

IPAC CHECKLIST FOR DENTAL PRACTICE

Core Elements

When to use this checklist?

This infection prevention and control (IPAC) checklist:

- helps guide public health units (PHUs) and regulatory colleges in conducting inspections/assessments/investigations related to infection prevention and control (IPAC) practices.
- supports dental practices in examining, evaluating (e.g., self-assessment) and comparing their current IPAC practices using provincial recommendations.
- does not replace legislative requirements.

Public Health Ontario (PHO) has developed this checklist for IPAC Core Elements in Dental Practice in collaboration with the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Dental Hygienists of Ontario (CDHO), and the Ministry of Health and Long-Term Care (MOHLTC).

The content of this checklist is based on the Provincial Infectious Disease Advisory Committee's (PIDAC) [Infection Prevention and Control for Clinical Office Practice, June 2013](#) and consolidates legislation, published standards and recommendations from government, agencies, regulatory bodies and professional associations, as relevant to the dental context.

For more information about this IPAC Checklist, please contact ipac@oahpp.ca.

Legend

■ **Legislated Requirement (LR):** Must be compliant with the relevant Act or regulation (e.g., *Occupational Health and Safety Act*).

■ **High Risk (H):** Immediate health hazard exists. Correct the specific high risk activity/activities immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury.

■ **Medium Risk (M):** Correct the medium risk activity/activities. Timelines for compliance or agreement on alternate process to be determined during the inspection.

■ **Inform and Educate (IE):** Provide information on best practices and mandatory legislated practice requirements (where applicable). Just-in-time education may be provided.

These categorizations represent the minimum risk level. Based on judgment and circumstance, public health units or any others using the IPAC checklist may increase the risk category.

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Setting name:

Setting address:

Self-Assessment

Inspection

Date:

Time:

Name(s) and designation of Inspector/Investigator/Assessor:

Setting contact name(s) and phone number(s):

1. Reception/Waiting area

1	Reception/Waiting area	LR	R	C	NC	NA NR
1.1	<p>There is appropriate IPAC signage at the entrance of the setting, and at the reception desk.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the sections on Routine Practices, Booking, Reception and Placement, and Additional Precautions. ➤ Additional Resources: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			
1.2	<p>There is a process for managing patients/clients with symptoms of communicable disease(s) (e.g., acute respiratory infection) to prevent transmission to others.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Routine Practices, Booking, Reception and Placement. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

1	Reception/Waiting area	LR	R	C	NC	NA NR
1.3	Alcohol-based hand rub (ABHR) at 70-90% and masks are available at reception and in the waiting area with signage for appropriate use. <ul style="list-style-type: none"> ➤ Resource: Refer to the sections on Routine Practices, Hand Hygiene Products. 		M			
1.4	Tissue boxes are available. <ul style="list-style-type: none"> ➤ Resource: Refer to the sections on Booking, Reception, and Placement, Respiratory Etiquette and Appendix E for a sample sign for reception areas, Cover Your Cough. 		IE			
1.5	Furniture, items, and touch surfaces are clean. Toys, if available, are cleanable. <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment. 		IE			

Section 1 - Notes and recommendations:

2. General environmental cleaning including products

2	General environmental cleaning including products	LR	R	C	NC	NA NR
2.1	<p>Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment. ➤ Additional Resource: PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Surfaces in Health Care Settings and Finishes in Health Care Settings (Walls, Flooring). 		IE			
2.2	<p>There is a written procedure for immediate containment, cleaning, and disinfection of spills of blood and body fluids.</p> <ul style="list-style-type: none"> ➤ Resource: 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 and Body Fluid Spill. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			
2.3	<p>There are procedures for cleaning each area of the setting; if cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the setting.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning. ➤ Additional Resource: PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Contracted Services. 		IE			

2	General environmental cleaning including products	LR	R	C	NC	NA NR
2.4	<p>Chemical products used for environmental cleaning are:</p> <ul style="list-style-type: none"> • Licensed for use in Canada; • Prepared and used according to manufacturer’s instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life and storage conditions • Labelled with expiry date • Stored in a manner that reduces the risk of contamination <p>➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See Section on Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment, Cleaning Agents and Disinfectants.</p> <p>➤ Additional Resources: Refer to the Drug Product Database online query site for more information on chemical products.</p> <p>➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018</p>		M			
2.5	<p>Routine cleaning and disinfection of high touch surfaces is done at least daily in the reception, waiting rooms, and hallway spaces.</p> <p>➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning.</p>		M			
2.6	<p>Spills of blood and body fluids are contained and cleaned and area is disinfected immediately.</p> <p>➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Cleaning Spills of Blood and Body Substances.</p> <p>➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p>		H			

Section 2 - Notes and recommendations:

3. Environmental cleaning in the dental care environment where care is provided

3	Environmental cleaning in the dental care environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.1	<p>Surfaces/items that come into direct contact with the spray or spatter of patient’s/client’s body fluids (e.g., saliva or blood) are cleaned and disinfected between patients/clients.</p> <ul style="list-style-type: none"> ➤ Resource: 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: RCDSO Standard of Practice - Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario - Infection Prevention and Control (IPAC) Guidelines, December 2018. 		H			
3.2	<p>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 are changed between patients/clients.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, General Principles of Environmental Cleaning. ➤ Additional Resources: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Cleaning Agents and Disinfectants - Using Disinfectants. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

3	Environmental cleaning in the dental care environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.3	<p>Barriers are used on high-touch surfaces that are difficult to clean and disinfect. Suitable barriers are moisture-proof, such as plastic bags or plastic sheets.</p> <p>Consideration is given to using barriers on:</p> <ul style="list-style-type: none"> • exposure button on radiography equipment • switches of low- and high-volume suctions • buttons of air/water syringe • computer keyboards, mouse and monitor screen • headrest • overhead light handle and switches • radiography equipment and digital sensors • intraoral cameras <p>Using appropriate PPE, barriers are changed between clients. Areas covered by barriers are disinfected and allowed to dry completely prior to placing a new barrier, as these areas may become contaminated during treatment.</p> <ul style="list-style-type: none"> ➤ Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018 ➤ Additional Resources: Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning between Patients. ➤ Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Cleaning and disinfection Practices for All Health Care Settings, Routine Health Care Cleaning and disinfection Practices, Cleaning Methods, Electronic Equipment. 		M			
3.4	<p>Clean dental/medical supplies or equipment are not stored under sinks or on counters adjacent to sinks.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the sections on Routine Practices, Hand Hygiene, and Hand Washing Sinks. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

3	Environmental cleaning in the dental care environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.5	<p>Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, Waste and Sharps. ➤ Additional Resources: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. ➤ Transportation of Dangerous Goods Act and Regulations ➤ Guideline C-4: The management of biomedical waste in Ontario ➤ CAN/CSA – Z317.10-09. Handling of waste materials in health care facilities and veterinary health care facilities 2014. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018 ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 	LR	H			
3.6	<p>Laundry is handled at the point of use in a manner that prevents contamination.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Laundry and Bedding. 		IE			

Section 3 - Notes and recommendations:

4. Hand hygiene

4	Hand hygiene	LR	R	C	NC	NA NR
4.1	<p>Hand hygiene is based on the Four Moments For Hand Hygiene.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to Just Clean Your Hands (JCYH). ➤ Additional Resource: PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. 		IE			
4.2	<p>ABHR or liquid soap and water, if hands are visibly soiled, is available and accessible at point of care.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Routine Practices, Hand Hygiene, and Hand Hygiene Products. ➤ Additional Resources: Refer to: PIDAC 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. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		H			
4.3	<p>Impediments to effective hand hygiene are avoided (e.g., no artificial nails, nail enhancements, and hand or arm jewelry).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to section on Hand Hygiene. ➤ Additional Resources: Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Section on Best Practices, Impediments to Effective Hand Hygiene. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		IE			
4.4	<p>ABHR and liquid soap containers are labelled and not refilled or topped up.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC 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. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

Section 4 - Notes and recommendations:

5. Personal protective equipment (PPE)

5	Personal protective equipment (PPE)	LR	R	C	NC	NA NR
5.1	<p>PPE, such as gown, gloves, mask, and eye protection, is available.</p> <ul style="list-style-type: none"> ➤ Resource: 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). ➤ Additional Resource: Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.25 	LR	M			
5.2	<p>PPE, such as gown, gloves, mask, and eye protection, is selected based on risk assessment (i.e., may be handling blood and/or body fluids).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Routine Practices - Personal Protective Equipment (PPE). ➤ Additional Resources: Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.28 ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018 ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018 	LR	M			

5	Personal protective equipment (PPE)	LR	R	C	NC	NA NR
5.3	Sterile gloves and gown, as well as, mask, eye protection and hair cover are worn for invasive/surgical procedures. <ul style="list-style-type: none"> ➤ Resource: Operating Room Nurses Association of Canada (ORNAC) - The ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nurses, 13th ed. (2017) ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			

Section 5 - Notes and recommendations:

Note: If any reusable critical or semi-critical dental or medical equipment/devices are being reprocessed in the setting, complete the [IPAC Checklist for Dental Practice: Reprocessing of Dental/Medical Equipment/Devices.](#)

6. Reprocessing of dental/medical equipment/devices used to provide patient/client care

6	Reprocessing of dental/medical equipment/devices used to provide patient/client care	LR	R	C	NC	NA NR
6.1	<p>Non-critical items (e.g., radiograph head / cone, blood pressure cuff, face bow, pulse oximeter) are cleaned and low-level disinfected between uses.</p> <ul style="list-style-type: none"> ➤ Resource: For 6.1 and 6.2, refer to the section on Reprocessing of Medical Equipment ➤ Additional Resources: Refer to PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings (May 2013). See Appendix B: Reprocessing Decision Chart. ➤ CAN/CSA Group – Z314-18 Canadian medical device reprocessing. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
6.2	<p>Semicritical items (e.g., mouth mirrors, amalgam condensers, reusable impression trays and handpieces) that come into contact with mucous membranes and critical equipment/devices (e.g., all surgical instruments, periodontal scalers, and ultrasonic scaler tips) are cleaned and sterilized, as per the MIFU.</p> <p>All critical and semi-critical instruments used in dentistry, including handpieces, are available in heat-tolerant and/or single-use (disposable) forms. All heat-tolerant reusable critical and semi-critical instruments are heat-sterilized between uses.</p> <p>All single-use items are disposed of following use.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the IPAC Checklist for Dental Practice Settings: Reprocessing of Dental/Medical Equipment/Devices. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		H			

Section 6 - Notes and recommendations:

7. Dental unit waterlines and water quality

7	Dental unit waterlines and water quality	LR	R	C	NC	NA NR
7.1	<p>Staff have received training regarding water quality, biofilm formation, water treatment methods and appropriate maintenance protocols for water delivery system.</p> <ul style="list-style-type: none"> ➤ Resource: Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report - Guidelines for Infection Control in Dental Health-Care Settings — 2003. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. ➤ Ministry of the Environment, Conservation and Parks -A guide for operators and owners of drinking water systems that serve designated facilities. 		M			
7.2	<p>Waterlines are monitored for damage and/or visible contamination and replaced as needed or as directed by the manufacturer.</p> <p>Note: Signs that may indicate biofilm formation include musty odour, cloudiness or particulates in the water, and clogging of lines.</p> <ul style="list-style-type: none"> ➤ Resource: U.S. Food & Drug Administration - Dental Unit Waterlines 		M			

7	Dental unit waterlines and water quality	LR	R	C	NC	NA NR
7.3	<p>Waterline heaters are not used.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
7.4	<p>All waterlines are purged at the beginning of each workday by flushing them thoroughly with water for at least two minutes. Before purging is carried out, handpieces, air/water syringe tips and ultrasonic tips are removed from the waterlines.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
7.5	<p>Handpieces using water coolant are run for a minimum of 20 seconds after patient/client care in order to purge all potentially contaminated air and water. 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.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
7.6	<p>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.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			

7	Dental unit waterlines and water quality	LR	R	C	NC	NA NR
7.7	<p>For offices using closed or other water delivery systems: The MIFU related to dental units and equipment are followed for daily and weekly maintenance.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
7.8	<p>MIFUs regarding testing, maintenance and preventative maintenance of lines, anti-retraction valves and other accessories are followed.</p> <ul style="list-style-type: none"> ➤ Resource: Morbidity and Mortality Weekly Report – Guidelines for Infection Control in Dental Health-Care Settings (2003) ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

Section 7 - Notes and recommendations:

8. Dental handpieces and other intraoral devices

8	Dental handpieces and other intraoral devices	LR	R	C	NC	NA NR
8.1	<p>Devices that contact mucous membranes and 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, and air/water syringe tips are activated to discharge air and water for a minimum of 20 seconds after each patient/client use.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
8.2	<p>Multiple-use dispensers/dental syringes used for the delivery of various dental products (e.g., sealants, etching, bonding and filling materials) that become contaminated with blood or saliva are disposed of to prevent the risk of cross-contamination to patients/clients. The syringe tip is a single use device and is discarded in the sharps container after each patient.</p> <p>Note: Techniques to reduce the risk of cross-contamination include:</p> <ul style="list-style-type: none"> • Avoiding contact of the reusable parts (e.g., the body of the multiple-use dental dispenser) with the patient’s mouth by dispensing product in a dappen dish or similar dispensing/mixing well designed for this purpose. Alternatively, the product could be dispensed on a single-use mixing pad. • Use of new, uncontaminated gloves when handling multiple-use dental dispensers. • Application of disposable barrier sleeves/wraps over multiple-use dental dispensers before use with each patient. <ul style="list-style-type: none"> ➤ Resource: U.S. Food & Drug Administration – Multiple - Use Dental Dispenser Devices. 		M			

Section 8 - Notes and recommendations:

9. Suction lines

9	Suction lines	LR	R	C	NC	NA NR
9.1	<p>Suction lines are purged between patients/clients by aspirating water or an appropriate cleaning solution with air to produce turbulent flow in the lines.</p> <ul style="list-style-type: none"> ➤ Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
9.2	<p>Suction lines are flushed out with an enzymatic cleaner or appropriate cleaning solution at least once per week or as per MIFU.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

Section 9 - Notes and recommendations:

10. Medication room/area (applicable to practices with sedation and/or anesthesia)

10	Medication room/area (applicable to practices with sedation and/or anesthesia)	LR	R	C	NC	NA NR
10.1	<p>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).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Hand Hygiene, Hand Washing Sinks. ➤ Additional Resources: PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Hand Hygiene, Alcohol-based Hand Rub (ABHR). ➤ PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See section on Hand Hygiene Considerations in Facility Design. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
10.2	<p>Medications are stored and prepared in a clean area on a clean surface that is separate from other areas.</p> <ul style="list-style-type: none"> ➤ Resource: For 7.2-7.4, refer to the sections on Medications and Skin Antisepsis, Refrigerators and Appendix H: Checklist for Safe Medication Practices, Control of the Environment – Clinical Office Design/Renovations. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
10.3	There is a dedicated medication refrigerator, as needed (e.g., succinylcholine).		M			
10.4	Food is not stored with medication.		M			

Section 10 - Notes and recommendations:

11. Injectable medication vials or solutions

11	Injectable medication vials or solutions	LR	R	C	NC	NA NR
11.1	<p>Single-dose injectable medications are prepared at the time of use, used once on a single patient/client and discarded immediately.</p> <ul style="list-style-type: none"> ➤ Resource: For 8.1-8.5, refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		H			
11.2	<p>Rubber stoppers (diaphragm/septum) of vials are scrubbed with 70% alcohol and stopper is allowed to dry prior to entry into vial.</p> <ul style="list-style-type: none"> ➤ Additional Resource: Refer to PHO’s Updated guidance on the use of multidose vials. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
11.3	<p>Product monograph is followed and referred to for further clarification regarding correct storage (e.g., refrigeration, keep away from light), handling, preparation, expiry date, and directions for administration.</p>		M			
11.4	<p>Unopened vials and other products are discarded according to the manufacturer’s recommended expiration dates.</p>		M			
11.5	<p>Leftover contents of vials, single-dose or multidose, are never pooled.</p>		H			

Section 11 - Notes and recommendations:

12. Multidose vials

12	Multidose vials	LR	R	C	NC	NA NR
12.1	<p>Multidose vials are replaced with single dose vials wherever possible.</p> <ul style="list-style-type: none"> ➤ Resource: For 9.1–9.9, refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices. ➤ Additional Resources: Updated guidance on the use of multidose vials. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			
12.2	If a multidose vial is used, it is used for a single patient/client whenever possible and labelled with the patient's/client's name.		M			
12.3	The multidose vial is labelled with the date it was first used, and discarded according to the MIFU or within 28 days, whichever is shorter.		M			
12.4	All needles are single use only.		H			
12.5	All syringes are single use only.		H			
12.6	Multidose vials are never entered with a used needle or used syringe.		H			
12.7	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.		H			
12.8	Multidose vials are discarded immediately if sterility is compromised or questioned.		H			

Section 12 - Notes and recommendations:

13. Aseptic technique

13	Aseptic technique	LR	R	C	NC	NA NR
13.1	<p>Hand hygiene is performed immediately prior to procedure/provision of care that requires aseptic technique (e.g., wrapping and sterilization of instruments, handling of clean instruments).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Hand Hygiene In All Health Care Settings, April 2014. See section on Best Practices, Indications and Moments for Hand Hygiene during health care activities. 		H			
13.2	<p>Preferably, disposable single use alcohol prep pads are used to prepare the skin for injection. Seventy (70%) alcohol dispensed onto cotton balls at point of use is permitted. Alcohol containers are labelled and are not topped up or refilled; if container is refillable, follow MIFU when refilling containers.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Medications, Vaccines and Skin Antisepsis. ➤ Additional Resources: Refer to USP 797 Pharmaceutical Compounding, June 2014, pg. 57. (Available for purchase from USP). ➤ Health Canada, Guidance Document – Human-Use Antiseptic Drugs, 2009. 		M			

Section 13 - Notes and recommendations:

14. Sharps safety program

14	Sharps safety program	LR	R	C	NC	NA NR
14.1	<p>Sharps containers are:</p> <ul style="list-style-type: none"> Clearly labelled as sharps containers, preferably with a biohazard symbol, or colour-coded according to the employer’s safe work practices; Puncture-resistant; Tamper-proof; Closable; contained sharps are to not be able to fall out with normal use; Leak proof on both sides and bottom; and Not filled past the fill line, usually at the 3/4 mark. <p>➤ Resource: For 11.1-11.5, refer to the section on Control of the Environment, Sharps, and Sharps Containers.</p> <p>➤ Additional Resource: CSA. Z316.6-14 - Sharps injury protection - Requirements and test methods - Sharps containers (2014).</p>		M			
14.2	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.		M			
14.3	Filled sharps containers are securely stored for timely and safe removal according to local legislated biomedical waste by-laws.		M			
14.4	<p>Needles are safety-engineered medical sharps (SEMS) whenever possible.</p> <p>➤ Resource: Ontario Regulation 474/07 Needle Safety.</p> <p>➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p>	LR	M			
14.5	<p>There are written policies and procedures to prevent and manage injuries from sharp objects.</p> <p>➤ Resource: Refer to: CAN/CSA Group – Z314-18 Canadian medical device reprocessing.</p> <p>➤ Additional Resource: General Duty Clause of the OHS Act-s.25 (2)(h).</p>	LR	IE			

Section 14 - Notes and recommendations:

15. Specimen handling

15	Specimen handling	LR	R	C	NC	NA NR
15.1	<p>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.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Cleaning the Environment - Cleaning up Body Fluid Spills. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			
15.2	<p>There is a designated storage area for specimens (e.g., biopsy) separate from clean supplies.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Clinical Office Design/Renovations, Storage/Utility Area(s). 		IE			
15.3	<p>There is a dedicated specimen refrigerator. Specimens are not stored with medications or food.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Refrigerators. 		M			
15.4	<p>Biopsy specimens are placed in a sturdy, leak-proof container that has a secure lid and is clearly labelled with the universal biohazard symbol.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			

15	Specimen handling	LR	R	C	NC	NA NR
15.5	<p>Care is taken when collecting specimens 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.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			

Section 15 - Notes and recommendations:

16. Blood collection and testing devices

16	Blood collection and testing devices	LR	R	C	NC	NA NR
16.1	<p>Single-use blood collection tube holders are preferred. If blood tube holders are reused, they are designed for multi-patient/client use and are cleaned and disinfected after each use, as per the MIFU. Discard if visibly soiled.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018. See Appendix on Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client/ Patient/Resident Care Equipment and Environmental Items. ➤ Additional Resource: Top Five High Risk Practice Recommendations and Occupational Health and Safety Responsibilities. 		H			

16	Blood collection and testing devices	LR	R	C	NC	NA NR
16.2	<p>Tourniquets are non-latex and are preferably single use. If reusable, low-level disinfection is required between patients/clients.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See Appendix on Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client/Patient/Resident Care Equipment and Environmental Items. 		IE			
16.3	<p>Lancing devices are auto-disabling or for single patient/client use.</p> <ul style="list-style-type: none"> ➤ Resource: For 13.3 to 13.5, refer to section on Point-of-care Testing. ➤ Additional Resources: Health Canada’s Notice: New Requirements for Medical Device License Applications for Lancing Devices and Blood Glucose Monitoring Systems. ➤ Health Canada’s Medical Devices Active Licence Listing. 		H			
16.4	<p>Lancet holders (e.g., pen-like holder) are single patient/client use only.</p>		H			
16.5	<p>Glucometers (blood glucose monitoring devices) are not shared between patients/clients unless the device is designed for multi-patient/client use and cleaned and low-level disinfected after use with each patient/client, as per MIFU.</p>		H			

Section 16 - Notes and recommendations:

17. Dental radiography

17	Dental radiography	LR	R	C	NC	NA NR
17.1	<p>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.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
17.2	<p>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, a contaminated film packet may be opened using gloves. The film is dropped onto a clean surface without touching it and the empty packet is discarded, being careful to avoid contamination. Gloves are then removed and hand hygiene performed before developing the film. If a barrier pouch is used over the film, the film packet is carefully removed from the pouch to avoid contamination and then placed in a container for transport to the developing area.</p> <ul style="list-style-type: none"> Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
17.3	<p>Digital radiography sensors and intra-oral cameras are cleaned and heat-sterilized between patients/clients as they come into contact with mucous membranes. Alternatively, they are protected with barriers to reduce gross contamination. Following barrier removal, sensors are cleaned of gross debris and saliva, and disinfected with a low-level disinfectant or as per manufacturer’s instructions.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			

Section 17 - Notes and recommendations:

18. Dental laboratory

18	Dental laboratory	LR	R	C	NC	NA NR
18.1	<p>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.</p> <p>➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p>		M			
18.2	<p>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.</p> <p>➤ Resource: College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018.</p>		M			
18.3	<p>Heat-tolerant items used in the mouth, such as impression trays or face bow forks, are sterilized after each patient/client use. Other items that do not normally come in contact with the patient/client, but frequently become contaminated, such as articulators and case pans, are cleaned and disinfected according to the manufacturer’s instructions.</p> <p>➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p>		M			

18	Dental laboratory	LR	R	C	NC	NA NR
18.4	<p>Items used in the typical in-office dental laboratory, such as burs, polishing points, rag wheels, laboratory knives and dental lathes, that frequently become contaminated during adjustments to prostheses and appliances, are reprocessed or discarded after use, as per the manufacturer’s recommendations.</p> <p>➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p>		M			

Section 18 - Notes and recommendations:

19. General policies and procedures

19	General policies and procedures	LR	R	C	NC	NA NR
19.1	<p>There are written IPAC policies and procedures that are based on the most current best practices.</p> <p>➤ Resource: For Items 19.1 to 19.5, refer to specific sections throughout document.</p> <p>➤ Additional Resources: PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section on IPAC Program Functions, B. Policies and Procedures.</p> <p>➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018.</p> <p>➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018.</p>		IE			

19	General policies and procedures	LR	R	C	NC	NA NR
19.2	<p>Policies and procedures are developed and reviewed on an ongoing basis and are based on current scientific literature and best practices.</p> <ul style="list-style-type: none"> ➤ Resource: For 19.2 and 14.5, refer to PIDAC Best Practices for IPAC Programs in Ontario, May 2012. See section on Policies and Procedures. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		IE			
19.3	Staff members have access to the IPAC policies and procedures and are familiar with their use.		IE			
19.4	<p>A policy exists regarding water and water and water use during a ‘Boil Water Advisory.’</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ Additional Resources: Ministry of the Environment, Conservation and Parks -A guide for operators and owners of drinking water systems that serve designated facilities. Safe Drinking Water Act, 2002, S.O. 2002, c. 32 		IE			
19.5	<p>Policies and procedures are in place for maintaining dental unit quality.</p> <ul style="list-style-type: none"> ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			

Section 19 - Notes and recommendations:

20. Education

20	Education	LR	R	C	NC	NA NR
20.1	<p>Staff receive office-specific training in IPAC as part of their orientation, whenever new tasks and procedures or equipment are introduced. This training is supplemented whenever necessary and reviewed at least annually.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Staff Education and Training. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		IE			
20.2	<p>The employer, supervisor, and the worker have a role in informing/being aware of hazards and dangers by providing/reading information, instructions, and supervision on how to work safely.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to Occupational Health and Safety Act. 	LR	IE			
20.3	<p>There is a process for recording and reporting of attendance at staff education and training sessions.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Routine Practices and Additional Precautions, November, 2012. See section on Staff Education and Training. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			

Section 20 - Notes and recommendations:

ADDITIONAL SECTIONS

The following section includes additional Occupational Health and Safety practices that may be reviewed and identified during an inspection.

Note, for further assistance:

Concerns regarding noncompliance with the Occupational Health and Safety Act may be reported to the Ministry of Labour.

21. Occupational health and safety

21	Occupational health and safety	LR	R	C	NC	NA NR
21.1	<p>Responsible dentist(s), dental hygienists, owner(s), operator(s) or manager(s) understand their duties and responsibilities under Ontario's <i>Occupational Health and Safety Act</i> (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.</p> <ul style="list-style-type: none"> ➤ Resource: 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 Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 	LR	IE			

21	Occupational health and safety	LR	R	C	NC	NA NR
21.2	<p>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.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Administrative Controls and item - Staff Immunization. ➤ Additional Resources: Refer to the Blood- borne Diseases Surveillance Protocol for Ontario Hospitals developed by the OHA/OMA in collaboration with the MOHLTC. ➤ RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		IE			
21.3	<p>There is a blood-borne pathogen post-exposure management policy or procedure that incorporates worker education and facilitation 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 (if covered) is required* and to the Ministry of Labour, as appropriate.</p> <p>*Dependent on size of employer.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Occupational Health and Hygiene Issues-Post-Exposure Follow Up. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		IE			
21.4	<p>There is a healthy workplace policy, which includes a clear expectation that staff do not come into work when ill with symptoms of infection.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Administrative Controls- Healthy Workplace Policies and Infections in Health Care Providers. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		IE			

21	Occupational health and safety	LR	R	C	NC	NA NR
21.5	<p>Staff members are immunized, as recommended by the National Advisory Committee on Immunization (NACI).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to section on Administrative Controls – Staff Immunization. ➤ Additional Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		M			
21.6	<p>Eating/drinking, storage of food, smoking, application of cosmetics or lip balm, and handling contact lenses in the reprocessing area is prohibited.</p> <ul style="list-style-type: none"> ➤ Resource: For 16.6 and 16.7, refer to the section on Occupational Health and Safety Act. ➤ Resource: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. 		H			
21.7	<p>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.</p>		IE			
21.8	<p>All hazardous products (e.g., cleaning and disinfecting agents) are labelled according to WHMIS requirements.</p> <ul style="list-style-type: none"> ➤ Resources: 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). 	LR	M			
21.9	<p>Safety Data Sheets (SDS) for cleaning/disinfecting products are readily available and up-to-date.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018. See section on Other Considerations-Chemical Safety. ➤ Additional Resource: R.R.O. 1990, Reg. 860: Workplace Hazardous Materials Information System (WHMIS). 	LR	M			

21	Occupational health and safety	LR	R	C	NC	NA NR
21.10	<p>IPAC and Occupational Health and Safety policies and procedures are followed by all staff, including dental assistants, dental hygienists and dentists.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section 4. ➤ Additional Resources: RCDSO Standard of Practice – Infection Prevention and Control in the Dental Office, November 2018. ➤ College of Dental Hygienists of Ontario – Infection Prevention and Control (IPAC) Guidelines, December 2018. 		M			
21.11	<p>An eyewash fountain/station is provided when there is the potential for injury to the eye due to contact with a biological or chemical substance and used/managed, as per MIFU.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to R.R.O. 1990, Reg. 851, s. 124. 	LR				
21.12	<p>The plumbed or self-contained eyewash fountain/station is located within a 10-second walk (16 to 17 metres [55 feet]) of the reprocessing area.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to Appendix C: Recommendations for Physical Space for Reprocessing. ➤ Additional Resource: Canadian Centre for Occupational Health and Safety. 		IE			

Section 21 - Notes and recommendations:

Please print and sign:

Owner/Operator (print name):

Signature:

Date:

Inspector/Assessor/Investigator Signature:

Additional Inspector/Assessor/Investigator Signature(s):

Additional notes:

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