AUSTRALIAN DENTAL ASSOCIATION

Self-Assessment Tool for Infection Prevention & Control

Second Edition

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The ADA Self-Assessment Tool for Infection Prevention and Control has been designed to help dental practitioners identify specific issues around infection control within their practice.

Introduction

This second 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 August 2021 4th edition of the ADA's *Guidelines for Infection Prevention and Contro*l by the editor of those Guidelines, Professor Laurie Walsh, and the current version of this tool was updated in November 2022.

Prior to undertaking a self-assessment, it would be helpful to make sure you have the hard copy or electronic version of the 4th Edition of the ADA's *Guidelines for Infection Prevention and Control* (released in 2021) on hand for easy reference. The items in this second edition of the ADA's Self-Assessment Tool for Infection Prevention and Control appear in the same order as they do in the ADA's *Guidelines for Infection Prevention and Control*; hence, 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 *adainc@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 prevented or minimised. The ADA has a comprehensive infection control manual template, that was last updated in late 2022.

Part 1. Documentation and policy

Description	Yes	No	Action Required
1. Do staff have access to a current version (2019) of the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare*? (The document can be downloaded from https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019).			
2. Do staff have access to a copy of the current (4th edition) of the ADA's *Guidelines for Infection Prevention and Control*?			
3. Do staff have access to a copy of the current (2006) version of AS/NZS 4815 *Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment* and/or the current (2019, Amendment 2) version of AS/NZS 4187 *Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, as appropriate to the type of facility?			
4. Does the practice have 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*, AS/NZS 4815 and/or AS/NZS 4187?			
5. Have all staff read the practice's infection control manual and are they familiar with the contents?			
6. Are all dental practitioners aware of their responsibility to develop and implement risk management processes that identify and minimise risk to reduce harm to patients, as specified in item 7.1d of the June 2022 *Dental Board of Australia Code of Conduct*?			
7. Have registered dental practitioners attended recent continuing professional development on infection control in the current CPD cycle, and is there evidence of such?			
8. Are staff aware of their obligation to practise in a safe and hygienic manner?			

Description	Yes	No	Action Required
9. 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 control protocols)?			
10. Are all staff appropriately trained in the infection control measures that they are expected to undertake on a daily basis? Are infection control 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?			
11. Are standard precautions carried out routinely for all patients?			
12. Does the practice have an induction programme which includes infection control procedures of the practice?			
13. Is there a system of reporting, monitoring and rectifying breaches of infection control protocols?			
14. Is compliance with infection control protocols considered in staff performance reviews?			
15. Are all staff aware of what personal protective equipment (PPE) is needed and when and how to use it correctly?			
16. Are all staff aware of what to do in the event of an exposure incident such as a skin penetrating injury with a sharp instrument?			
17. Are staff members aware of situations which may require transmission-based (risk-based) precautions?			
18. Are staff members aware of the particular risks posed by patients with active infections of tuberculosis, measles, chickenpox or respiratory viruses?			
19. Is there an immunisation program 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?			

Description	Yes	No	Action Required
20. Is there a personal vaccination status record kept for each member of staff?			
21. Is there a record of workplace incidents and accidents (including sharps injuries) as required by nationally harmonised WH&S legislation?			
22. Is there an allergy record for each member of the dental staff?			
23. Are all dental practitioners who perform exposure prone procedures aware of their status for blood-borne viruses in line with the requirements of the Dental Board of Australia and the current version of the *Communicable Diseases Network of Australia for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* (December 2018), which requires testing at least every three years?			
24. Have all dental practitioners and dental assistants been immunised successfully against hepatitis B?			

Part 2. Hand hygiene

Description	Yes	No	Action Required
25. Have staff undertaken 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 and the May 2019 edition of the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare*?			
26. Is hand hygiene always undertaken before gloving?			
27. Is hand hygiene performed after shaking hands?			
28. Is hand hygiene always undertaken after removal of gloves?			
29. Is hand hygiene undertaken before the dental practitioner writes/types or handles patient notes?			
30. Is hand hygiene always performed at the start of a clinical session, after toilet breaks, and on leaving the surgery at the end of the day?			
31. Is plain liquid soap available and being used for routine handwashing when the hands are visibly soiled?			
32. Are there appropriate and sufficient sinks for handwashing, with hot and cold running water and disposable paper towels? Is there a designated hand-washing sink in the dental operatory?			
33. Are sinks in the dental operatory fitted with non-touch taps or operated using a non-touch technique?			
34. Is handwashing in the contaminated sinks used for instrument cleaning prohibited?			
35. Is the liquid soap dispenser single use (to avoid the need for refilling), or is there a protocol for refilling which includes cleaning and drying the containers overnight before refilling?			

Description	Yes	No	Action Required
36. Are there protocols for the drying of hands?			
37. Is a suitable alcohol-based hand hygiene product (gel, hand rub, solution or foam) used routinely in situations where hands are not visibly contaminated, in line with the National Hand Hygiene Initiative and the NHMRC protocols?			
38. Is the alcohol-based hand hygiene product approved by the Therapeutic Goods Administration (TGA) for use in clinical settings?			
39. Are there sufficient alcohol-based hand hygiene product dispensers located throughout the clinical areas?			
40. Are the alcohol-based hand hygiene product dispensers located away from contamination by splash and aerosols?			
41. If the practice does surgical procedures, is there a high potency hand gel designed for surgical hand preparation, or is there a surgical handwash available?			

Part 3. Hand care

Description	Yes	No	Action Required
42. Is moisturiser available that is compatible with the alcohol-based hand rub product(s) used in the practice, and is it used on a daily basis?			
43. Are any cuts or open wounds covered with an impermeable waterproof dressing?			
44. Is finger, hand, wrist or nail jewellery removed prior to working in clinical and sterilisation areas?			
45. Are clinical staff aware that artificial fingernails are not permitted?			
46. Are fingernails manicured and kept short?			
47. Are fingernails free of chipped or coloured nail polish?			

Part 4. Personal Protective Equipment (PPE)

Description	Yes	No	Action Required
48. Is suitable personal protective equipment (PPE) worn in the dental operatory?			
49. Is suitable PPE worn in the sterilising room?			
50. Are there sufficient supplies of PPE?			
51. Is PPE removed before leaving the contaminated zone?			

Part 5. Gloves

Description	Yes	No	Action Required
52. Are there protocols and procedures for the safe storage and use of latex/non-latex and sterile/non-sterile gloves?			
53. Are gloves worn whenever there is risk of exposure to blood or saliva?			
54. Are gloves removed and hand hygiene performed before touching any environmental surface without a barrier or before accessing clean supplies or administrative areas?			
55. Are gloves removed, disposed of, and hand hygiene performed as soon as clinical treatment is complete?			
56. Are disposable gloves powder-free?			
57. Are disposable gloves disposed of immediately after use?			
58. Are sterile gloves available if surgical procedures are performed? Are they worn when a sterile field is necessary for procedures such as oral, periodontal or endodontic surgery?			
59. Are boxes of gloves stored away from splatter contamination?			
60. Are gloves worn when cleaning instruments and environmental surfaces?			
61. Are heavy duty utility, puncture-resistant gloves worn for manual instrument cleaning?			
62. Are latex-free gloves available?			
63. Are there sufficient alternative materials for a latex-free protocol to be followed when required?			

Part 6. Masks and Surgical Respirators

Description	Yes	No	Action Required
64. Are there protocols and procedures for the wearing of masks and surgical respirators?			
65. Do staff wear suitable fluid-resistant surgical masks or surgical respirators?			
66. Are masks and surgical respirators changed at appropriate intervals?			
67. Are masks well-adapted to the face and to the bridge of the nose?			
68. Do masks cover both the nose and mouth?			
69. Are masks folded out fully to cover the chin and upper neck?			
70. Are masks removed by touching the strings and loops only?			
71. Are masks and surgical respirators discarded as soon as possible after use?			
72. Are surgical respirators fit checked before use?			

Part 7. Eye protection

Description	Yes	No	Action Required
73. Are there protocols and procedures for the wearing of protective eyewear for clinical staff and patients?			
74. Do all staff members wear 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?			
75. Do dental assistants wear protective eyewear in the sterilising room?			
76. Is the eyewear worn by staff and patients clean and optically clear?			
77. Is the eyewear worn by staff shielded at the sides?			
78. Are patients provided with protective eyewear, and any refusals to wear this when offered documented in the patient notes?			
79. Is reusable protective eyewear for patients cleaned with detergent between appointments?			

Part 8. Protective clothing and footwear

Description	Yes	No	Action Required
80. Is suitable protective clothing worn while treating patients, so that street clothes are protected from contamination at work?			
81. Is this protective clothing free of visible contamination?			
82. Are items of reusable protective clothing changed and laundered at appropriate intervals?			
83. Are disposable and reusable gowns that have been worn in clinic removed before eating, drinking, taking a break or leaving the practice premises? Are disposable gowns disposed of on removal?			
84. Are there suitable areas for storing clothes and changing clothing?			
85. Are uniforms clean and in good condition?			
86. Do clinicians and dental assistants wear enclosed footwear that will protect them from injury or contact with sharp objects (e.g. accidentally dropped sharps or spilt chemicals)?			

Part 9. Surgical procedures and aseptic technique

Description	Yes	No	Action Required
87. Are sterile gloves used during the surgical removal of teeth or lesions, for periodontal surgery, during procedures involving incision into mucosal soft tissues, when undertaking surgical penetration of bone or elevation of a mucoperiosteal flap, surgical endodontics, or placing dental implants?			
88. For oral surgical procedures that involve entry into sterile tissue, is hair clean, tied back and covered, and beards covered?			

Part 10. Management of sharps

Description	Yes	No	Action Required
89. Are there documented protocols and procedures for the safe handling and disposal of sharps?			
90. Are sharp instruments handled and used with care, and techniques employed to minimise the risk of penetrating injuries?			
91. Are staff aware that they should not pass sharp instruments such as scalpels and scalers to each other?			
92. Are sharp single use items appropriately disposed of by the person who used them (i.e. the practitioner) into an approved sharps container?			
93. 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?			
94. Are sharps containers sealed off for disposal once their contents have reached the marked fill line or ¾ full?			
95. Are filled sharps containers collected by licensed medical waste contractors for disposal?			
96. If not disposed of immediately, are sharp items carried from the surgery to the sterilising area in a suitable lidded, puncture-resistant container?			
97. Are dental assistants trained to check that sharps such as burs and orthodontic wires have been removed before commencing the changeover procedure?			
98. Are burs and powered scaler tips removed from handpieces by the person who used them (i.e. the practitioner) before commencing the changeover procedure?			
99. Is needle re-capping not performed, or is a safe system for needle recapping used?			
100. Is there a protocol for the appropriate action to take in the event of an exposure incident such as a sharps injury or splash exposure?			

Description	Yes	No	Action Required
101. Is there a designated medical practitioner for following up sharps injuries sustained in the dental practice, and ordering the required serological tests from injured staff and the source patients? (Staff may use their own GP for such purposes)			
102. Are glass anaesthetic cartridges disposed of into the sharps waste?			

Part 11. Management of clinical waste

Description	Yes	No	Action Required
103. Is there appropriate segregation of waste into streams?			
104. Are there documented protocols and procedures for the disposal of general waste, and for medical and related waste, that comply with relevant legislation (including local council and State or Territory EPA regulations)?			
105. Is clinical waste held in leak-proof, thick yellow bags labelled with the biohazard symbol?			
106. Are standard precautions (gloves, mask, protective eyewear) used when handling clinical waste bags and containers?			
107. Are clinical waste bins and sharps containers stored securely before collection?			
108. Is clinical waste removed by licensed medical waste contractor?			
109. Is amalgam waste managed appropriately?			

Part 12. Environmental cleaning

Description	Yes	No	Action Required
110. Are there established protocols and structured procedures for cleaning the surfaces within the patient treatment area between patients, and for high patient touch surfaces in the waiting room on a regular basis?			
111. For items of equipment in the clinical area, are there protocols and procedures in line with manufacturer instructions that ensure they are being maintained in a safe and appropriate manner and address surface management of equipment that is touched during clinical procedures?			
112. Are work areas well-lit and well-ventilated, with sufficient uncluttered and easily cleaned bench space to accommodate necessary equipment?			
113. Do the dental operatory and the instrument reprocessing rooms have clearly defined clean and contaminated zones?			
114. Is the workflow for instruments and materials from the clean to the contaminated zone?			
115. Do dental chairside assistants put on new gloves for cleaning working surfaces during the changeover between patients?			
116. Are floor coverings in the dental operatory non-slip and impervious with sealed joints?			
117. Are office and common room areas for dental staff separate from patient treatment areas and the dental laboratory?			
118. Is the meals/lunchroom area compliant with work health and safety requirements (adequate space and seating for the maximum number of staff likely to use the room at one time; and appropriate facilities for washing and storing utensils, boiling water and storing food)?			
119. Is the meals/lunchroom area maintained in a hygienic and serviceable condition, and suitably separated from the contaminated zones of the dental practice?			
120. Is lunchroom crockery washed in a separate sink from the handwash sinks or instrument wash basins?			

Description	Yes	No	Action Required
121. Are refrigerators used to store dental materials, sealed clinical specimens or medical products free of food and personal items?			
122. Are benchtops maintained in a clean and hygienic condition?			
123. Are bench tops outside the contaminated zone cleaned at least weekly using detergent and water?			
124. Is there a schedule for periodic cleaning of hard surfaces including floors and window sills?			
125. Is damp dusting used in clinical areas to avoid dispersal of dust and bacteria into the air?			
126. Are reusable mops and cloths cleaned after use and allowed to dry before reuse?			
127. Are disinfectant products used in the practice for managing surfaces TGA approved, and is their use consistent with the label instructions?			
128. Are the safety data sheets for disinfectant products available for staff to access readily?			
129. Are staff members trained and familiar with the appropriate PPE for use with disinfectant products used in the practice?			

Part 13. Treatment areas

Description	Yes	No	Action Required
130. Are there protocols and procedures for the removal of contaminated instruments from the clinical area at the end of an appointment?			
131. Are working surfaces in the contaminated zone cleaned after every patient by wiping the surface with appropriate product based on neutral detergent? 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?			
132. Are standard precautions (including wearing of PPE) applied when cleaning environmental surfaces in treatment areas?			
133. If neutral detergent solutions are prepared on site, are containers of prepared neutral detergent emptied, washed and dried overnight prior to refilling for subsequent use?			
134. Are there documented protocols for the methods and frequency of cleaning surfaces of dental chairs and dental equipment in the operatory?			
135. Are clinical contact surfaces in the contaminated zone that are not barrier protected cleaned after each patient, and using methods and products stipulated by the manufacturer?			
136. Are sinks and wash basins cleaned at least daily?			
137. Are spittoons cleaned after each patient by wiping with a product based on a detergent?			
138. 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?			
139. Is high volume aspiration used for periodontal procedures not done under rubber dam?			
140. Are any instruments placed into the contaminated zone for a treatment session but not used during that session regarded as contaminated and reprocessed?			

Description	Yes	No	Action Required
141. Are bulk supplies such as opened boxes of gloves, cotton rolls or gauze stored outside the contaminated zone and protected from contamination from splashes and aerosols?			
142. For equipment that is difficult to clean, is a disposable surface barrier used, as stipulated by the manufacturer?			
143. Are surface barriers disposed of after each patient treatment, and a new barrier placed?			
144. Do staff keep personal effects out of clinical areas where cross-contamination is likely to occur?			
145. Are materials pre-dispensed from bulk supplies in drawers or cupboards in an aseptic manner for each procedure? Is retrieval of additional instruments and materials during a patient treatment done in a way that does not contaminate the clean zone?			
146. Are transfer tweezers only handled with clean hands or clean gloves?			
147. Are cartridges of local anaesthetic stored appropriately to prevent their environmental contamination?			
148. Are containers of medicaments, including topical anaesthetic tubes or jars and endodontic medicaments, kept free of environmental contamination?			
149. Are the surface cleaning products used in the practice registered with the TGA (i.e. listed on the Australian Register of Therapeutic Goods) where appropriate?			
150. Are there safety sheets available for the cleaning products used in the practice, and have staff and understood these, including the requirements for wearing PPE?			

Part 14. Waterlines and water quality

Description	Yes	No	Action Required
151. Are there protocols and procedures for dental unit waterline management?			
152. Are the manufacturer's directions for appropriate methods to maintain the recommended quality of dental water being followed?			
153. Are there water treatments to minimize biofilm levels in dental equipment waterlines? Are these being done in line with the product manufacturer's instructions?			
154. Is there periodic testing of levels of bacteria in water from dental units?			
155. Are levels of bacteria in water from dental units below the threshold of 200 CFU/mL?			
156. Are lines flushed after each patient use?			
157. Are waterlines flushed at the start of the day?			
158. Are sterile irrigants such as sterile saline used for surgical procedures?			
159. Is water for sterilisers and the rinse cycle of washer disinfectors treated appropriately (demineralised, reverse osmosis, deionised or distilled) to remove ions and inorganic components?			
160. Are there protocols and procedures for flushing and cleaning the dental suction system?			

Part 15. Single-use items

Description	Yes	No	Action Required
161. Are there documented protocols for the disposal of single-use items?			
162. Are all single 'one patient' use items disposed of immediately after use and not reused?			
163. Are stainless steel hand endodontic files, reamers and broaches disposed of immediately after use and not reused?			
164. Are partially used cartridges of dental local anaesthetic solution discarded after use in a way that conforms with jurisdictional regulations for pharmaceutical waste?			
165. Are suture needles and scalpel blades disposed of into an approved sharps container?			
166. Are reusable burs free of rust and corrosion?			

Part 16. Sterilising room

Description	Yes	No	Action Required
167. Are instruments classified according to the Spaulding classification system (critical, semi-critical and non-critical), and reprocessed in line with current reprocessing standards (AS/NZS 4815 or ASNZS 4187)?			
168. Are instruments used intra-orally appropriately disposed of, or cleaned and re-sterilised after each patient?			
169. Are contaminated instruments carried to the sterilising area in a cassette or in a lidded puncture proof container that minimises handling and prevents the potential for a penetrating injury if the container is dropped?			
170. Are critical items, such as dental forceps and elevators, flap retractors and surgical burs, instruments used in the placement of implants, and surgical dental handpieces sterile at the time of use?			
171. Are critical items bagged prior to sterilisation and kept stored in a sterile barrier system (i.e. pouches or wrap) until used?			
172. Are pouches of instruments appropriately sealed prior to being sterilised (e.g. by using self-sealing pouches, or by heat sealing)?			
173. Are bags or pouches of sterile instruments checked for damage or contamination before the instruments inside them are used in patient care?			
174. Is batch control identification used for all critical instruments?			
175. Are semi-critical instruments stored in a way to prevent contamination prior to use?			
176. Are the storage containers for semi-critical instruments non-porous and able to be cleaned (i.e. not cardboard containers)?			
177. Are non-critical items cleaned according to manufacturer's instructions?			
178. Are the instrument cleaning products used in the practice registered with the TGA where appropriate?			

Description	Yes	No	Action Required
179. Are there safety data sheets available for the instrument cleaning products used in the practice, and have these been read and understood, including the requirements for correct PPE?			
180. Is the part of the facility used for instrument reprocessing appropriate in layout and size for the volume of instruments being reprocessed? Is instrument reprocessing being undertaken in a dedicated room or segregated space that is clearly demarcated as being for that purpose, and is separate from the treatment rooms or well clear of the contaminated zone?			
181. Are there distinct areas for cleaning and decontamination, preparation and packaging, sterilisation, and drying?			
182. Are there documented protocols and procedures for work flow in and out of the instrument reprocessing area (i.e. does the cleaning process flow in one direction from contaminated to clean)?			
183. Are contaminated areas and instrument washing sinks clearly designated?			
184. Are storage areas away from cleaning and decontamination areas to avoid contamination?			
185. Is there sufficient lighting and magnification to enable inspection of cleaned instruments?			
186. Is there sufficient ventilation?			
187. Is the flooring water-impervious and readily cleanable?			
188. Do the benchtops have smooth work surfaces without crevices to facilitate cleaning? Are they made of non-porous materials such as stainless steel or laminate?			
189. Do any manual cleaning techniques that are used avoid spraying liquids into the air?			

Description	Yes	No	Action Required
190. Are sinks deep enough to prevent splashing, and are taps provided with anti-splash devices (aerators) to prevent splashing?			
191. If hand cleaning is done, is lukewarm tap water and low foaming detergent used?			
192. Are there sufficient drawers, cupboards and shelves to keep work benches as clutter-free as possible? Are there suitable areas for storage of general items such as labelling guns, logbooks, cleaning agents and sterile barrier systems?			
193. Are trays, packages and pouches of instruments, when removed from the steam steriliser, placed on racks for cooling?			
194. Are dental instruments and devices that are contaminated with blood, saliva, cements and other contaminants treated appropriately to prevent these substances drying on them?			
195. Is gross soil removed from instruments by wiping them at the chairside using a one-handed method?			
196. Have clinical support staff who clean and reprocess instruments been given formal training in the relevant procedures in the sterilising room?			
197. Is the lid kept on the ultrasonic cleaner when in use to prevent dispersion of aerosols and droplets of fluids?			
198. Are non-surgical and surgical instruments (other than handpieces and other specialised items) cleaned mechanically (in either an ultrasonic bath or instrument washer/disinfector) rather than by hand?			
199. After cleaning, are instruments checked visually under good lighting/magnification to ensure all soil/ contaminants are removed?			
200. Are damaged or rusted instruments repaired or discarded?			
201. Are instruments with visible residue soil/ contamination quarantined for re-cleaning?			

Description	Yes	No	Action Required
202. Are wire bur brushes maintained in good condition?			
203. After manual or ultrasonic cleaning, are instruments rinsed thoroughly?			
204. Are cleaning brushes used for manual cleaning washed, rinsed and then stored dry?			
205. Is the chamber of the ultrasonic cleaner emptied, cleaned and left dry at the end of the day?			
206. Is the water in an ultrasonic cleaner changed when cloudy, and at least daily?			
207. Are there documented protocols and procedures for all required performance tests for ultrasonic cleaners and washer disinfectors?			
208. Is an aluminium foil test (or another approved performance test for an ultrasonic cleaner as described in AS 2773:2019) performed daily and the result recorded?			
209. Are instruments pouches or packages labelled with the date of processing, steriliser identification and a batch code?			
210. Is batch number information recorded into the treatment records for patients having surgical procedures?			
211. Are dental handpieces processed using a pre-vacuum cycle in the steam steriliser, or using a specified (S) cycle in line with the manufacturer's instructions?			
212. Are all wrapped loads processed in a steriliser with a drying cycle?			

Part 17. Steam sterilisers

Description	Yes	No	Action Required
213. Are there documented protocols and procedures for all required tests for steam sterilisers?			
214. Is there a steriliser cycle record book for each steam steriliser?			
215. Is this record book filled in when the cycle is loaded, and again with additional data on cycle performance at the end of each steriliser cycle?			
216. Are all steam sterilisers approved by the TGA (i.e. is their brand and make entered onto the Australian Register of Therapeutic Goods)?			
217. Have steam sterilisers been commissioned on installation?			
218. Is there appropriate documentation for the steam sterilisers, including maintenance logs and operating manuals?			
219. Have the records for Installation Qualification, Operational Qualification and for Performance Qualification been kept, and are these available for review?			
220. Is calibration of thermocouples undertaken annually, and are records of this available?			
221. Is the steam steriliser's performance monitored by daily and weekly tests as stipulated in the current reprocessing standards (AS/NZS 4815 and 4187)?			
222. Have staff working in the sterilising room been trained in the correct operation of the steam steriliser?			
223. Is the steam steriliser being used according to the manufacturer's instructions (particularly for the content of any specified S class cycles)?			
224. For a pre-vacuum steriliser, is a leak rate test being conducted regularly (daily or weekly as per the manufacturer's instructions)?			

Description	Yes	No	Action Required
225. For a pre-vacuum steriliser, is an approved (EN867.5) relevant air removal test conducted daily (e.g. Bowie Dick test or Helix test)? (e.g. Helix PCD used daily to verify pre-vacuum cycles used to process cannulated (hollow) loads using class B cycles)			
226. Are air removal tests being loaded into the chamber in line with manufacturer instructions? (e.g. empty chamber)			
227. Are steam steriliser trays correctly loaded and not overcrowded?			
228. Are items waiting to be sterilised kept in a dedicated pre-sterilisation area, and not in the chamber of the steam steriliser?			
229. Are Class 1 chemical indicators placed in each load if non-bagged items are processed?			
230. Are Class 1 chemical indicators included on the outside of each pouch or wrapped package?			
231. 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?			
232. Are steriliser logs and printouts (or data) retained?			
233. Are bags and their contents checked for dryness, intact seals and intact packaging before being transferred to storage areas? Are damaged/contaminated packs removed from circulation and considered contaminated and reprocessed?			
234. Have cycle parameters for wrapped items been verified annually using biological indicators (spore tests) in 3 multiple repeat cycles?			
235. Where instruments are intended to be sterile at point of use, and full verification of cycle parameters has not yet been undertaken, are internal multi-parameter time and temperature chemical indicators (Class 4-6) used within each package?			

Description	Yes	No	Action Required
236. Is the chamber of the steam steriliser cleaned regularly to remove scale?			
237. Are storage areas for sterilised instruments in packs free of dust, insects and vermin?			
238. For open shelving, are storage areas for sterilised instruments at least 250 mm off the floor, separated from ceiling fixtures by at least 400 mm, and protected from open windows and direct sunlight?			
239. Are the drawers or sealed containers used to store sterile wrapped items clean?			
240. Is the area used to store sterile packs sufficiently large and accessible?			
241. Are there complete sterilisation records including maintenance records, performance tests on the sterilising equipment (such as spore tests, air leakage and air removal tests), records of validation, and daily steriliser cycle records?			

Part 18. Infection control manual

Description	Yes	No	Action Required
242. Does the practice's infection control manual include information about and specifications for: • 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 • 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 latex allergy in dental patients and dental staff.			

Part 19. Dental radiology and photography

Description	Yes	No	Action Required
243. Are gloves worn when handling contaminated film packets or imaging sensors?			
244. Are film-holding and positioning devices cleaned and then either heat-sterilised or barrier protected before use on subsequent patients?			
245. Is radiography equipment (e.g. radiograph tube head and control panel) which has become contaminated cleaned after each patient use, or is a barrier used and replaced?			

Part 20. Laboratory work and impressions

Description	Yes	No	Action Required
246. Are impressions rinsed thoroughly with cold running water, then detergent, then running water to remove saliva and traces of blood?			
247. Are impressions labelled as decontaminated if being transported to an off-site laboratory?			
248. Are dental prostheses, intra and extra-oral appliances thoroughly cleaned before insertion and adjustment?			
249. Are laboratory areas for grinding or cutting plaster and making models separated from the area for instrument sterilisation?			
250. 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?			
251. Are there protocols in place for disinfecting polishing buff wheels?			
252. Are appliances, prostheses and impressions transported to and from dental laboratories in a sealed bag or container?			

Part 21. Handpieces

Description	Yes	No	Action Required
253. Are dental handpieces cleaned and lubricated in accordance with the manufacturer's instructions?			
254. Are dental handpieces sterilised between patients?			
255. Are ultrasonic scaler handpieces or scaler inserts sterilised between patients, in line with manufacturer instructions?			
256. Are ultrasonic scaler tips packaged so they are sterile at the point of use?			

Part 22. Specimens

Description	Yes	No	Action Required
257. Are biopsy specimens placed in a sturdy, leak-proof container labelled with the biohazard symbol?			
258. Are gloves worn when handling pathology specimens and specimen containers?			

Part 23. Endodontics

Description	Yes	No	Action Required
259. Are sodium hypochlorite endodontic irrigants listed on the ARTG for clinical use in dentistry?			
260. Are gutta percha points disinfected by a short period of immersion in a sodium hypochlorite solution of appropriate strength before use in canal obturation?			
261. If rotary nickel titanium files are reprocessed, is this using the approved protocol specified in the ADA's *Guidelines for Infection Prevention and Control*?			