilisation, disinfection, storage)
- processing of radiographs in a manner to avoid cross-contamination
- quality control mechanisms including documentation for the maintenance and monitoring of equipment
- immunisation requirements
- management of single use items
- recording of information during patient treatment in a manner to avoid cross contamination
- use of computers and computer-run equipment during patient treatment in a manner to avoid cross-contamination
- management of waterlines used in direct patient contact
- handling concerns of latex allergy in dental patients and dental staff.

This self-assessment tool can be used to ensure that the elements of the manual are being applied appropriately and may also be useful for initial and ongoing staff training. Documentation that will assist in addressing the self-assessment tool considerations will include:

Steriliser records

- Daily performance tests, including vacuum/air leakage tests and air removal and steam penetration tests for pre-vacuum steam sterilisers (Bowie-Dick type tests and any PCDs used)
- Reprocessing cycle records for sterilisers (in electronic or hardcopy format)
- Steriliser servicing and repairs (see below for more details)
- Annual calibration
- Performance tests and records for the validation of sterilisers (IQ, OQ and PQ), including results of biological indicator tests for verification of cycle parameters, and the certification of validation issued by the technician/service engineer (see below for more details)
- BCI records
- Batch control identification (in patient records) when critical RMDs are used that have been through a sterilising process
- Steriliser cycle data (must be stored and accessible for a period of at least 7 years. Note that longer periods of data retention are applicable in some jurisdictions when patients are treated as minors.)
- BCI and RMD details for semi-critical RMDs released from high level disinfection

Equipment-related records

- Daily performance test results for washer-disinfectors and ultrasonic cleaners (such as the results of foil, soil or pencil test for the ultrasonic cleaner, soil tests for the washer-disinfector)
- Annual validation for washer-disinfectors
- Records of performance tests done to verify proper operation of heat sealers, and any self-seal pouches that are used (e.g. proper sealing of test samples by heat sealers)
- Records of servicing any other items of reprocessing equipment

- Records of testing or maintenance to services used in reprocessing (water, air)
- Periodic (e.g. annual) electrical safety checks, in line with jurisdiction electrical safety regulations. Note that testing intervals vary depending on what safety switches are fitted to the practice)

Personnel-related records

- Induction and training processes (including staff meetings) being used to update infection control knowledge and skills, and employee training records including competency assessments
- Vaccination and allergy status for each staff member, and staff immune status declarations (reviewed annually)
- Incident reports, e.g., non-conforming products or workplace health and safety incidents; workplace injuries and incidents (such as breaches in infection control protocols and how these are managed)

Documentation of procedures

- Instructions for use for reprocessing RMDs/clinical equipment and operating manuals for equipment
- Loading diagrams for sterilisers and washer-disinfectors
- Quality and procedure manuals, which cover the cleaning, inspection and assembly steps prior to packaging and sterilisation of RMDs
- Procedure manuals for cleaning of the operatory (patient treatment area) and the reprocessing area
- Procedures to follow at the beginning and end of the day; and special procedures for closing the practice down for longer breaks when equipment such as the dental chair will need to be placed into hibernation status
- Procedures to recall failed or missed loads of RMDs, such as lookbacks and investigations around non-conforming sterilised RMDs

External interactions of the practice

- Records for purchasing RMDs and single use sterile consumables
- Records of any outsourcing of reprocessing activities off-site
- Records of any loaned sterilisers or loaned sets of RMDs (for loaned sterilisers: the dates for transfer in and out; whether a full validation was undertaken for the loaned unit, and the details for that validation; whether internal chemical indicators in packages were introduced for RMDs sterilised in the loaned steam steriliser; for loaned RMD sets, whether these were cleaned, packaged, and processed on site, or not

Risk management

- Any IPC risk assessments or audits undertaken, and the results of these
- Records from internal audits, and the following corrective actions that were implemented to rectify deficiencies.
- Business continuity plans in the event of major events affecting IPC (such as steriliser failure)

Part 1. Documentation and training

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are staff aware of DBA references relating to infection prevention and control: • Code of conduct • Fact Sheet on infection prevention and control • Self-Reflective Tool for infection prevention and control					
2. Do staff have access to a current version (2019) of the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare?					
4. Do staff have access to a copy of the current (5th edition 2024) of the ADA's Guidelines for Infection Prevention and Control?					
4. Do staff have access to an infection control manual that documents infection control procedures and protocols that aligns with the current edition of the ADA's Guidelines for Infection Prevention and Control, the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare, and relevant parts of AS 5369:2023?					
5. Have registered dental practitioners attended recent continuing professional development on the topic of infection prevention and control in the current CPD cycle, and is there evidence of such?					
6. Are all staff members aware of their obligations at law (including under work health and safety legislation, which stipulates the need to follow legal directions including written safety instructions or directives from the employer - a term which includes compliance with infection prevention and control protocols)?					
7. Are all staff appropriately trained in the IPC measures that they are expected to undertake on a daily basis?					
8. Are IPC protocols, training and documentation reviewed on a regular basis by staff in the practice, for example as a topic of discussion at a staff meeting?					
9. Does the practice have an induction programme which includes the IPC procedures of the practice?					
10. Are the safety data sheets for infection control items and instructions for use available for staff to access readily?					
11. Do all staff members recognise and routinely apply standard precautions including appropriate use of PPE?					
12. Do all staff recognise when transmission-based precautions are required (for example, when patients present with tuberculosis, measles, chickenpox or viral influenza) and how to manage these?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
13. Is there a system for providing feedback on staff IPC performance (such as audits, performance reviews)					
14. Is there a system of reporting, monitoring and rectifying breaches of IPC protocols?					
15. Are all staff aware of what to do in the event of a blood or body fluid exposure (BBFE) incident such as a skin penetrating injury with a sharp RMD?					
16. Is there an immunisation program for staff in place, and is it in accordance with the current (online) edition of the Australian Immunisation Handbook? Are all staff aware of which vaccinations are recommended in the Australian Immunisation Handbook and why?					
17. Is the current vaccination and allergy status of each staff member recorded and updated periodically (e.g. every 12 months or when new allergic reactions occur)?					
18. Is there a record of workplace incidents and accidents (including sharps injuries) as required by nationally harmonised WH&S legislation?					
19. Are all dental practitioners who perform exposure prone procedures aware of their status for blood-borne viruses? The Dental Board of Australia and the current (2019) version of the *Communicable Diseases Network of Australia* (CDNA) *Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*, requires testing at least every three years.					
20. Is there a schedule /plan for reviewing key IPC documents and processes?					

Notes:

Part 2. Hand hygiene and care

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Have staff undertaken regular (e.g. annual) training in the 5 moments of hand hygiene, and is there a hand hygiene programme in place that is consistent with the National Hand Hygiene Initiative?					
2. Is there a program in place to periodically review that hand hygiene is always taking place including: • Before gloving • After shaking hands • After removal of gloves • Before typing, writing or handling patient notes • At the start of a clinical session • After toilet breaks • When leaving the surgery at the end of the day					
4. Is plain TGA-approved liquid soap readily available and used to wash hands when visibly soiled?					
4. Are there sufficient sinks for handwashing with hot and cold running water and disposable paper towels?					
5. Can handwashing sink taps be operated with a non-touch technique?					
6. Are staff prohibited from performing handwashing in contaminated sinks (such as those used for RMD washing)?					
7. Are hands dried in a way that prevents contamination?					
8. Is a TGA-approved alcohol-based hand hygiene product (gel, rub, solution or foam) readily available in suitable locations (at points of use, away from contamination by splash and aerosols) and used routinely for situations where hands are not visibly contaminated, in line with the National Hand Hygiene Initiative?					
9. Are hand-hygiene product dispensers used in accordance with instructions? (for example, not refilled, or cleaned and dried before refilling)					
10. If the practice does surgical procedures that involve raising flaps or penetrating bone, is there a high potency hand gel designed for surgical hand preparation, or is there a surgical handwash available?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
11. Do all team members involved with surgical procedures know how to correctly apply the surgical hand preparation product used in the practice before applying sterile gloves?					
12. Is moisturiser available for use by staff with dry skin that is compatible with the hand hygiene product(s) used in the practice?					
13. Are any cuts or open wounds covered with an impermeable waterproof dressing?					
14. Is a bare below the elbows approached (i.e. finger, hand and wrist jewellery removed, no sleeves worn below the elbow) prior to working in clinical and RMD reprocessing areas?					
15. Do all staff members working in clinical and sterilisation areas have clean, short nails, free from artificial nails and chipped or coloured nail polish?					

Notes:

Part 3. Personal Protective Equipment (PPE)

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Is suitable personal protective equipment (PPE) worn in the dental operatory?					
2. Is suitable PPE worn in the sterilising room?					
4. Are staff members trained and familiar with the appropriate PPE for use with all the cleaning products used in the practice?					
4. Is there a process for ensuring sufficient supplies of PPE at all times?					
5. Is PPE removed before leaving the contaminated zone?					
6. Is PPE always removed before entering non-clinical areas (for example, are disposable or reusable gowns that have been worn in clinic removed by staff before eating, drinking, taking a break or leaving the practice premises?)					
7. Are latex free gloves available and stored in a way that prevents contact with latex gloves?					
8. Are gloves worn whenever there is risk of exposure to blood or saliva (including when cleaning?)					
9. Are gloves worn when handling pathology specimens and specimen containers?					
10. Are gloves worn when handling contaminated film packets or imaging sensors?					
11. Are gloves removed and hand hygiene performed before touching any environmental surface without a barrier or before accessing clean supplies or administrative areas?					
12. Are gloves removed, disposed of immediately, and hand hygiene performed as soon as clinical treatment is complete?					
13. Are sterile gloves worn when a sterile field is necessary for procedures such as dento-alveolar surgery or dental implant placement?					
14. Are boxes of gloves stored away from contamination by fluid splashes?					
15. Are disposable gloves worn when cleaning environmental surfaces and RMDs?					
16. Are there protocols and procedures for the wearing of masks and surgical particulate filter respirators (PFRs)?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
17. Do staff wear suitable fluid-resistant surgical masks or surgical PFRs for the procedures being undertaken?					
18. Do staff know when to change their mask or surgical PFR?					
19. Are masks being worn properly (adapted well to the face and nose, covering nose, mouth, chin and upper neck)?					
20. Do staff avoid touching the front of the mask and remove the mask using the strings and loops?					
21. Do staff avoid inappropriate wearing of masks such as partially removed masks sitting around the chin.					
22. Are masks and PFRs discarded immediately after removing them and not re-used?					
23. Are surgical PFRs fit checked before use?					
24. Do staff and patients wear appropriate protective eyewear during all procedures where there is the potential for penetrating injury or exposure to aerosols, splattering or spraying with blood, saliva or body substances? (shielded at the sides, adequate protection)					
25. Is reusable eyewear cleaned with detergent between patient appointments?					
26. Is suitable protective clothing worn by staff while treating patients, so that street clothes are protected from contamination at work?					
27. Are items of protective clothing changed and laundered at appropriate intervals?					
28. Are there appropriate facilities to allow clothes to be changed and stored as needed to avoid contamination of non-clinical areas?					
29. Are staff uniforms clean and maintained in good condition?					
30. Do staff wear enclosed footwear that will protect them from injury or contact with sharp objects (e.g. accidentally dropped sharps or spilt chemicals)?					

Notes:

Part 4. Surgical procedures and aseptic technique

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Do the staff in the practice have a clear understanding of procedures that require a comprehensive set-up for surgical asepsis, such as the placement of dental implants or procedures involving raising a mucoperiosteal flap or surgical penetration of bone (e.g. surgical removal of a fully impacted tooth or a retained root, endodontic surgery or periodontal flap surgery)?					
2. For oral surgical procedures that involve a comprehensive set-up for surgical asepsis, does the practice have a comprehensive protocol that includes: • Sterile gowns • Sterile gloves • Sterile RMDs (instruments and handpieces) • A sterile working field • Appropriate use of micro-fields (key parts protected by syringe caps, covers or packaging) using the Aseptic Non Touch Technique (ANTT®) • Sterile drapes • Sterile irrigants • Hair is clean, tied back and covered with a hair net or surgical cap • Beards covered • A process for obtaining items outside the sterile field (such as a separate scout assistant)					

Notes:

Part 5. Management of sharps

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are there documented protocols and procedures that are applied for the safe handling and disposal of sharps?					
2. Are staff aware that they should not pass sharp items such as scalpels and scalers to each other?					
3. Are sharp single use items appropriately disposed of by the person who used them (i.e. the practitioner) into an approved sharps container located at the point of use?					
4. Are there approved sharps containers located in the dental surgery, and are these in appropriate locations, e.g. chairside and within easy reach of clinical operators, but out of reach of children?					
5. Are sharps containers sealed off for disposal once their contents have reached the marked fill line or ¾ full?					
6. Are filled sharps containers collected by licensed clinical (medical) waste contractors for disposal?					
7. Are RMDs with sharp edges carried from the surgery to the reprocessing area in a suitable lidded, puncture-resistant container?					
8. Are burs and powered scaler tips removed from handpieces by the person who used them (i.e. the practitioner) before commencing the changeover procedure?					
9. Is needle re-capping avoided, or is a safe system for needle recapping used?					
10. Is there a comprehensive written protocol for the appropriate action to take in the event of a blood or body fluid exposure incident such as a sharps injury or splash exposure, including a dedicated medical practitioner to follow up with the staff member if they do not want to use their own GP?					

Notes:

Part 6. Management of clinical waste

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are there appropriate protocols being applied for segregation of waste into streams (general, clinical, sharps) based on the requirements of the local council and State or Territory EPA regulations?					
2. Are there documented protocols for the disposal of single-use items?					
3. Is clinical waste held in leak-proof, thick yellow bags labelled with the biohazard symbol?					
4. Are standard precautions (gloves, mask, protective eyewear) used when handling medical waste bags and containers?					
5. Are medical waste bins and sharps containers stored securely before collection?					
6. Is clinical waste removed by a licensed medical waste contractor?					
7. Is amalgam waste managed appropriately (not placed into clinical waste or sharps containers)?					
8. Are partially used cartridges of dental local anaesthetic solution discarded after use in a way that conforms with jurisdictional regulations for pharmaceutical waste?					

Notes:

Part 7. Environment

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are working surfaces in the contaminated zone cleaned after every patient by wiping the surface with a suitable product based on neutral detergent?					
2. Are there established protocols (based on the principles of 'clean to dirty' and 'high to low') for systematic cleaning of surfaces within the patient treatment area between patients?					
3. Are disinfectant wipes and solutions used in the practice for managing working surfaces TGA approved, and is their use consistent with the product instructions?					
4. If neutral detergent solutions are prepared on site (rather than using pre-impregnated wipes), are containers of prepared neutral detergent emptied, washed and dried overnight prior to refilling for subsequent use in accordance with manufacturer instructions for use?					
5. Are there combined detergent and disinfectant products available for use for when these are indicated based on a risk assessment and for transmission-based precautions?					
6. Are there appropriate cleaning protocols in place for high patient touch surfaces in the waiting room?					
7. For items of equipment that are in the contamination zone, are there protocols and procedures in line with the manufacturer's instructions for use that ensure they are being cleaned and maintained appropriately?					
8. Are work areas in the operatory/dental surgery well-lit with sufficient uncluttered and easily cleaned bench space to accommodate necessary equipment?					
9. Do both the dental operatory and the reprocessing rooms have clearly defined clean and contaminated zones?					
10. Is there a workflow for RMDs and materials in the operatory from the clean to the contaminated zone in a way that prevents contamination of clean areas?					
11. Do dental chairside assistants put on new gloves for cleaning working surfaces during the changeover between patients?					
12. Are floor coverings in the dental operatory non-slip and impervious with sealed joints?					
13. Is there a written schedule for periodic cleaning of hard surfaces including floors and window sills?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
14. Is damp dusting used in clinical areas to avoid dispersal of dust and bacteria into the air?					
15. Are reusable mops and cloths cleaned after use and allowed to dry before reuse?					
16. Are bench tops outside the contaminated zone cleaned at least weekly using a product based on detergent and water?					
17. Is the meals/lunchroom area separate from the clinical/ reprocessing/laboratory area and maintained in a hygienic and serviceable condition?					
18. Is lunchroom crockery washed in a separate sink from the handwash sinks or RMD wash basins?					
19. Are there facilities and protocols to ensure that dental materials, sealed clinical specimens and medical products are not stored in the same area as food and personal items?					

Notes:

Part 8. Treatment areas

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are all clinical contact surfaces in the contaminated zone that are not barrier protected cleaned after each patient using methods and products stipulated by the manufacturer?					
2. For equipment that is difficult to clean, is a disposable surface barrier used as stipulated by the manufacturer, and disposed of after each patient treatment before cleaning, and a new barrier placed before next use?					
3. Are wash basins used for hand hygiene cleaned at least daily?					
4. Are any RMDs placed into the contaminated zone for a treatment session but not used during that session regarded as contaminated and reprocessed?					
5. Are there protocols in place to reduce the extent of contamination of the dental operatory by using rubber dam, pre-procedural antiseptic mouth rinses, high volume evacuation and correct patient positioning?					
6. Are bulk supplies such as opened boxes of gloves, cotton rolls or gauze stored outside the contaminated zone and protected from contamination from splashes of fluids generated during treatments?					
7. Are cartridges of local anaesthetic stored appropriately to prevent their environmental contamination?					
8. Are containers of medicaments, including topical anaesthetic tubes or jars and endodontic medicaments, kept free of environmental contamination?					
9. Are materials pre-dispensed from bulk supplies in drawers or cupboards in an aseptic manner for each procedure?					
10. Is retrieval of additional RMDs, items and materials during a patient treatment done in a way that does not contaminate the clean zone?					
11. Are gutta percha points disinfected by a short period of immersion in a sodium hypochlorite solution listed on the ARTG for clinical use in dentistry before use in canal obturation?					
12. Do staff keep their personal effects out of clinical areas where cross-contamination is likely to occur?					

Notes:

Part 9. Dental Unit Waterlines and water quality

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are the manufacturer's instructions for appropriate methods to maintain the recommended quality of dental water being followed to minimize biofilm levels in dental equipment waterlines?					
2. Are there protocols to handle the waterlines in situations where a dental chair needs to undergo hibernation because of non-use for an extended time? Are these in line with the dental chair manufacturer's instructions?					
3. Is there periodic testing of levels of bacteria in water from dental units to ensure levels of bacteria in water from dental units is below the threshold of 200 CFU/mL?					
4. Are lines flushed in accordance with the equipment instructions for use: • At the start of the day (usually an extended flush) • After each patient use (usually a short flush)					
5. Are there protocols and procedures for flushing and cleaning the dental suction system?					

Notes:

Part 10. Reprocessing

Considerations	Yes	No	N/A	Remediation recommended	Priority
Training					
1. Have all staff members involved in reprocessing been trained in the appropriate management of reusable medical devices according to the Spaulding classification system (critical, semi-critical and non-critical), in line with AS 5369:2023?					
2. Have the staff who reprocess RMDs been given formal training in the relevant procedures used in reprocessing? • Pre-cleaning • Cleaning • Lubrication • Ultrasonic cleaner (if used) • Washer disinfector (if used) • Packaging • Sterilisation • Load release • Storage					
3. Are staff performing reprocessing appropriately supervised and monitored to ensure they are competent?					
4. Are all staff members involved with inspecting sterilised RMDs aware of the requirements for passing a load and what to do when load items are non-conforming?					
Facilities					
1. Is RMD reprocessing being undertaken in a dedicated room or segregated space that is clearly demarcated as being for that purpose? If in the same area as patient treatment, is reprocessing undertaken at a time when no patient treatment is occurring (temporal segregation)?					
2. Is the part of the facility used for RMD reprocessing appropriate in layout and size for the volume of RMDs being reprocessed? • Sufficient drawers, cupboards and shelves to keep work benches as clutter-free as possible • Benchtops and storage facilities large enough for the volume of items being managed • Suitable areas for storage of general items such as labelling guns, logbooks, cleaning agents and sterile barrier systems					

Considerations	Yes	No	N/A	Remediation recommended	Priority
3. Are there distinct areas for cleaning and decontamination, preparation and packaging, sterilisation, and drying?					
4. Are there documented protocols and procedures for workflow in and out of the reprocessing area (i.e. does the cleaning process flow in one direction from contaminated to clean)?					
5. Do the benchtops in the reprocessing area have smooth work surfaces without crevices to facilitate cleaning? Are they made of non-porous materials such as stainless steel or laminate?					
6. Is there sufficient lighting and magnification to enable inspection of cleaned RMDs?					
7. Is the flooring in the reprocessing area water-impervious and readily cleanable?					
8. Has the practice completed a risk assessment for airflow in the reprocessing area, as outlined in AS5369, that takes account of: • The design of the air-conditioning system (central ducted or split system) • The hours of operation of the air-conditioning system • The location of return air intakes in the reprocessing area in relation to the cleaning area • The presence of exhaust ventilation					
9. Is the direction of airflow in the opposite direction to the movement of RMDs (from 'clean' to 'contaminated')?					
10. Does the reprocessing area meet the ventilation requirement of having at least 10 air changes per hour?					
11. Has an ergonomic assessment of the reprocessing area been undertaken?					
12. Are bench heights and working heights for sterilisers and washer disinfectors suitable for the staff undertaking reprocessing work?					
13. Does the reprocessing area have facilities for hand hygiene, and are these separated from the RMD cleaning area?					
14. Are RMD cleaning sinks deep enough to prevent splashing, and are taps provided with anti-splash devices (aerators) to prevent splashing?					
15. Has the practice determined a suitable protocol for environmental storage conditions of sterile stock, as outlined in AS 5369?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
16. Are storage areas free of dust, insects and vermin and away from cleaning and decontamination areas to avoid contamination?					
17. Is the area for reprocessing and storage of sterile stock designated as restricted access only?					
Pre-cleaning and cleaning					
1. Is gross soil/debris removed from RMDs by suitable pre-cleaning methods, such as wiping them at the chairside using a one-handed method?					
2. Are there protocols for the safe and efficient transport of contaminated RMDs from the clinical area (for example, lidded, puncture proof container)?					
3. Does the change-over protocol identify that unused RMDs (packaged or not) in the contaminated zone during treatment must be reprocessed?					
4. Are RMDs and devices that are contaminated with blood, saliva, cements and other contaminants treated appropriately (if reprocessing is delayed) to prevent these substances drying on them?					
5. Are damaged or rusted RMDs repaired or discarded?					
6. Are reusable burs free of rust and corrosion?					
7. Are non-critical items cleaned according to manufacturer's instructions?					
8. If rotary nickel titanium files are reprocessed, is this using the approved protocol specified in the ADA's Guidelines for Infection Prevention and Control?					
9. Are film-holding and positioning devices cleaned and maintained in accordance with their instructions for use?					
10. Are most RMDs cleaned mechanically (in either an ultrasonic bath or washer-disinfector) rather than by hand?					
11. Are the RMD cleaning products used in the practice registered with the TGA?					
12. Do any manual cleaning techniques that are used avoid spraying liquids into the air and is lukewarm tap water and low foaming detergent used?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
13. Are any wire bur brushes maintained in good condition?					
14. Are cleaning brushes used for manual cleaning washed, rinsed and then stored dry?					
15. Is the lid kept on the ultrasonic cleaner when in use to prevent dispersion of aerosols and droplets of fluids?					
16. Is the water in an ultrasonic cleaner changed when cloudy, and at least daily?					
17. Is the chamber of the ultrasonic cleaner emptied, cleaned and left dry at the end of the day?					
18. After manual or ultrasonic cleaning, are RMDs rinsed thoroughly?					
19. Are there dedicated RMD washing sinks, and are these clearly designated as being part of the contaminated zone of the reprocessing area?					
20. Is there a system in the practice to ensure water quality is appropriate for final rinsing for items cleaned using the ultrasonic cleaner, or manually, and as feedwater to washer disinfectors?					
21. After cleaning, are RMDs checked visually under good lighting/ magnification to ensure all soil/ contaminants are removed?					
22. Are dental handpieces lubricated in a manner that prevents excess lubricant entering the sterilising process?					
23. Is water for final rinsing (including the final rinse cycle of washer disinfectors) of suitable quality, based on the nature of the procedures undertaken?					
24. Is there appropriate maintenance of any local water treatment systems (e.g. water softening, demineralisation, filters, reverse osmosis, distillers, etc)?					

Considerations		Yes	No	N/A	Remediation recommended	Priority
Packaging						
1.	Are all critical items bagged prior to sterilisation and kept stored in a sterile barrier system (I.e. pouches or wrap) until used?					
2.	Are RMD pouches and packages (SBIs) labelled with batch control information (i.e. the date of processing, steriliser identification and cycle number)?					
3.	Are pouches of RMDs appropriately sealed prior to being sterilised (e.g. by using self-sealing pouches, or by heat sealing)?					
4.	Are SBS used (pouches, wraps) compliant with ISO 11607-1 and do pouches have a class 1 indicator included or wrapped items closed with class 1 indicator sterilisation tape?					
Sterilisation						
1.	Are items waiting to be sterilised kept in a dedicated pre-sterilisation area, and not in the chamber of the steam steriliser					
2	Are all steam sterilisers approved by the TGA (i.e. is their brand and make entered onto the Australian Register of Therapeutic Goods)?					
3	Have steam sterilisers been fully commissioned on installation (IQ, OQ, PQ)?					
4	Is there appropriate documentation for the steam sterilisers, including maintenance logs and operating manuals?					
5	Does the clinic produce (or purchase) demineralized/RO (reverse osmosis) water of sufficient quality for use in steam sterilisers					
6	Are all dental handpieces sterilised in accordance with manufacturer instructions?					
7	Are all wrapped loads processed in a steriliser with a drying cycle?					
8	Are steam steriliser chambers correctly loaded and not overcrowded?					
9	Are surgical handpieces wrapped and then sterilised in pre-vacuum B cycles?					
10	If surgical handpieces are wrapped and sterilised in a dedicated S cycle steriliser, is the brand and model of the surgical handpiece validated for this specific purpose?					

Considerations		Yes	No	N/A	Remediation recommended	Priority
11	Does the practice use fully sealed, sterilisable electric motors and sterilise these in accordance with manufacturer instructions?					
12	If the practice uses piezoelectric ultrasonic scalers or piezosurgery handpieces, are these sterilised between patients in accordance with manufacturer instructions, including partial disassembly where relevant?					
13	Are trays, packages and pouches of RMDs, when removed from the steam steriliser, placed on racks for cooling?					
14	Is there a legible and readily accessible steriliser cycle record f or each steam steriliser?					
15	Is this record filled in when the cycle is loaded, and again with additional data on cycle performance at the end of each steriliser cycle?					
16	Does the practice have a policy not permitting overnight sterilising cycles?					
17.	Does the practice have a comprehensive protocol for checking steam sterilised loads prior to release (in line with Table 9.1 of AS 5369)? Does it include all of the elements below that are designed to eliminate the situation in which items are used that have not been sterilised? • Holding items in a separate area following sterilization that is clearly signed until they are released • Checking the sterilisation parameters have been met • Checking the external Class 1 chemical indicators demonstrate exposure to the sterilisation process • Checking any visible internal (Class 4-6) chemical indicators demonstrate exposure to the sterilisation process (time, temperature and steam) • Packages are not damp or wet • Packages are free from breaches in their integrity • Seals are intact • Recording the release in the cycle record book					
18.	Is the chamber of the steam steriliser cleaned regularly (as advised by manufacturer) to remove scale?					

Considerations	Yes	No	N/A	Remediation recommended	Priority
19. If used, do staff know how to use low temperature hydrogen peroxide gas plasma sterilisation (HPGPS) in accordance with manufacturer instructions including: • the need to avoid paper, cotton and porous items with HPGPS • using special packaging materials required (polyethylene and polypropylene) • sealing polyethylene pouches at a low temperature • using special biological indicators for validation of HPGPS • following a comprehensive protocol for checking loads from HPGPS prior to release, which includes the following (in line with Table 9.1 of AS 5369)?					
Storage					
1. Is the inventory of stored sterile stock sufficient for the operation of the clinic?					
2. Has the practice determined a suitable shelf life/expiry date and rotation protocol for sterile stock based on the particular environmental storage considerations for the practice?					
3. Are unpacked/loose semi-critical RMDs stored in a way to prevent contamination prior to use?					
4. Are storage containers for unpacked/loose semi-critical RMDs non-porous and able to be cleaned (i.e. not cardboard containers)?					
5. Are sterilised packages stored away from direct sunlight and in a way to prevent contamination prior to use?					
Testing					
1 Does the water testing protocol for water used in RMD reprocessing cover all the required analyses, and does it use a commercial laboratory that is accredited or certified for the purpose of such testing as appropriate?					
2 Is there a system for recording the results of water testing and repeating this at appropriate intervals?					
3 Are there documented protocols and procedures for all required daily performance tests for ultrasonic cleaners and washer disinfectors?					
4 Is an aluminium foil test (or pencil test, soil test or other approved performance test for an ultrasonic cleaner as described in AS 2773:2019) performed daily and the result recorded?					

Considerations		Yes	No	N/A	Remediation recommended	Priority
5	Are there documented protocols and procedures for all required tests for steam sterilisers?					
6	Is the steam steriliser's performance monitored by tests as stipulated in Table 8.2 AS 5369?					
7	Does the practice have written confirmation from service engineers and technicians who are performing heat distribution studies and validation that they are doing so in accordance with protocols in AS 5369?					
8	Have cycle parameters for wrapped items been verified annually using biological indicators (spore tests) in 3 multiple repeat cycles?					
9	Is calibration of thermocouples undertaken annually, and are records of this available?					
10	Are clinicians and dental assistants trained in how to read and interpret all the different types of chemical indicators used in the facility for the required colour change?					
11	Have the records for Installation Qualification, Operational Qualification and for Performance Qualification been kept, and are these available for review?					
12	For a pre-vacuum steriliser, is a vacuum/ air leak rate test being conducted daily, as per the manufacturer's instructions?					
13	If the steam steriliser has an air detector system and the vacuum/ air leak rate test is being conducted weekly, is the performance of the air detector system being verified periodically?					
14	For S cycle steam sterilisers, where the manufacturer makes a specific process challenge device for the steriliser, is this being used every day that hollow items are being sterilised?					
15	For pre-vacuum steam sterilisers running B cycles, is a daily Bowie-Dick type test (or equivalent B-D emulator) being used to test air removal and steam penetration, immediately after the vacuum/air leak test?					
16	Is the Bowie-Dick type test designed for a small steam steriliser and is it labelled as conforming to ISO 11140 Part 6:2022? Alternatively, if it is a B-D emulator that is of equivalent challenge to the reference porous load, is it labelled as conforming to ISO 11140 Part 4?					
17	When the Bowie-Dick type test is used, is it in an empty chamber, using a special dedicated cycle?					

Considerations		Yes	No	N/A	Remediation recommended	Priority
18	Do staff know how to properly read the results of a Bowie-Dick type test?					
19	For pre-vacuum steam sterilisers running B cycles, where hollow items are being processed (e.g. dental handpieces, suction tips), has the practice conducted a risk assessment to determine whether they should be taking up the option of a relevant process challenge device as a daily test, prior to a live load with hollow items? If a PCD is used in this way, is it labelled as conforming to ISO 11140 Part 6:2022, and is it designed for a small steam steriliser?					
20	Is the PCD being used in line with the manufacturer's instructions including reading and recording the Class 2 chemical indicator strip inside the test, and only using the device for its limited operational life?					
21	If a PCD device is used for batch monitoring (included with a load), does the level of challenge provided by the device match that of the hollow items in load?					
22	Does the practice have protocols for the use of additional chemical indicators (Class 4-6) in packaged items when the sterilisation conditions have not (or not yet) been verified by a full qualification process (such as when a loan steriliser unit is being used or a temporary printer failure occurs)?					
23	Are Class 1 chemical indicators placed in each load if non-packaged items are processed?					
Point of use						
1.	Are critical items, such as dental forceps and elevators, flap retractors and surgical burs, other RMDs used in the placement of implants, and surgical dental handpieces sterile at the time of use?					
2.	Is batch control information recorded into the treatment records for patients having surgical procedures?					
3.	Are bags or pouches of sterile RMDs checked for damage or contamination before the items inside them are used in patient care?					
4.	Are damaged/contaminated packs removed from circulation and considered contaminated and reprocessed					

Notes:

Part 11. Laboratory and transport considerations

Considerations	Yes	No	N/A	Remediation recommended	Priority
1. Are impressions rinsed thoroughly with cold running water, then detergent, then running water to remove saliva and traces of blood?					
2. Are impressions labelled as decontaminated if being transported to an off-site laboratory?					
3. Are dental prostheses, intra and extra-oral appliances thoroughly cleaned before insertion and adjustment?					
4. Are laboratory areas for grinding or cutting plaster and making models physically or spatially segregated from the area for RMD reprocessing?					
5. When polishing appliances that have been worn in the mouth, repaired appliances or relined appliances, is polishing pumice dispensed of after individual use and the pumice tray cleaned after each use?					
6. Are there protocols in place for reducing environmental contamination by implementing decontamination of prostheses and appliances at the chairside, before polishing?					
7. Are appliances, prostheses and impressions transported to and from dental laboratories in a sealed bag or container?					
8. Are biopsy specimens placed in a sturdy, leak-proof container labelled with the biohazard symbol before being transported to the laboratory?					
Notes					

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