Dartmouth Dental Practice - Infection Control Audit Tools

Date of Audit	Amendments/Changes
Friday, June 21, 2019	1.2. Reference in HTM 0105 changed.
	1.4 Reference in HTM 0105 changed.
Tuesday, 25 June 2019	1.13. Disposable syringes and disposable needles are not disposed of as a single unit.
	2.2. Reference to HTM 0105 changed.
	2.4. Reference to HTM 0105 changed.
	2.7. Reference to HTM 0105 changed.
	2.8. All records available. Reference to HTM 0105 changed.
	2.9. Answered Yes. Reference to HTM 0105 changed.
	2.10. Reference to HTM 0105 amended.
	2.11. Answer changed to Yes 0 hours. HTM 0105 amended.
	2.12. Changed to always. Reference to HTM 0105 amended.
Thursday, 27 June 2019	2.13. Reference to HTM 0105 amended.
	2.17. Reference to HTM 0105 amended.
	2.21. Reference to HTM 0105 amended.
	2.22. Reference to HTM 0105 amended.
	2.24. Changed to Yes.
	2.29. Reference to HTM 0105 amended.

Dartmouth Dental Practice - Infection Control Audit Tools

Date of Audit	Amendments/Changes
	2.31 All recored available. Reference to HTM 0105 changed.
	2.37. Yes
	2.41. Reference to HTM 0105 amended.
	2.42. Changed to NA. Reference to HTM 0105 amended.
	2.43. Reference to HTM 0105 amended
	2.44. Reference to HTM 0105 amended
	2.45. Reference to HTM 0105 amended
	2.47. Amendment to HTM 0105
	2.48. Changed to Yes.
	2.52. Changed to yes.
	2.54. Reference to HTM 0105 amended
	2.55. Reference to HTM 0105 amended
	2.56. Changed to yes. Reference to HTM0105 amended.
	2.57. Changed to yes. Reference to HTM 0105 amended
	2.58. Changed to yes. Reference to HTM 0105 amended.
	2.59. Reference to HTM 0105 amended.
	3.4. Reference to HTM 0105 amended.

Dartmouth Dental Practice - Infection Control Audit Tools

Date of Audit	Amendments/Changes
	3.6. Reference to HTM 0105 amended.
	3.10. Reference to HTM 0105 amended.
	3.12. Changed to no.
	3.15. Changed to yes. HTM 0105 reference amended.
	3.16. Changed to yes.
	3.18. Reference to HTM 0105 amended.
	4.1. Reference to HTM 0105 amended.
	4.3. Reference to HTM 0105 amended.
	4.4. Reference to HTM 0105 amended.
	4.5. Reference to HTM 0105 amended.
	4.6. Reference to HTM 0105 amended.
	4.7. Reference to HTM 0105 amended.
	4.8. Changed to yes. Reference to HTM 0105 amended.
	4.9. Reference to HTM 0105 amended.
	4.10. Changed to yes. Reference to HTM 0105 amended.
	4.12. Reference to HTM 0105 amended.
	4.14. Reference to HTM 0105 amended

Dartmouth Dental Practice - Infection Control Audit Tools

Date of Audit	Amendments/Changes
	4.15. Reference to HTM 0105 amended.
	4.16. Reference to HTM 0105 amended.
	4.17. Changed to no. Reference to HTM 0105 amended.
	4.18. HTM 0105 amended.
	4.19. Reference to HTM 0105 amended.
	4.20. Reference to HTM0105 amended.
	4.21. Changed to no. Reference to HTM 0105 amended.
	5.1. Changed to yes. Reference to HTM 0105 amended.
	5.9. Changed to no. Reference to HTM 0105 amended.
	5.10. Reference to HTM 0105 amended.
	5.13. Changed to no.
	5.15. Changed to yes. Reference to Him 0105 amended.
	5.16. Reference to HTM 0105 amended.
	6.1. Reference to HTM 0105 amended.
	6.2. Reference to HTM 0105 amended.
	6.3. Reference to HTM 0105 amended.
	6.5. Reference to HTM 0105 amended.

Dartmouth Dental Practice - Infection Control Audit Tools

Date of Audit	Amendments/Changes
	6.7. Reference to HTM 0105 amended.
	6.8. Reference to HTM 0105 amended.
	6.9. Changed to yes. Reference to HTM 0105 amended.
	6.10.Changed to no. Reference to HTM 0105 amended.
	6.11. Reference to HTM 0105 amended.
	6.12. Changed to most. Reference to HTM 0105 amended.
	6.13. Reference to HTM 0105 amended.
	6.14. Reference to HTM 0105 amended.
	6.15. Reference to HTM 0105 amended.
	6.17. Reference to HTM 0105 amended.
	7.2. Reference to HTM 0105 amended.
	7.5. Reference to HTM 0105 amended.
Friday, 5 July 2019	2.31. Amended to all records available.
	7.2. Reference to HTM and notes amended.
	7.3. Reference to HTM amended.
	7.4 Reference to HTM and notes amended.
	7.5. Reference to HTM and notes amended.

Date of Audit	Amendments/Changes
	7.6. Reference to HTM amended.
	7.7. Reference to HTM amended.
	7.8. Reference to HTM and notes amended.
	7.9. Reference to HTM and notes amended.
	7.10. Reference to HTM amended.
	7.11. Reference to HTM amended.
	7.11. Reference to HTM amended.
	7.12. Reference to HTM amended.
	7.13. Reference to HTM amended.
	7.14. Reference to HTM amended.
	7.15. Reference to HTM amended.
	7.16. Reference to HTM amended.
	7.17. Reference to HTM amended.

1. Prevention of blood-borne virus exposure

Standard: The risk of blood-borne virus exposure (including needle-stick injuries, bites, splashes involving blood or other body fluids) is managed to prevent infection.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1 Does the practice have a policy and procedure/s in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance?	✔ • Go here for Cross Infection Control Policy • Go Here for Decontamination manual cleaning • Go here for Decontamination using autoclave • Go here for Waste Disposal • Go here for Hand Hygiene • Go here for Decontamination of new instruments • Go here for PPE Policy & Procedure • Go here for Recommended Disinfectants • Go here for Spillage procedure • Go here for Environmental Cleaning Policy • Go here for Spillage procedure/COSHH			2.6	• 2.6 includes • Infection control policy • Decontamination of instruments & storage • Cleaning, disinfecting sterilisation of instruments • Waste disposal policy • Hand hygiene policy • Decontamination of new reusable instruments • Policy & procedure for use of PPE • Management of dental instruments • Recommended Disinfectant guidelines in practice which,what & when • Spillage procedure (COSHH) • Environmental cleaning policies - frequency and record keeping

2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure?	✔
	• Go here for Cross Infection Control Policy
	• Go here for Staff Roles & Responsibilities
	• Go here for Training Records
				1.22, 9.1, 9.5	• 1.22 Training & Education - Induction
					  • pathogen control
					  • decontamination
					  • cleaning & hygiene
					  • exposure to blood borne viruses and risk reduction
					  • waste disposal
					• 9.1 Staff roles and responsibilities in decontamination
					• 9.5 Registered Manager ensures all staff have had appropriate training, demonstrate competence and training records are kept

Dartmouth Dental Practice - Infection Control Audit Tools

		Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
3	Have all staff at risk from sharps injuries received an occupational health check in relation to risk reduction in blood-borne virus transmission and general infection?	✔ • Go here for Needle Stick			2.6	
4	Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation?	✔ • Go here for Hepatitis B Immunisation Records			2.4s, 8.8	
5	Are chlorine-releasing agents available for blood/bodily fluid spillages and used as per manufacturers' instructions?	✔ Go here for Product Specification Durr FD312 Go here for Material Safety Data Sheet			6.74	• 1% Sodium Hypochlorite releasing 1000 ppm free chlorine • Contact of above sustained for not less than 5 minutes • We use Durr FD312
6	Are sharps containers correctly assembled?	✔				
7	Are in-use sharps containers labelled with date, locality and a signature?	✔				Peake suggested using same labels that we use on bags and possible mark them with type of waste according to European Waste and Hazardous Waste Catalogue Listing 18-01-01
8	Are sharps containers filled beyond the indicator mark?		✔			

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
9 Are sharps containers locked with the integral lock when filled to the indicator mark?	✔				Sharps box design conforms to
10 Are full sharps containers stored in a secure facility away from public access?	✔			Appendix 1	stored safely and securely away from areas of public access
11 Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure?	✔ • Go here for Cross Infection Control Policy • Go here for Needle Stick			2.6	
12 Are inoculation injuries recorded?	✔				
13 Are disposable needles and disposable syringes discarded as a single unit?		✔			
14 Are sharps containers available at the point of use and positioned safely (e.g. wall-mounted)?	✔				

Dartmouth Dental Practice - Infection Control Audit Tools

2. Decontamination

Standard: Medical devices are decontaminated prior to use and any associated risks are safely managed

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1 Does the practice have a policy or procedure that includes all appropriate aspects of decontamination within the practice e.g. cleaning, disinfection, inspection, packaging, disposal, sterilization, transport and storage of reusable and single-use instruments?	✔ • Go here for Cross Infection Control Policy • Go Here for Decontamination manual cleaning • Go here for Decontamination using autoclave • Go here for Waste Disposal • Go here for Hand Hygiene • Go here for Decontamination of new instruments • Go here for PPE Policy & Procedure • Go here for Recommended Disinfectants • Go here for Spillage procedure • Go here for Environmental Cleaning Policy • Go here for Spillage procedure/COSHH			2.6	• 2.6 includes • Infection control policy • Decontamination of instruments & storage • Cleaning, disinfecting sterilisation of instruments • Waste disposal policy • Hand hygiene policy • Decontamination of new reusable instruments • Policy & procedure for use of PPE • Management of dental instruments • Recommended Disinfectant guidelines in practice which,what & when • Spillage procedure (COSHH) • Environmental cleaning policies - frequency and record keeping

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
2 Have all relevant staff received training for the decontamination procedures which they are expected to perform including correct use of equipment?	✔ Go here for Staff Training Records			1.22, 2.4q, 3.7, 3.16	1.22 Training and education in the processes of pathogen control, decontamination, cleaning and hygiene (including hand hygiene), exposure to blood-borne viruses, and infection risk reduction, including waste disposal, should be part of staff induction programmes. They are key aspects of patient safety and service quality. Accordingly the provision of training and competency records is a key requirement. As part of verifiable continuous professional development (CPD), professionals working in this area will receive not less than five hours' training in this area over a period of five years. 2.4q. A documented training protocol should be in operation with individual training records for all staff engaged in decontamination 3.7 Where recommended by the manufacturer, instruments and equipment that consist of more than one component should be dismantled to allow each part to be adequately cleaned. Members of the dental team should be appropriately trained to ensure competence in dismantling, cleaning, sterilizing and reassembling of instruments. Amalgam carriers are an example of instrumentation requiring this approach. 3.16. Records of training and the achievements of staff should be maintained

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
3 Is a record kept of any instruments that cannot be reprocessed in accordance with your local decontamination policy?		✔		2.6	2.6 local policies and procedures for environmental cleaning and maintenance. This should include, at a minimum, the methods used, the frequency of each procedure and appropriate recordkeeping practices.
4 Are all wrapped, sterilized instruments dated with the use-by date				1.8 1.9, 4.24, 4.28	
5 Does the practice have a nominated lead responsible for infection control and decontamination?	✔ MR			2.4c, 9.3	
6 Has the registered manager a written statement of duties with specific reference to equipment validation?		✔		11.5	
7 Is there a procedure for transportation of instruments to and from other locations, which ensures the segregation of contaminated instruments from clean/sterilized instruments?			✔	2.13 2.26-2.32	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
8 Are all logbooks including testing, service, maintenance and repair records retained in the practice for at least 2 years?	All records available			3.19, 4.3, 4.12, 4.14	
Cleaning					
9 Are disposable instrument trays used or if reusable trays are used are they decontaminated and sterilized after each use?	✔ Reusable trays are sterilised after each patient.			2.11	
10 Are any instruments (used or unused) left on trays at the end of each session decontaminated (washed and sterilized) before further use?	✔			2.4k 2.10	
11 Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?	1 = 0 hours; ✔			3.5, 3.6	
12 Are instruments inspected under an illuminated magnification device for cleanliness and condition following cleaning?	Always			2.4h, 3.18, 3.49, 3.50, 3.51, 3.52	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
13 Are hand-pieces decontaminated between each patient in accordance with manufacturers' instructions?	✔			2.4t 2.10 note	• 2.10 Regard all instruments set out for each patient as contaminated after the treatment whether or not they have been used. Note Dental hand-pieces should be cleaned and sterilised after each patient treatment. • 2.4t. The effective cleaning of handpieces in accordance with manufacturers' guidance. Dedicated cleaning equipment is available and may be of value. However, validation in this area is difficult, and the advice of manufacturers/suppliers should be sought.
14 Are separate canisters of lubricant used for unclean, cleaned and sterilized instruments?			✔	3.56	
15 Are those hand-pieces that are manually cleaned/wiped, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?	✔			18.0, 3.24, 3.55, 3.56	• 18.0 consult hand-piece manufacture w.r.t lubricant and conflict between removing contaminant (oil) and longevity/ manufacturers requirements • 3.24 Hand-piece lubricants will need to be reintroduced after washer-disinfector has been used - conflict - refer to manufacturer and get their validation or correct procedure and process • 3.55 Re-lube hand-piece after washer-disinfector • 3.56 Separate lubricant canisters for hand-pieces pre- and post- washer-disinfector

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
16 Are those hand-pieces decontaminated by an automated washer-disinfector lubricated with oil before steam sterilization in accordance with manufacturers' instructions?			✔	3.24	3.24 Hand-piece lubricants will need to be reintroduced after washer-disinfector has been used - conflict - refer to manufacturer and get their validation or correct procedure and process
17 Are those hand-pieces decontaminated by an automated washer-disinfector with a specific hand-piece irrigation system, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?			✔	3.24, 3.21	• 3.24 Hand-piece lubricants will need to be reintroduced after washer-disinfector has been used - conflict - refer to manufacturer and get their validation or correct procedure and process • 3.21 Use of Washer-disinfectors adapted for hand-piece cleaning - their independent validation
18 Are those dental hand-pieces washed by a specific hand-piece washer device, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?			✔	3.22	3.22 Dedicated hand-piece cleaner - for manufacturers who do not recommend a washer-disinfector - this type of cleaner does not disinfect

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
19 Are all other dental instruments washed in a washer-disinfector before steam sterilization?			✔	3.1, 3.2, 3.42, 4.3	• 3.1 The principal methods of cleaning reusable dental instruments currently available are: cleaning using a washer-disinfector; manual combined with ultrasonic cleaning; manual. • 3.2 Effective cleaning of instruments is an essential prerequisite before sterilization and will reduce the risk of transmission of infectious agents. Wherever possible, cleaning should be undertaken using an automated and validated washer-disinfector in preference to manual cleaning, as a washer-disinfector includes a disinfection stage that renders instruments safe for handling and inspection. • 3.42 Effective cleaning of dental instruments before sterilization is of the utmost importance to reduce the risk of transmission of infectious agents. • 4.3 To facilitate sterilization, load items should first be thoroughly cleaned and disinfected Sterilization, when properly validated, is effective in reducing prion infectivity. In the case of newer machines, the parameters monitored for each cycle of use will be stored and/or available as a print-out to provide a short-term record. ..... It is recommended that records be maintained for not less than two years.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
20 Where practices do not have a washer-disinfector, are all instruments cleaned (manually or using an ultrasonic cleaner) before steam sterilization?	✔			2.4 h, 3.33, 3.42	• Essential Quality Requirements • 2.4 h.Cleaning and inspection are key parts of satisfactory dental instrument reprocessing. Instruments may be cleaned using an ultrasonic bath, but this should be covered during use to restrict the release of aerosols. Manual cleaning may also be used. Practices should plan for the introduction of washer-disinfectors. Inspection processes should ensure that the standards of cleaning achieved are visually satisfactory – that is, that instruments are free from particulate contamination, salt deposits or marked discoloration. The use of a simple magnifying device with task lighting will improve the value of this part of the process. • 3.33 Manual Cleaning. In principle, manual cleaning is the simplest method to set up, but it is difficult to validate because it is difficult to ensure that it is carried out effectively on each occasion • 3.42 Cleaning procedure summary Effective cleaning of dental instruments before sterilization is of the utmost importance to reduce the risk of transmission of infectious agents.
Manual Cleaning					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
21 Are two sinks or two bowls in a single sink unit, used for cleaning – one for washing and a separate one for rinsing?		✔		2.4u, 3.42,16.1, 5.7	• 2.4u. Separate wash-hand basins for use by staff conducting decontamination should be provided. • 3.42 Cleaning procedure summary Effective cleaning of dental instruments before sterilization is of the utmost importance to reduce the risk of transmission of infectious agents. • 16.1 A dirty-to-clean workflow should be maintained throughout the cleaning procedure. Two sinks or bowls should be provided – one for manual cleaning and one for rinsing. In addition, separate setting-down areas should be used for dirty instruments and for clean instruments. • 5.7 The washer-disinfector (where available) and/or washing and rinsing sinks or separate bowls within a single sink unit should be installed adjacent to the receiving area. Where necessary, usually owing to space constraints, it is acceptable to use a single sink unit (incorporating two bowls with common supply and taps) for the functions described here.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
22 Are the detergents used specifically formulated for the purpose of cleaning instruments?	✔			16.4 16.3a	• 16.3 Always use detergents specifically formulated for manual cleaning of instruments. • 16.3 a Measure the volume of water and detergent to achieve the concentration specified by the detergent manufacturer. A line painted on the sink is useful to indicate the required volume of water. The detergent should be designed for the manual cleaning of dental instruments.
23 Is the detergent used at a specified concentration according to manufacturers' guidance?	✔			16.3a	16.3a - Measure the volume of water and detergent to achieve the concentration specified by the detergent manufacturer. A line painted on the sink is useful to indicate the required volume of water. The detergent should be designed for the manual cleaning of dental instruments.
24 Is the temperature of water 45°C or lower?	✔			16.3b	16.3b - Using a mercury-free thermometer, monitor the temperature of the water throughout the cleaning procedure to ensure the temperature of the water is 45oC or lower (a higher temperature will coagulate protein and inhibit its removal). The temperature of the fluid should be as recommended by the detergent manufacturer.
25 Where manufacturer's instructions permit, are instruments fully submerged when cleaned?	✔			16.3c	16.3c - Where manufacturers' instructions permit, fully submerge items to be cleaned in the detergent solution.

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
26 Are brushes used to clean instruments single-use or washed after each use and replaced at the manufacturers' recommended interval or when damaged?	✔			16.3f	Brushes should be single use. Where they are reusable, after each use, the brushes should be washed in hot water using the manufacturer's recommended detergent, in order to remove visible soil, and be stored dry and head up. Or dispose of brushes if they are single-use. Reusable brushes should be replaced at the manufacturer's recommended interval or more frequently if the brush is seen to have significantly deteriorated.
Validation and testing					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
27 Are there contractual arrangements to ensure all steam sterilizers are routinely maintained and validated in accordance with HTM requirements or with manufacturers' instructions?	✔1 = maintained and validated; ~~2 = maintained;~~ ~~3 = validated but not maintained;~~ ~~4 = no contractual arrangements~~			1.9, 3.11, 11.1, 12.0	• 1.9 - Every practice should be capable of meeting the essential quality requirements, that is: • Regardless of the technology used, the cleaned instruments, prior to sterilization, should be free of visible contaminants when inspected. Instruments should be reprocessed using a validated decontamination cycle including: cleaning/washing (in terms of manual cleaning, this includes having a written protocol – see Chapter 16); a validated steam sterilizer, and at the end of the reprocessing cycle they should be in a sterilized state. • Reprocessed dental instruments should be stored in such a way as to ensure restraint of microbiological recolonisation. These measures should be backed by careful controls on the storage times to which instruments that are less frequently used are subject. • Practices should audit their decontamination processes quarterly using an audit tool (the use of the Infection Prevention Society/DH audit tool that accompanies this document is strongly recommended). • Practices should have in place a detailed plan on how the provision of decontamination services will move towards best practice. • 3.11 Validation is the means by which an entire process is verified, tested and documented, with the ability to be consistently reproducible. Ensure that ultrasonic and washer-disinfector cleaning procedures used in the practice are validated.This is to demonstrate that all instruments and equipment cleaned by these methods are reliably and consistently cleaned using predetermined and reproducible conditions. • 11.1 All decontamination equipment should be subjected to validation, testing, maintenance and servicing as recommended by the manufacturer/ supplier. All records of these procedures should be retained for audit/inspection.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
28 Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for steam sterilizers as described in Chapter 12 of HTM 01-05?	1 = all records available ~~2 = most records available;~~ ~~3 = some records available;~~ ~~4 = no records available~~			12	12.0 - The sterilizer should be maintained and serviced in accordance with the manufacturer's instructions.
29 Is the steam sterilizer removed from service following an unsatisfactory test result until the fault is rectified?	✔			11.2, 4.21	• 11.2 All equipment should also be periodically tested as advised in Chapters 12–14. An unsatisfactory test result indicates that the decontamination equipment should not be used until the fault has been rectified. • 4.21 If the sterilizer fails to meet any of the test requirements, it should be withdrawn from service and advice should be sought from the manufacturer and/or maintenance contractor.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
30 Are there arrangements to ensure all ultrasonic cleaners are maintained and validated in accordance with HTM 01-05 or with manufacturers' instructions?	~~1 = maintained and validated;~~ ~~2 = maintained;~~ ~~3 = validated but not maintained;~~ 4 = no contractual arrangements			14.0, 15.6	• Installation, validation, maintenance and testing of ultrasonic cleaners • 14.1 - The ultrasonic cleaner/irrigator should be maintained and serviced in accordance with the manufacturer's instructions. However, in the absence of these instructions, the schedules outlined in this chapter should be followed. • 14.2 - Validation is needed for new equipment at installation and annually thereafter. It will also be necessary to validate equipment after any major repairs have been carried out. The following protocol is suggested. (Tests not defined in the referred Standards are defined in Chapter 15.) • 15.6 - The ultrasonic activity can be investigated by the erosion pattern created on aluminium foil exposed in the tank for a short period. This activity may not be uniform throughout the tank. Validation tests will determine the pattern variation at defined positions and the time required to produce this pattern.
31 Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for ultrasonic cleaners?	1 = all records available			14	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
32 Are contractual arrangements in place to ensure all automated washer-disinfectors are routinely maintained and validated in line with manufacturers' instructions?	**N/A** 1 = maintained and validated; 2 = maintained; 3 = validated but not maintained; 4 = no contractual arrangements			13	• 13 Installation, validation, maintenance and testing of washer-disinfectors • 13.1 - The washer-disinfector should be maintained and serviced in accordance with the manufacturer's instructions. • 13.2 Validation is needed for new equipment at installation and annually thereafter. It will also be necessary to validate equipment after any major repairs have been carried out. The following protocol is suggested. (Tests not defined in the referred Standards are defined in Chapter 15.)
33 Are daily, weekly, quarterly and annual validation and testing results recorded for automated washer-disinfectors?	**N/A** 1 = all records available 2 = most records available; 3 = some records available; 4 = no records available			13	• 13 Installation, validation, maintenance and testing of washer-disinfectors • 13.1 - The washer-disinfector should be maintained and serviced in accordance with the manufacturer's instructions. • 13.2 Validation is needed for new equipment at installation and annually thereafter. It will also be necessary to validate equipment after any major repairs have been carried out. The following protocol is suggested. (Tests not defined in the referred Standards are defined in Chapter 15.)
Ultrasonic cleaners					
34 Are instruments placed in instrument baskets or cassettes and fully immersed, ensuring that all surfaces are in contact with the solution?	✔			3.30d– 3.30e	3.30d– 3.30e

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
35 Is the lid of the ultrasonic cleaner closed during cleaning cycles and whilst not in use to prevent contamination of the ultrasonic cleaning solution?	✔			3.30h	3.30h - Set the timer to the correct setting as per the ultrasonic cleaner manufacturer's instructions. Close the lid and do not open until the cycle is complete.
36 Is the water in the chamber emptied when visibly contaminated or otherwise at the end of every clinical session?	✔			3.30k	3.30k - Change the solution when it becomes heavily contaminated or otherwise at the end of every clinical session, because the build-up of debris will reduce the effectiveness of cleaning. Ensure that staff are aware of the need to assess when a change of solution is necessary as advised in the operational requirements.
37 Where instruments are manually cleaned, are they rinsed after being ultrasonic cleaned and before sterilization?	✔			3.30m, 3.31	• 3.30m - After ultrasonic cleaning, rinse and inspect instruments for cleanliness, and where possible check for any wear or damage before sterilization. • 3.31 - Instruments cleaned in an ultrasonic cleaner (or by hand) should be rinsed thoroughly to remove residual soil and detergents. A dedicated sink or bowl (separate from the one used for the original wash) should be used, and the instruments immersed in satisfactory potable water or, where this is not available, in RO or freshly distilled water. Wash-hand basins should not be used. (This step may be omitted if the local policy and procedure involves the use of a washer-disinfector as the next stage in the decontamination process.)
Thermal washer-disinfectors					

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
38 Are relevant staff aware of the instrument loading procedure, i.e. spray arms are free to rotate, cannulated instruments are correctly loaded?			✔	3.17	• 3.17 It is crucial to load a washer-disinfector correctly, as incorrectly loaded instruments will not be cleaned effectively. Therefore, follow an instrument-loading procedure that has been shown to achieve effective cleaning in the washer-disinfector used in the practice. To do this: • do not overload instrument carriers or overlap instruments; • open instrument hinges and joints fully; • attach instruments that require irrigation to the irrigation system correctly, ensuring filters are in place if required (for example for hand-pieces, if specified by the manufacturer).
39 Are cycle parameters recorded			✔	3.19	3.19 Washer-disinfector logbooks and records should be kept by the designated "user" – an identified member of the practice staff. Cycle parameters should be recorded together with details of routine testing and maintenance of the equipment used. The use of automated data-loggers or interfaced small computer-based recording systems is acceptable, provided the records are kept securely and replicated. It is recommended that records be maintained for not less than two years.
Sterilisers					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
40 Is there a record made of the date, temperature and pressure achieved and satisfactory completion for each cycle?	✔ 1 = all records available ~~2 = most records available;~~ ~~3 = some records available;~~ ~~4 = no records available~~			4.3, 4.14, 4.16	• 4.3 To facilitate sterilization, load items should first be thoroughly cleaned and disinfected (where a washer-disinfector has been used). …..The record should, at minimum, document the absence of a failure warning or the temperature/ pressure achieved as appropriate to the indications provided. It is recommended that records be maintained for not less than two years. • 4.14 Health Service Circular (HSC) 1999/053 and the subsequent 'Records management: code of practice parts 1 and 2' (April 2006) provide guidance on the length of time for which records should be retained. …. subject to local policy-making at PCT level. • 4.16 If the sterilizer has an automatic printer, the print- out should be retained or copied to a permanent record. If the sterilizer does not have a printer, the user will have to manually record the following information in the process log: • date; • satisfactory completion of the cycle (absence of failure light); • temperature/pressure achieved; • signature of the operator.
41 Are steam sterilizers used if fault lights are displayed?		✔		4.21	4.21 If the sterilizer fails to meet any of the test requirements, it should be withdrawn from service and advice should be sought from the manufacturer and/or maintenance contractor.

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
42 Are pre-wrapped instruments placed only in vacuum-type sterilizers?			✔	4.9	• 4.9Users should be aware of this cautionary note relating to the improper use of small sterilizers: 1.Pre-wrap instruments only where this is recommended by the manufacturer and where the sterilizer is vacuum-assisted. The sterilizer should be validated for the intended load and is likely to be of type B or S. The use of a type N sterilizer is not appropriate for wrapped instruments.
43 Is freshly distilled water, sterile water for irrigation or reverse osmosis (RO) water used in the sterilizer?	✔			4.11	• 4.11 To ensure the safety of this device, the following points should be adhered to: 1.Each steriliser will have a reservoir chamber… 2.Validation is necessary to demonstrate 3.Testing as an integral… 4.A schedule of periodic testing...
44 Are opened bottles of sterile or distilled water discarded at the end of each working day?	✔			17.4 17.6	17.6 Steam and water quality - Steam - Conditions of storage and frequency of change - However, even high-quality water is subject to microbial contamination. For this reason – irrespective of whether the water is used once only – the reservoir should be emptied at such a frequency as to eliminate microbiological build-up.
45 Is the reservoir drained and left clean and dry at the end of each day?	✔			4.11	• 4.11 To ensure the safety of this device, the following points should be adhered to: 1.Each steriliser will have a reservoir chamber… 2.Validation is necessary to demonstrate 3.Testing as an integral… 4.A schedule of periodic testing...
Decontamination environment					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
46 Is there a zoned workflow from dirty to clean?	✔			5.3, 5.6, 5.7	• 5.3 Regardless of the choice of location used for the reprocessing facilities, a dirty-to-clean workflow should be maintained so that used instruments are at a lower risk of coming into contact with decontaminated instruments. This requires a well-developed routine for surface cleaning/ decontamination within the facilities: • 5.6 Irrespective of the specific layout, a tidy working environment makes carrying out decontamination easier. Therefore, the working environment should be decluttered. The decontamination process should be carried out by ensuring that a dirty- to-clean workflow is maintained (as outlined in paragraph 5.7). This is a one-way process that can be achieved by physical segregation or temporal separation (see paragraph 5.2) • 5.7 Physical segregation within essential quality requirements means using different areas for different activities. A decontamination area should be set up which preferably comprises a single run of sealed, easily cleaned worktops. The following key design points should be observed: 1. … 2. ...

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
47 Are there separate, dedicated decontamination room/s which are restricted to those performing decontamination duties?		✔		1.1 1.8	1.1 This document is a guide for those conducting decontamination at a local level – that is, within the dental practice itself. However, this policy statement respects the option to transfer instruments/medical devices to other organisations for reprocessing under the Medical Devices Regulations 2002. 1.8 For best practice, the decontamination facilities should be clearly separate from the clinical treatment area. This implies the use of a separate room or rooms for the accommodation of clean (output) and dirty (input) work.
48 Are decontamination areas and work surfaces clean and uncluttered?	✔			5.6	5.6 Irrespective of the specific layout, a tidy working environment makes carrying out decontamination easier. Therefore, the working environment should be decluttered. The decontamination process should be carried out by ensuring that a dirty- to-clean workflow is maintained (as outlined in paragraph 5.7). This is a one-way process that can be achieved by physical segregation or temporal separation (see paragraph 5.2)
49 Is there adequate ventilation in the clean and dirty room/s to service the washer-disinfector and sterilizer?			✔	6.42	6.42 Mechanical ventilation systems may be advantageous, particularly where best practice requirements are being pursued. However, these systems can be expensive in terms of both capital and running costs. Accordingly, designs that make best use of natural ventilation in clinical areas may be advantageous, while the use of simple fan-based systems in decontamination areas will be helpful. It should be remembered that protecting against recontamination of instruments is always a key aim.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
50 Where full mechanical ventilation is used, does the direction of air flow from the clean to dirty area?			✔	6.44, 6.45	• Where used, mechanical extract units should be ceiling- or wall-mounted. Care should be taken to ensure that airflow is from clean to dirty. • Where full mechanical ventilation solutions are used, the extract system should be located and sized to draw about one-third of the air across the decontamination benches in the clean-to-dirty direction. Mechanical ventilation equipment should include coarse air filtration on the input side. This will require periodic maintenance. Practices are advised to consult a heating and ventilation engineer if choosing to install a mechanical ventilation system.

51 Are there procedures in place for the safe transfer of instruments within the practice?			✔	2.26, 2.27	• 2.26 The practice should have safe procedures for the transfer of contaminated items from the treatment area to the decontamination facility.
					• 2.27 Transport containers should be such as to protect both the product during transit and the handler from inadvertent contamination, and therefore should be:
					  • leak-proof;
					  • easy to clean;
					  • rigid, to contain instruments, preventing them becoming a sharps hazard to anyone handling the goods and to protect them against accidental damage;
					  • capable of being closed securely;
					  • robust enough to prevent instruments being damaged in transit.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
52 Are instruments maintained in a moist condition between use and decontamination?	✔			2.15, 3.5, 3.6	• 2.15 Instruments for decontamination should be transferred as soon as possible after use to the decontamination area in order to avoid the risk of drying. Prompt decontamination is appropriate. Potable or RO (reverse osmosis) water immersion or the use of commercial gels/sprays may be considered. These measures reduce the adsorption of proteins to the instrument surfaces and makes cleaning easier. • 3.5 Instruments cleaned as soon as possible after use may be more easily cleaned than those left for a number of hours before reprocessing. Where this is not possible, water immersion or the use of a foam spray intended to maintain a moist or humid environment are thought useful in aiding subsequent decontamination. Long periods of wet storage should, however, be avoided. • 3.6 When working with substances that can harden on instruments (for example cements), the instruments should be cleaned immediately. Instruments that cannot be cleaned should be discarded.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
53 If transport containers are in use, are they lidded, clean, leak proof and in good working order?			✔	2.27 2.25	• 2.25 Transport containers should be such as to protect both the product during transit and the handler from inadvertent contamination, and therefore should be: 1.leak-proof; 2.easy to clean; 3.rigid, to contain instruments, preventing them becoming a sharps hazard to anyone handling the goods and to protect them against accidental damage; 4.capable of being closed securely; 5.robust enough to prevent instruments being damaged in transit.
54 Are transport containers cleaned, disinfected and dried following each use?			✔	2.28	2.28 Without exception after each use, transport containers should be cleaned, disinfected and dried, ideally using a washer-disinfector, or discarded (as appropriate). If this is not possible, containers should be cleaned with a fresh detergent solution, then rinsed and dried. Bleach including hypochlorite solutions should not be used, as residues may damage instruments.
55 Are instruments processed in a non-vacuum (type N) sterilizer dried prior to packing using disposable non-linting cloth?	✔			4.23	4.23 In all three cases, the instruments should be dried using disposable non-linting cloths and be appropriately handled. It is essential to ensure that the cloth is adequately dry and free from contamination. Accordingly, the cloth should be disposed of after each sterilizer load.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
56 Does the practice have a system in place to ensure that storage of non-wrapped and wrapped instruments does not exceed: • 21 days for those instruments sterilized in non-vacuum sterilizers (type N)?; or • 60 days if sterilized in a validated type B vacuum sterilizer or in a cassette following sterilization in a validated type S sterilizer?	✔			2.4K 4.24-4.29 1.21	~~4.31As part of essential quality requirements, instruments that have remained unused for more than 21 days and are not in a validated sterile pack (processed by a vacuum sterilizer) should be subjected to a further cycle of decontamination before being used. Where vacuum sterilizer packs are in use, the limitation on storage may be extended to 60 days (see paragraph 1.24).~~ 5/7/19 - Can no longer find reference in HTM 0105

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
57 Is there a system in place to ensure that wrapped instruments are stored away from the clinical environment and used in strict rotation?	✔			1.10, 4.24 1.8, 4.29	• 1.10 To demonstrate best practice, further improvements are required in three main areas: 1.A cleaning process that should be carried out using a validated automated washer-disinfector. 2.The environment in which decontamination is carried out should be such as to minimise the risk of recontamination of instruments and the possibility of generating aerosols, which may reach patients or unprotected staff. …... devices do not conflict with the requirement for a clean environment. 3.The storage of reprocessed dental instruments in a simple but carefully designed facility clearly separate from the clinical treatment area is an important best practice improvement. …... This storage facility will ordinarily be part of the clean area within the decontamination room(s). • 4.24
58 For each instrument, is there a system in place to identify storage time, including the date by which they should be used or reprocessed?	✔			4.24, 4.26	• 4.24 Packaging and related decontamination strategy. There are three combinations of steam-sterilization and instrument-wrapping strategies that can be used within dental practices: a.Tyope b b.Type N c.a n other

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
59 Are instruments stored in a dedicated, secure, dry and cool environment?	✔			4.27	• 4.27 As a general rule: • Storage of re-processed instruments • Dedicated storage area essential vs best • Design encourages strict rotation • Cupboard design • Storage above floor level, no sunlight or water… • Air-flow clean to dirty where possible

3. Environmental design and cleaning

Standard: Dental equipment is designed, maintained and cleaned appropriately to reduce the risk of cross-infection

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes

1 Does the practice have a policy and procedure for cleaning and maintaining the environment?	✔
	Go here for Cleaning the practice
	Go here for Surgery Cleaning Surgery Notice
	Go here for Surgery Cleaning Procedure
				2.6, 6.54	• 2.6 All dental practices should have an infection control policy together with guidelines and procedures that contain the following information:
					  • a written policy
					  • policy decontamination & storage
					  • polict cleaning, disinfecting, sterlising
					  • Policy waste disposal
					  • Policy hand hygiene
					  • policy for decontanmination of reusable instruments
					  • Policies and procedure personal protection equipment
					  • Procedures for managing dental instruments
					  • Recommended disinefetcants
					  • Procedure for spillages
					  • Policies for local environmental cleaning and maintencace
					• 6.54 The dental practice should have a local protocol clearly outlining surface- and room-cleaning schedules. The cleaning process will be most effective if the more contaminated areas are cleaned first. Materials and equipment used to clean clinical areas and other higher-risk areas should be stored separately from those used for general and non- clinical areas. Simple records should be maintained in accordance with the HCAI Code of Practice.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
2 Have staff undertaking cleaning duties been fully trained to undertake such duties?	✔ Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure			6.55	Cleaning staff should be briefed on the special measures to be observed in cleaning of patient care areas or room(s) used for decontamination. In some instances, full training of personnel will be needed.
3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered?	✔			5.6	5.6 Irrespective of the specific layout, a tidy working environment makes carrying out decontamination easier. Therefore, the working environment should be decluttered. The decontamination process should be carried out by ensuring that a dirty- to-clean workflow is maintained (as outlined in paragraph 5.7). This is a one-way process that can be achieved by physical segregation or temporal separation (see paragraph 5.2).
4 Is the dental chair cleaned between each patient?	✔ Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure No specific mention of dental chair cleaning is made in these procedures			6.46 6.62	6.46 All surfaces and equipment should be impervious and easily cleanable. Work surfaces and floor coverings should be continuous, non-slip and where possible jointless. Health Facilities Note 30 – 'Infection control in the built environment' states that the use of carpets is not advised within any clinical or associated (decontamination) area. Attractive vinyl flooring materials are available which can provide aesthetic appeal.
5 Is the dental chair free from rips or tears?	✔			6.62	Dental chairs should be free from visible damage (for example rips and tears).

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
6 Are all surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) free from damage and abrasion?	✔			6.38	6.38 All surfaces should be such as to aid successful cleaning and hygiene. Wherever possible, surfaces (including walls) should be continuous and free from damage and abrasion. They should be free from dust and visible dirt.
7 Are all work-surface joints intact and seamless with no visible damage?	✔			6.46	6.46 All surfaces and equipment should be impervious and easily cleanable. Work surfaces and floor coverings should be continuous, non-slip and where possible jointless. Health Facilities Note 30 – 'Infection control in the built environment' states that the use of carpets is not advised within any clinical or associated (decontamination) area. Attractive vinyl flooring materials are available which can provide aesthetic appeal.
8 Are all surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) free from dust and visible dirt?	✔			6.39	6.39 All surfaces should be such as to aid successful cleaning and hygiene. Wherever possible, surfaces (including walls) should be continuous and free from damage and abrasion. They should be free from dust and visible dirt.
9 Are the surfaces of accessible ventilation fittings/grills cleaned weekly?		✔		6.64	• 6.64 Items of furniture that need to be cleaned at weekly intervals include: • window blinds; • accessible ventilation fittings; • other accessible surfaces such as shelving, radiators and shelves in cupboards.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
10 Are all surfaces in clinical and decontamination areas impervious and easy to clean?	✔			6.64 6.46	• 6.64 Items of furniture that need to be cleaned at weekly intervals include: • window blinds; • accessible ventilation fittings; • other accessible surfaces such as shelving, radiators and shelves in cupboards.
11 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas?	✔			6.66	• 6.66 For infection control reasons, in clinical areas: • covers should be provided over computer keyboards; or • conventional keyboards should be replaced with "easy-clean" waterproof keyboards as recommended in the Department of Health's (2008) 'Clean, safe care: reducing infections and saving lives'. Where covers or conventional keyboards are provided, care should be taken to ensure that covers are changed or that washing is performed at frequent intervals. This should be regarded as a useful priority.
12 Are rooms where clinical practice takes place carpeted?		✔		6.46	6.46 All surfaces and equipment should be impervious and easily cleanable. Work surfaces and floor coverings should be continuous, non-slip and where possible jointless. Health Facilities Note 30 – 'Infection control in the built environment' states that the use of carpets is not advised within any clinical or associated (decontamination) area. Attractive vinyl flooring materials are available which can provide aesthetic appeal.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes

13 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture?		✔		6.47 - 6.49	• 6.47 There should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices.
					• 6.48 Any joints should be welded or sealed where they are unavoidable. Sealing prevents damage due to water ingress under the flooring.
					• 6.49 It should be ensured that surfaces:
					  • can be easily accessed;
					  • will dry quickly.

14 Are soft toys available?		✔		6.73	6.73 Soft toys are often difficult to clean and should accordingly not be provided within practices.
15 Are free-standing or ceiling-mounted fans used in clinical/ decontamination areas?	✔			6.41 6.40	6.41 Ventilation and air quality are important considerations. In non-purpose-built facilities, the control of airflow is a challenging issue. Responsible persons (see Section 3) will need to consider how good standards can be achieved without resorting to unreasonably complex or expensive ventilation systems. Through-wall fan- based ventilation and extraction units will often be useful in this context. In particular, cassette-based systems can be simple to install and produce a balanced airflow at low cost. The use of free-standing or ceiling-mounted fan units, however, is not recommended.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
16 Are records of cleaning maintained in accordance with the HCAI Code of Practice?	✔			6.54	6.54 The dental practice should have a local protocol clearly outlining surface and room cleaning schedules. The cleaning process will be most effective if the more contaminated areas are cleaned first. Materials and equipment used to clean clinical areas and other higher-risk areas should be stored separately from those used for general and non- clinical areas. Simple records should be maintained in accordance with the HCAI Code of Practice.
17 Is cleaning equipment colour-coded in accordance with the National Patient Safety Agency's recommendations as detailed in HTM 01-05?	Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure	✔		6.53	• 6.53 It is often during cleaning work that minor defects, wear or damage to equipment will be detected. Local policies should ensure that such defects are reported to the responsible person. • For floor and general surface cleaning, the NPSA has published a guidance package backed by a colour- coding system for use with materials and equipment. This system should also be useful for dental practices (visit www.npsa.nhs.uk/nrls/alerts-and-directives/ notices/cleaning-materials). • The colour codes used in primary care are: 1. red – for wash-rooms; 2. blue – for offices; 3. green – for kitchens; 4. yellow – for clinical and decontamination areas. • The procedures need to be modified to accommodate these recommendations
18 Is cleaning equipment stored in a non-clinical area?	✔			6.6	6.60 Cleaning equipment should be stored outside patient care areas.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
19 Where disposable single-use covers are used, are they discarded after each patient contact?	✔			6.65	6.65 Purpose-made disposable single-use covers are available for many of the devices mentioned above, including inspection light handles and headrests. The use of these is encouraged but should not be taken as a substitute for regular cleaning. Covers should be removed and surfaces should be cleaned after each patient contact.
20 Are the surfaces of equipment cleaned between each patient (for example, work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surfaces of aspirators and X-ray heads)?	✔ Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure			6.62	• 6.62 Areas and items of equipment local to the dental chair that need to be cleaned between each patient include: 1. local work surfaces; 2. dental chairs; 3. curing lamps; 4. inspection lights and handles; 5. hand controls including replacement of covers; 6. trolleys/delivery units; 7. spittoons; 8. aspirators; 9. X-ray units.
21 Are all taps, drainage points, splash-backs, sinks, aspirators, drains and spittoons cleaned after every session with a surfactant/detergent?	✔ Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure			6.63	• 6.63 Areas and items of equipment that need to be cleaned after each session include: 1. taps; 2. drainage points; 3. splashbacks; 4. sinks. • In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces, including those distant from the dental chair, should be cleaned daily.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
22 Are floors, cupboard doors and accessible high-level surfaces cleaned daily?	✔ Go here for Cleaning the practice Go here for Surgery Cleaning Surgery Notice Go here for Surgery Cleaning Procedure			6.63	• 6.63 Areas and items of equipment that need to be cleaned after each session include: 1. taps; 2. drainage points; 3. splashbacks; 4. sinks. • In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces, including those distant from the dental chair, should be cleaned daily.
23 Are floor coverings in clinical and decontamination areas impervious and easy-to-clean?	✔			6.46, 6.47, 6.49	• 6.46 All surfaces and equipment should be impervious and easily cleanable. Work surfaces and floor coverings should be continuous, non-slip and where possible jointless. Health Facilities Note 30 – 'Infection control in the built environment' states that the use of carpets is not advised within any clinical or associated (decontamination) area. Attractive vinyl flooring materials are available which can provide aesthetic appeal. • 6.47 There should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices. • 6.49 It should be ensured that surfaces: • can be easily accessed; • will dry quickly.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
24 Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas, for example toilet, drain, slop-hopper (a device used for the disposal of liquid or solid waste) to reduce the risk of contamination of a public or staff toilet?	✔				
25 Does the practice have a local policy and procedure/s for spillages in accordance with COSHH?	✔ • Go here for Spillage procedure • Go here for Environmental Cleaning Policy • Go here for Spillage procedure/COSHH			2.4d, 2.6	

4. Hand Hygiene

Standard: Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce the risk of cross-infection

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1 Does the practice have a local policy and procedure/s for hand hygiene?	✔ • Go here for Hand Hygiene			2.6, Appendix 1	• 2.6 All dental practices should have an infection control policy together with guidelines and procedures that contain the following information: • Appendix 1 Hand-hygiene policy
2 Is hand hygiene an integral part of staff induction?	✔ • Go here for Hand Hygiene			6.3	6.3 As part of essential quality requirements, training in hand hygiene should be part of staff induction and be provided to all relevant staff within dental practices periodically throughout the year. Advice is available from the National Patient Safety Agency's (NPSA) website (www.npsa.nhs.uk/ cleanyourhands).

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
3 Is hand hygiene training provided periodically throughout the year?		✔		1.22, 6.3	• 1.22 Training and education in the processes of pathogen control, decontamination, cleaning and hygiene (including hand hygiene), exposure to blood-borne viruses, and infection risk reduction, including waste disposal, should be part of staff induction programmes. They are key aspects of patient safety and service quality. Accordingly the provision of training and competency records is a key requirement. As part of verifiable continuous professional development (CPD), professionals working in this area will receive not less than five hours' training in this area over a period of five years. • 6.3 As part of essential quality requirements, training in hand hygiene should be part of staff induction and be provided to all relevant staff within dental practices periodically throughout the year. Advice is available from the National Patient Safety Agency's (NPSA) website (www.npsa.nhs.uk/cleanyourhands).
4 Is hand hygiene carried out before and after every new patient contact?	✔			Appendix 1	• Appendix 1 Hand-hygiene policy
5 Is hand hygiene performed before donning and after the removal of gloves?	✔			6.4, Appendix 1	• 6.4 • Appendix 1 Hand-hygiene policy

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
6 Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish?	✔			6.8, 6.23, Appendix 1	• 6.8 Fingernails should be kept clean, short and smooth. When viewed from the palm side, no nail should be visible beyond the fingertip. Staff undertaking dental procedures should not wear nail varnish and false fingernails. • 6.23 The following additional guidance is provided: • Long or false nails may also damage the glove, so keep nails short and clean. • Glove integrity can be damaged if in contact with substances such as isopropanol or ethanol; therefore, alcohol rubs/gels should not be used to decontaminate gloves. • Gloves (except household gloves) should not be washed as liquids may be absorbed into the glove and compromise the efficacy of the barrier. • Storage of gloves should follow manufacturers' recommendations. • Domestic household gloves, if used, should be washed with detergent and hot water and left to dry after each use to remove visible soil. Replace these gloves weekly or more frequently if worn or torn or if there is any difficulty in removing soil. • Appendix 1 Hand-hygiene policy

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
7 Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures?	✔			6.9, 6.22	• 6.9 Rings, bracelets and wristwatches should not be worn by staff undertaking clinical procedures. Staff should remove rings, bracelets and wristwatches prior to carrying out hand hygiene. A wedding ring is permitted but the skin beneath it should be washed and dried thoroughly, and it is preferable to remove the ring prior to carrying out dental procedures. • 6.22 Jewellery (for example watches, dress rings, bracelets etc) may damage the integrity of the glove and may pose an infection risk.
8 Are there laminated or wipe-clean posters promoting hand hygiene on display?	✔			6.12	6.13 Hand hygiene is an essential part of preventing infection in the practice. A cleanable poster depicting a six- or eight-step method should be displayed above every clinical wash-hand basin in the practice (see Section 3).

9 Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place?	✔			2.4g, 6.10	• 2.4g Dedicated hand-washing facilities should be provided.
					• 6.10 In accordance with the advice above, a separate wash-hand basin should be provided:
					  • The basin should not have a plug or an overflow and be fitted with a remote running trap (that is, the U-bend is not directly under the plughole).
					  • It should have a sensor-operated or lever- operated mixer tap.
					  • Taps should not discharge directly into the drain aperture as this might generate aerosols.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes

10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place?	✔			2.4u, 6.10, 5.7	• 2.4 u Separate wash-hand basins for use by staff conducting decontamination should be provided. In addition, two dedicated sinks should be available for decontamination work – including where an automated washer- disinfector is in use. These sinks should not be used for hand-washing.
					• 6.10 In accordance with the advice above, a separate wash-hand basin should be provided:
					• The basin should not have a plug or an overflow and be fitted with a remote running trap (that is, the U-bend is not directly under the plughole).
					• It should have a sensor-operated or lever- operated mixer tap.
					• Taps should not discharge directly into the drain aperture as this might generate aerosols.
					• 5.7 Physical segregation within essential quality requirements means using different areas for different activities. A decontamination area should be set up which preferably comprises a single run of sealed, easily cleaned worktops. The following key design points should be observed:
					  • The dirty zone will be used to receive contaminated instruments. An area of benching should be clearly designated for this purpose and used for no other activity.
					  • The washer-disinfector (where available) and/or washing and rinsing sinks or separate bowls within a single sink unit should be installed adjacent to the receiving area. Where necessary, usually owing to space constraints, it is acceptable to use a single sink unit (incorporating two bowls with common supply and taps) for the functions described here.
					  • The ultrasonic cleaner (where used) should be separated from the receiving area and adjacent to the rinsing sink/bowl.
					  • Where a washer-disinfector is used, this may be located adjacent to an ultrasonic cleaner and/or a rinsing sink/bowl but well away from the receiving area.
					  • After washing and disinfection (where applicable), the instruments and devices require inspection. A dedicated clean area of benching with good task lighting should be provided.
					  • After sterilization, the sterilizer will need to be unloaded into another clean, well-lit area. Ensure that this area is kept clean – particularly just before the sterilizer is emptied.
					  • Where possible, air movement should be from clean to dirty areas (see paragraphs 6.41–6.42).
					  • A wash-hand basin should be provided for use by staff at the completion of each stage in the decontamination process. Where this work is conducted adjacent to the treatment area, it is

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
11 Are wash-hand basins free from equipment and other utility items?	✔			2.4g	Dedicated hand-washing facilities should be provided.
12 Is bar soap available at wash-hand basins?		✔		Appendix 1, 6.5	• Appendix 1 - Waste disposal • 6.5 Mild soap should be used when washing hands. Bar soap should not be used. Apply the liquid soap to wet hands to reduce the risk of irritation, and perform hand-washing under running water. Ordinarily, the hand-wash rubbing action should be maintained for about 15 seconds. After the exercise, the hands should be visibly clean. Where this is not the case, the hand hygiene procedure should be repeated.

13 Are hand hygiene facilities clean and intact (check sinks taps, splash-backs, soap and paper-towel dispensers)?	✔			6.63	• 6.63 Areas and items of equipment that need to be cleaned after each session include:
					  • taps;
					  • drainage points;
					  • splashbacks;
					  • sinks.
					• In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces, including those distant from the dental chair, should be cleaned daily.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
14 Are there plugs and overflows on wash-hand basins?	✔			6.1	• 6.10 In accordance with the advice above, a separate wash-hand basin should be provided: • The basin should not have a plug or an overflow and be fitted with a remote running trap (that is, the U-bend is not directly under the plughole). • It should have a sensor-operated or lever- operated mixer tap. • Taps should not discharge directly into the drain aperture as this might generate aerosols.
15 Does the water from the tap discharge away from the drain aperture?	✔			6.1	• 6.10 In accordance with the advice above, a separate wash-hand basin should be provided: • The basin should not have a plug or an overflow and be fitted with a remote running trap (that is, the U-bend is not directly under the plughole). • It should have a sensor-operated or lever- operated mixer tap. • Taps should not discharge directly into the drain aperture as this might generate aerosols.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes

16 Are elbow/wrist/foot-operated electronic mixers or thermostatically-controlled taps available at all wash-hand basins in clinical and decontamination areas?	1 = all; ~~2 = some; 3 = none~~			6.1	• 6.10 In accordance with the advice above, a separate wash-hand basin should be provided:
					  • The basin should not have a plug or an overflow and be fitted with a remote running trap (that is, the U-bend is not directly under the plughole).
					  • It should have a sensor-operated or lever- operated mixer tap.
					  • Taps should not discharge directly into the drain aperture as this might generate aerosols.

17 Are nail-brushes present at wash-hand basins?		✔		Appendix 1	Appendix 1 Hand-hygiene policy
18 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?	✔			6.5, Appendix 1	• 6.5 Mild soap should be used when washing hands. Bar soap should not be used. Apply the liquid soap to wet hands to reduce the risk of irritation, and perform hand-washing under running water. Ordinarily, the hand-wash rubbing action should be maintained for about 15 seconds. After the exercise, the hands should be visibly clean. Where this is not the case, the hand hygiene procedure should be repeated. • Appendix 1 Hand-hygiene policy
19 Is skin disinfectant rub/gel available at the point of care?	✔ • Go here for Hand Hygiene			Appendix 1	Appendix 1 Hand-hygiene policy

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
20 Are good quality disposable absorbent paper towels used at all wash-hand basins?	✔ • Go here for Hand Hygiene			6.6, Appendix 1	• 6.6 Effective drying of hands after washing is important because wet surfaces transfer microorganisms more easily than when they are dry, and inadequately dried hands are prone to skin damage. To prevent recontamination of washed hands, disposable paper towels should be used. • Appendix 1 Hand-hygiene policy
21 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff?		✔		6.7, Appendix 1	• 6.7 Hand cream, preferably water-based, should be used to avoid chapped or cracking skin. Communal jars of hand cream are not desirable as the contents may become contaminated and subsequently become an infection risk. Ideally, wall-mounted hand-cream dispensers with disposable cartridges should be used. Any staff that develop eczema, dermatitis or any other skin condition should seek advice from their occupational health department or general practitioner (GP) as soon as possible. • Appendix 1 Hand-hygiene policy

5. Management of dental medical devices – equipment and dental instruments

Standard: Dental medical devices are operated, maintained, serviced and repaired to ensure adherence to patient safety and manufacturers' instructions

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1 Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices?	✔			1.18,1.20, 2.4a, 2.6, 2.7, 3.54	1.18 All dental practices should have an infection control policy in place and available for external inspection. 1.20Infection control needs to include all aspects of running the dental practice including the maintenance of the equipment. • 2.4 a A local infection control policy subject to update as required by the HCAI Code of Practice, or at two-yearly intervals, whichever is the shorter. • 2.6 All dental practices should have an infection control policy together with guidelines and procedures that contain the following information: • 2.7 Dental practices may consult with the PCT's infection control specialist adviser in order to obtain support in the writing of local policies, within the framework provided here, and the design of local procedures together with guidance implementation planning (see also Chapter 6, which gives general guidance on cleaning and disinfection protocols within the practice). • 3.54 Instruments may become damaged during use or suffer from general wear and tear over their lifespan. If devices are found to be faulty or damaged during inspection and function-testing, or if users identify that they are faulty, they should be taken out of use and either repaired or replaced. Instruments for repair should be decontaminated, labelled to identify they have been through the decontamination process, and then returned to either the manufacturer or a reputable repair

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
2 Does the practice identify an individual with nominated responsibility and authority to ensure that all staff comply with the medical device procedure?	✔			2.4c	2.4c The practice should have a nominated lead member of staff responsible for infection control and decontamination.
3 Has the practice carried out a risk assessment for legionella under the Health & Safety Commission's "Legionnaires' disease – the control of legionella bacteria in water systems: Approved Code of Practice & Guidance" (also known as L8)?	Go here for the Health Protection Agency Code of Practice 'Legionnaires' disease The control of legionella bacteria in water systems Approved Code of Practice and guidance' Go here for Legionella Risk Assessment and Procedure	✔		6.75–6.90, 19.0	• Go to page 11 of the link. • Risk assessment needs to be undertaken - A simple risk assessment may show that the risks are low and in such case no further action will be necessary. Examples include small, domestic-type water systems where temperatures and turnover are high, or where instantaneous water heaters are used. • We have no storage tanks • We use instantaneous water heaters • Temperature and turn-over are high • Chlorine acts as a disinfectant in the supply of drinking water • Delivery of water is below 20º C and thereby below the limit considered to favour bacterial growth
4 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?	✔ Go here for Legionella Risk Assessment and Procedure Go here for Emergency Action Plans Electricity or Water Loss			6.75, 19.2	• 19.2 Contingency plans should be available in the event of the following: • a power failure to hot water system • a mains water failure

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
5 Are all new reusable instruments decontaminated prior to use?	✔ • Go here for Cross Infection Control Policy • Go Here for Decontamination manual cleaning • Go here for Decontamination using autoclave • Go here for Waste Disposal • Go here for Hand Hygiene • Go here for Decontamination of new instruments • Go here for PPE Policy & Procedure • Go here for Recommended Disinfectants • Go here for Spillage procedure • Go here for Environmental Cleaning Policy • Go here for Spillage procedure/COSHH			2.6, 3.4, 10.24	
6 Are contaminated medical devices decontaminated and inspected prior to inspection, maintenance and repair?	✔ Go here for DDP Decontamination Certificates • Go Here for Decontamination manual cleaning • Go here for Decontamination using autoclave			3.54	
7 Are instruments sent for repair labelled to identify that they have been through the decontamination process?	✔ Go here for DDP Decontamination Certificates			3.54	
8 Are single-use instruments reprocessed?		✔		2.17	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
9 Are endodontic files and reamers reused?		✔		2.18	
Dental radiography					
10 Are intra-oral films, digital sensors and cassettes handled and stored safely in accordance with manufacturers' instructions and to reduce cross-infection?	✔			6.72	
11 Are film holders used in intra-oral radiography subject to sterilization after every patient use in accordance with manufacturers' instructions?	✔ • Go here for Decontamination using autoclave			6.72	6.72 Intra-oral radiology film and devices used in digital radiology imaging are potential sources of cross-infection. Accordingly, where reusable devices are used, they should be decontaminated in accordance with the manufacturer's instructions. For intra-oral holders, this will require the use of steam sterilization following washing and disinfection.
Impression material, prosthetic and orthodontic appliances					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
12 Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturers' instructions?	✔			7	7.1 Decontamination of these devices is a multi-step process to be conducted in accord with the device or material manufacturer's instructions. In general terms, the procedure will be as follows: a. Immediately after removal from the mouth, any device should be rinsed under clean running water. This process should continue until the device is visibly clean. b. All devices should receive disinfection according to the manufacturer's instructions. This will involve the use of specific cleaning materials noted in the CE-marking instructions. After disinfection, the device should again be thoroughly washed. This process should occur before and after any device is placed in a patient's mouth. c. If the device is to be returned to a supplier/ laboratory or in some other fashion sent out of the practice, a label to indicate that a decontamination process has been used should be affixed to the package.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
13 Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth?		✔		7.1b	7.1 Decontamination of these devices is a multi-step process to be conducted in accord with the device or material manufacturer's instructions. In general terms, the procedure will be as follows: b. All devices should receive disinfection according to the manufacturer's instructions. This will involve the use of specific cleaning materials noted in the CE-marking instructions. After disinfection, the device should again be thoroughly washed. This process should occur before and after any device is placed in a patient's mouth.
Other medical devices					
14 Are single-use items only used for single-treatment episodes and disposed of following use?	✔			2.17	2.17 A single-use device should only be used during a single treatment episode and then disposed of. It is not intended to be reprocessed and used again – even on the same patient at a later session.
15 Are endodontic reamers and files treated as single-use and disposed of following use?	✔			2.18, 2.19	2.21 Dentists should ensure that endodontic reamers and files are treated as single-use – regardless of the manufacturer's designation – in order to reduce the risk of prion transmission in dentistry.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
16 Are difficult-to-clean instruments/devices (e.g. matrix bands, saliva ejectors, aspirator tips and three-in-one tips etc) identified as single-use?	✔			2.17	2.17 Where instruments are difficult to clean, consideration should be given to replacing them with single-use instruments where possible. In dentistry this will include, but is not limited to, instruments such as matrix bands, saliva ejectors, aspirator tips and three-in-one tips.
Dental unit water lines (DUWLs)					
17 Are in-line filters cleaned/ replaced as per manufacturers' instructions?	✔ In accordance with manufacturers recommendations			6.89, 6.90	6.89 Where in-line filters are used, these will require treatment using an appropriate cleansing solution at intervals recommended by the manufacturer – but always at the end of each session. This step should be performed after first flushing the DUWL. 6.90 If the DUWL has disposable filters, they should be replaced daily.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
18 Is there an independent bottled-water system used to dispense fresh distilled, reverse osmosis (RO) or sterile water to supply the DUWL?	✔ In accordance with manufacturers recommendations			6.84 note	Note The self-contained water supplies used with dental care systems should be freshly distilled or RO water (see Section 3). Certain systems recycle water back to a storage facility. Where this is done, repurification will be necessary at each cycle. If self-contained water bottles are not used, a Type A air gap should separate the DUWLs from the mains water supply. Such arrangements should be subject to consideration of local water quality, particularly where hard water is used.
19 For dental surgical procedures involving irrigation, is a separate single-use sterile water source used for irrigation?	✔ In accordance with manufacturers recommendations			6.91	6.91 For dental surgical procedures, surgical flaps or other access into body cavities involving irrigation, the use of sterile water or sterile isotonic saline provided from a separate single- use source is recommended.
20 Are the DUWLs drained down at the end of every working day?	✔ In accordance with manufacturers recommendations			6.82	6.82 Guidance from L8 (Health & Safety Commission's 'Legionnaires' disease – the control of legionella bacteria in water systems. Approved Code of Practice & Guidance') advises that at-risk systems, particularly those used with the patient, be drained down at least at the end of each working day. Where manufacturers provide protocols for daily cleaning, these should be applied.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
21 Are self-contained water bottles (bottled water system) removed, flushed with distilled or clean RO water and left open to the air for drying on a daily basis and if necessary overnight, and in accordance with manufacturers' guidance?	✔ In accordance with manufacturers recommendations			6.83	6.83 Self-contained water bottles (bottled water system) should be removed, flushed with distilled or RO water and left open to the air for drying overnight. They should be stored inverted.
22 Where bottled water systems are not used, is there a physical air gap separating DUWLs from mains water systems (Type A)?	✔			6.84 note	• This is a design feature of the Planmeca Compact i dental unit - which uses either bottled or 'city' water. • Note • The self-contained water supplies used with dental care systems should be freshly distilled or RO water (see Section 3). Certain systems recycle water back to a storage facility. Where this is done, repurification will be necessary at each cycle. • If self-contained water bottles are not used, a Type A air gap should separate the DUWLs from the mains water supply. Such arrangements should be subject to consideration of local water quality, particularly where hard water is used.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
23 Are DUWLs flushed for 2 minutes at the start of each working day and for 20–30 seconds between every patient?	✔ Go here for Dental Unit Water Lines Flushing Procedure			6.85	6.85 DUWLs should be flushed for at least two minutes at the beginning and end of the day and after any significant period when they have not been used (for example, after lunch breaks). In addition, they should also be flushed for at least 20–30 seconds between patients. Whilst these actions have been shown to have only a small effect on biofilm buildup within the DUWL system, they do usefully reduce microbiological counts in the water delivery tube during the period when patients are likely to be exposed. Some water-purification systems are capable of supplying DUWLs and may be able to reduce microbiological risks.
24 Are all DUWL and hand-pieces fitted with anti-retraction valves?	✔			6.87	This is a feature of the delivery unit and DUWLs
25 Are DUWLs either disposable or purged using manufacturers' recommended disinfectants?	✔ Go here for Dental Unit Water Lines Flushing Procedure			6.84 - 6.86	
26 Are DUWL filters changed according to the manufacturers' guidelines?	✔			6.89, 6.90	
Inhalation sedation machines [ISM]					

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
27 Are ISM breathing systems (tubing, masks, nasal hood and nose pieces) used in accordance with manufacturers' or suppliers' instructions?			✔		
28 Are ISM flowmeters used and maintained in accordance with original equipment manufacturers' or suppliers' instructions?			✔		

6. Personal protective equipment

Standard: Personal protective equipment is available and is used appropriately to reduce the risk of cross-infection

		Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1	Does the practice have a policy and procedures for the use of PPE?	✔ Go here for Health and Safety Policy Statement including PPE			2.6, 6.13	
2	Are staff trained in the use of personal protective equipment as part of the practice induction?	✔ Go here for Health and Safety Policy Statement including PPE Go here for Surgery Cleaning Surgery Notice			6.13	
3	Are powder-free CE-marked gloves used in the practice?	✔			6.2	
4	Are alternatives to latex gloves available?	✔			6.19, 6.20	Nitrile
5	Are all single-use PPE disposed of after each episode of patient care?	✔ Go her for Surgery Protocol			6.21, 6.25, 6.36c	
6	Is hand hygiene performed before donning and following the removal of gloves?	✔ Go here for Hand Washing			6.5, Appendix 2	

Dartmouth Dental Practice - Infection Control Audit Tools

		Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
7	Are clean, heavy-duty household gloves available for domestic cleaning and decontamination procedures where necessary?	✔			6.23	
8	Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use?	✔			6.23	
9	Are heavy-duty household gloves replaced weekly or more frequently if worn or torn?	✔			6.23	
10	Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated?		✔		6.14, 6.24-6.25	
11	Are single-use plastic aprons disposed of as clinical waste after each procedure?			✔	6.25	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
12 Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes?	✔ Most			6.14, 6.24, 6.26-6.29	
13 Are masks disposed of as clinical waste after each use?	✔			6.27 6.36	
14 Are all items of PPE stored in accordance with manufacturers' instructions?	✔			6.14	
15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated?	✔			6.34	
16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly decontaminated?	✔			6.3	
17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care?	✔			6.29	

7. Waste

Standard: Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
1 Does the practice have a policy and procedure/s for the management and disposal of waste?	✔ Go here for Waste Management Procedure			2.6	
2 Have all staff attended induction and ongoing training in the process of waste disposal?	✔			1.22 6.43 (07-01), 6.51 (07-01)	Procedure is incorporated in induction manual
3 Is there evidence that the waste contractor is a registered waste carrier?	✔ Go here for Waste Management Procedure			6.87 (07-01), 6.90 (07-01)	See waste management procedure Appendix 1 for registered waste carriers.
4 Is the practice registered with the Environment Agency if generating over 500 kg per annum of hazardous waste?			✔	3.25 (07-01), 3.26 (07-01)	See waste management procedure Appendix 1 for registered waste carriers.
5 Are all disposable PPE disposed of as clinical waste?	✔			6.26,6.27, 6.36 Figure 13 (07-01)	

Dartmouth Dental Practice - Infection Control Audit Tools

		Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
6	Are orange bags used for infectious Category B waste such as blooded swabs, blood-contaminated gloves and teeth without amalgam fillings?		✔		Figure 13 (07-01), 5.39 (07-01), Ch10 - Dental 12 (07-01)	
7	Are yellow bags with a black stripe (“tiger" bags) used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam?		✔		Figure 13 (07-01), 5.50 (07-01), Ch10 - Dental 8 (07-01)	
8	Are black/clear bags used for domestic waste including paper towels?	✔			Figure 13 (07-01), 5.51 (07-01)	See waste management procedure Appendix 3.
9	Are bins foot-operated or sensor-controlled, lidded and in good working order?	✔ 1 = all; ~~2 = most;~~ ~~3 = none~~			5.90 (07-01)	See waste management procedure Appendix 2 for registered waste carriers.

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a yellow lid that conforms to BS 7320 (1990)/UN 3291?	✔			Figure 13 (07-01), Ch10 - Dental 11 (07-01)	
11 Are clinical waste sacks securely tied and sharps containers locked before disposal?	✔			5.87 (07-01)	
12 Are all clinical waste bags and sharps containers labelled before disposal?	✔			5.23 (07-01), 5.25 (07-01)	
13 Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises?	✔			5.33 (07-01), 5.96 (07-01)	
14 Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 01-05?	✔ Code 180104			3.32 (07-01)	

Dartmouth Dental Practice - Infection Control Audit Tools

	Yes	No	N/A	Reference in HTM	HTM policies/procedures/guidelines and notes
15 Are all consignment notes for all hazardous waste retained for at least 3 years?	✔			6.105 (07-01)	Stored at reception in appropriately marked file
16 Has the practice been assured that a “duty of care” audit has been undertaken and recorded from producer to final disposal?	✔ Go here for Waste Management Procedure			6.1 (07-01), 6.9 (07-01)	Procedure includes Environment Agency registration details
17 Is there evidence the practice is segregating waste in accordance with HTM 01-05?	✔			5.86 (07-01), 5.88 (07-01), 4.18 (07-01	