SELF AUDIT REVIEW FORM

INFECTION PREVENTION AND CONTROL

Introduction

This checklist is a companion to the RCDSO Standard of Practice for Infection Prevention and Control in the Dental Office. For comprehensive information and details on the items contained in this self-audit tool, consult the Standard. You should also refer to Infection Prevention and Control (IPAC) Core Elements in Dental Practice Settings and Reprocessing in Dental Practice Settings, published by Public Health Ontario.

All Oral Health Care Workers (OHCWs) must maintain current knowledge of Infection Prevention and Control (IPAC) policies and procedures and apply and maintain them appropriately and consistently. It is the dentist's responsibility to ensure that staff members are adequately trained in IPAC policies and procedures, and that the necessary supplies and equipment are available, fully operational, up to date and routinely monitored for efficacy.

Your office's IPAC program must focus on reducing the risk of disease transmission, by:

- Identifying, communicating and implementing standards and guidelines using written IPAC policies and procedures, as part of an Office Manual.
- Creating effective occupational health and safety programs for all OHCWs.
- Educating OHCWs, as well as patients and their families, about everyone's role in infection prevention.
- Evaluating and updating IPAC policies and procedures.

All dentists are strongly encouraged to undertake regular audits of the IPAC policies and procedures in their dental office. These audits should assess all core components of IPAC, as well as the reprocessing of instruments.

Routine Practices

The Public Health Agency of Canada uses the term "routine practices" to describe basic standards of IPAC that are required for all safe patient care. Routine practices are based on the concept that all patients are potentially infective, even when asymptomatic, and that the same safe standards of practice must routinely apply to contact with blood, body fluids and secretions (e.g. saliva), mucous membranes and non-intact skin.

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INFECTION PREVENTION AND CONTROL

COMPLETED BY: _____ DATE: _____

DENTIST NAME: _____ RCDSO#: _____

PRACTICE OWNER: _____ RCDSO#: _____

PRACTICE ADDRESS:

1. Physical Space

Infection prevention and control in the dental office includes:

- Hand hygiene infrastructure
- Layout and design of reprocessing areas
- Cleaning of environmental surfaces
- Flow of patients, personnel, equipment and waste

	Compliant	Notes/Comments
RECEPTION AREA		
Note: If the dental conditions of patients with suspected febrile respiratory infections, rash and eye infections, are of an urgent nature, every effort must be made to separate them from other patients by seating them in a secluded operatory as soon as possible.		
Signage requesting patients who are ill to identify themselves to the receptionist	☐ Y ☐ N ☐ N/A	
Alcohol-based hand rub 70-90% (ABHR) and masks are available	☐ Y ☐ N ☐ N/A	
CLEANING & STERILIZATION AREA		
Separate from direct care areas	☐ Y ☐ N ☐ N/A	
One-way flow: dirty to clean	☐ Y ☐ N ☐ N/A	
Separation of dirty and clean areas with either physical distance, or a physical barrier, such as a wall or shield	☐ Y ☐ N ☐ N/A	
Adequately sized cleaning sink	☐ Y ☐ N ☐ N/A	
Dedicated hand hygiene sink	☐ Y ☐ N ☐ N/A	
Adequate non-porous counter space in clinical and reprocessing areas	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
REPROCESSING AREA		
Separate sections for:		
Receiving, cleaning and decontamination	☐ Y ☐ N ☐ N/A	
Rinsing and drying	☐ Y ☐ N ☐ N/A	
Preparation and packaging	☐ Y ☐ N ☐ N/A	
Sterilization	☐ Y ☐ N ☐ N/A	
Storage	☐ Y ☐ N ☐ N/A	
STORAGE AREA		
Clean and dry	☐ Y ☐ N ☐ N/A	
Protected from contamination and damage	☐ Y ☐ N ☐ N/A	
SHARPS CONTAINER		
Puncture-resistant, labelled with universal bio-hazard symbol	☐ Y ☐ N ☐ N/A	
At point-of-use or reprocessing area	☐ Y ☐ N ☐ N/A	
EYEWASH STATION		
Within a 10-second walk (16 to 17 metres) of reprocessing area	☐ Y ☐ N ☐ N/A	
Available for OHCWs and patients	☐ Y ☐ N ☐ N/A	
CHEMICAL CLEANING PRODUCTS		
Drug Identification Number (DIN) present	☐ Y ☐ N ☐ N/A	
Prepared as per Manufacturer's Instructions For Use (MIFU)	☐ Y ☐ N ☐ N/A	
Labelled with expiry date	☐ Y ☐ N ☐ N/A	
Safely stored to prevent contamination	☐ Y ☐ N ☐ N/A	
DAILY ENVIRONMENTAL CLEANING		
Reprocessing areas	☐ Y ☐ N ☐ N/A	
All touch surfaces/floors	☐ Y ☐ N ☐ N/A	
Reception areas, desks, computer equipment and keyboards, waiting room furniture and accessories	☐ Y ☐ N ☐ N/A	

2. Hand Hygiene

Effective hand hygiene is required:

- Before an aseptic procedure
- Before putting on gloves
- After glove removal
- Before and after direct contact with individual patients
- After contact with environmental surfaces, instruments or other equipment in the dental operatory
- After contact with dental laboratory materials or equipment
- Before leaving the clinical operatory
- Before and after eating, drinking, or personal body functions
- Whenever in doubt

	Compliant	Notes/Comments
HANDWASHING PROTOCOLS		
Dedicated hand-hygiene sink is easily accessible at point of care	☐ Y ☐ N ☐ N/A	
Liquid soap available	☐ Y ☐ N ☐ N/A	
70-90% ABHR available	☐ Y ☐ N ☐ N/A	
No bar soap present	☐ Y ☐ N ☐ N/A	
Jewellery removed/re-positioned	☐ Y ☐ N ☐ N/A	
Emollients available for use	☐ Y ☐ N ☐ N/A	
Fingernails clean and trimmed	☐ Y ☐ N ☐ N/A	
Nail polish smooth/no cracks	☐ Y ☐ N ☐ N/A	
No artificial nails or nail enhancements	☐ Y ☐ N ☐ N/A	
Rings should not be worn	☐ Y ☐ N ☐ N/A	

3. Personal Protective Equipment (PPE)

Procedures involving exposure to blood, body fluids and secretions, mucous membranes and non-intact skin require personal protective equipment.

	Notes/Comments
PPE PREPARATION – RISK ASSESSMENT	
Consider:	
Type of procedure	
Likelihood of exposure to body fluids	
Patient's health status	
Patient's cooperation history	
Immune status of the OHCW	
Physical environment and resources available	

	Compliant	Notes/Comments
PPE AVAILABLE AT POINT OF CARE		
Gloves:		
Right before procedure	☐ Y ☐ N ☐ N/A	
Removed after procedure	☐ Y ☐ N ☐ N/A	
Used once, then discarded	☐ Y ☐ N ☐ N/A	
Restricted to room/area of procedure	☐ Y ☐ N ☐ N/A	
Masks:		
Changed between patients	☐ Y ☐ N ☐ N/A	
Changed if wet or contaminated	☐ Y ☐ N ☐ N/A	
Available in appropriate sizes	☐ Y ☐ N ☐ N/A	
Eye protection available	☐ Y ☐ N ☐ N/A	
Protective clothing (gowns) available	☐ Y ☐ N ☐ N/A	

4. Transportation, Cleaning & Sterilization

Critical Instruments	Penetrate soft tissue or contact bone. (all surgical instruments, periodontal scalers)	Cleaning followed by sterilization.
Semi-Critical Instruments	Contact mucous membranes or non-intact skin. (amalgam condensers, mouth mirror, reusable impression trays, handpieces, etc.)	Cleaning followed by sterilization.
Non-Critical Instrument	Contact intact skin, but not mucous membranes, or do not directly contact the patient. (radiograph head/cone, blood pressure cuff, facebow, pulse oximeter, etc.)	Cleaning followed by low-level disinfection.

Critical & Semi-Critical Items

	Compliant	Notes/Comments
GENERAL		
All new critical and semi-critical heat-stable instruments sterilized before first use, as per MIFU	☐ Y ☐ N ☐ N/A	
All heat-stable critical and semi-critical instruments sterilized after each use	☐ Y ☐ N ☐ N/A	
Heat sensitive semi-critical items replaced by heat stable or single-use items	☐ Y ☐ N ☐ N/A	
All single-use items discarded after single use and not sterilized or re-used	☐ Y ☐ N ☐ N/A	
All syringe tips used for etching, bonding, sealant, fluoride and other procedures are discarded after use	☐ Y ☐ N ☐ N/A	
TRANSPORTATION & HANDLING OF CONTAMINATED ITEMS		
Contaminated instruments are transported in a puncture resistant, covered container	☐ Y ☐ N ☐ N/A	
Instrument Handling:		
In dedicated section of reprocessing area	☐ Y ☐ N ☐ N/A	
Scrub brush used	☐ Y ☐ N ☐ N/A	
Brush sterilized daily or discarded	☐ Y ☐ N ☐ N/A	
Wire/metal strainer available for immersing instruments	☐ Y ☐ N ☐ N/A	
Transfer forceps available for removing instruments	☐ Y ☐ N ☐ N/A	
Mask/eyewear/gown/heavy-duty gloves used	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
CLEANING OF CONTAMINATED ITEMS		
Note: Automated process is encouraged.		
Removal Of Debris:		
Gross soil removed immediately	☐ Y ☐ N ☐ N/A	
Automated process	☐ Y ☐ N ☐ N/A	
Contaminated equipment not allowed to dry	☐ Y ☐ N ☐ N/A	
Use Of Ultrasonic and Automated Washers:		
Ultrasonic unit tested weekly for efficacy	☐ Y ☐ N ☐ N/A	
Automated washer tested daily for efficacy	☐ Y ☐ N ☐ N/A	
Name/model of unit:		
Name of solution used:		
Solution prepared and discarded as per MIFU	☐ Y ☐ N ☐ N/A	
STERILIZATION OF CONTAMINATED ITEMS		
Type of sterilizer (check all that apply):		
Steam	☐ Y ☐ N ☐ N/A	
Dry heat	☐ Y ☐ N ☐ N/A	
Make and model:		
Health Canada registered	☐ Y ☐ N ☐ N/A	
Bowie-Dick (air removal) test completed at start of each day for pre-vacuum sterilizers	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
STERILIZATION PROCEDURES		
Instruments are dried prior to sterilizing	☐ Y ☐ N ☐ N/A	
All items packaged as per (MIFU)	☐ Y ☐ N ☐ N/A	
Copies of MIFUs are maintained	☐ Y ☐ N ☐ N/A	
All packages have required chemical indicators (CI):		
Type 1 external	☐ Y ☐ N ☐ N/A	
Type 4, 5, or 6 internal, as required	☐ Y ☐ N ☐ N/A	
All packages labelled with:		
Date	☐ Y ☐ N ☐ N/A	
Sterilizer used	☐ Y ☐ N ☐ N/A	
Load or cycle number	☐ Y ☐ N ☐ N/A	
Contents (if not visible)	☐ Y ☐ N ☐ N/A	
OHCW's initials	☐ Y ☐ N ☐ N/A	
All packages placed in sterilizer as per MIFU	☐ Y ☐ N ☐ N/A	
Packages allowed to dry before removal	☐ Y ☐ N ☐ N/A	
Packages checked for integrity post-cycle	☐ Y ☐ N ☐ N/A	

Note: Implantable devices MUST be quarantined until the BI test results are known. For routine loads, if quarantine pending BI results is not possible, evaluation of a Type 5 or 6 chemical indicator and the specific cycle physical parameters may be used to justify the release of routine loads. There must be written contingency plans (i.e., recall policy and procedure) in the event of reprocessing failures.

Biological Indicators (BI):		
BI plus a control test completed once daily for each type of cycle	☐ Y ☐ N ☐ N/A	
BI procedure as per MIFU	☐ Y ☐ N ☐ N/A	
BI included in every load with implantable devices	☐ Y ☐ N ☐ N/A	
Sterilizer physical parameters (time, temperature & pressure) checked and recorded for each cycle by OHCW doing sterilizing	☐ Y ☐ N ☐ N/A	
USB data or sterilizer print-out checked, verified, initialled by responsible OHCW for each cycle	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
RECORDKEEPING		
Note: For sterilizers without a recording device, physical parameters must by checked during the sterilization cycle for each load and documented.		
Written logbook kept with all monitoring indicator results: physical, chemical and biological	☐ Y ☐ N ☐ N/A	
For each load, log contains:		
Date	☐ Y ☐ N ☐ N/A	
Sterilizer #	☐ Y ☐ N ☐ N/A	
Load #	☐ Y ☐ N ☐ N/A	
Load contents	☐ Y ☐ N ☐ N/A	
Cycle	☐ Y ☐ N ☐ N/A	
Sterilization time	☐ Y ☐ N ☐ N/A	
Temperature	☐ Y ☐ N ☐ N/A	
Pressure	☐ Y ☐ N ☐ N/A	
Name(s) of OHCW responsible for sterilization		
Logbook kept for 10 years after last entry	☐ Y ☐ N ☐ N/A	
Service & Maintenance Log:		
Date(s) of service calls	☐ Y ☐ N ☐ N/A	
Service provider	☐ Y ☐ N ☐ N/A	
Service performed	☐ Y ☐ N ☐ N/A	
Malfunction Episodes:		
Date	☐ Y ☐ N ☐ N/A	
Description		
Action taken		

Non-Critical Items

	Compliant	Notes/Comments
GENERAL		
All clinical contact surfaces and non-critical items cleaned after use and disinfected with an appropriate hospital-grade low-level disinfectant with a DIN between patients and at the end of the workday.	☐ Y ☐ N ☐ N/A	
Disinfectant Wipes:		
The active ingredient is an appropriate hospital-grade disinfectant	☐ Y ☐ N ☐ N/A	
Are kept wet and discarded if they become dry	☐ Y ☐ N ☐ N/A	
Multiple wipes used for large surfaces and equipment	☐ Y ☐ N ☐ N/A	

5. Handling of Injectables

The unsafe and improper handling of injectables (local anesthetics, drugs and solutions for sedation) can result in transmission of blood-borne viruses and other microbial pathogens to patients.

	Compliant	Notes/Comments
ASEPTIC TECHNIQUE		
Perform hand hygiene	☐ Y ☐ N ☐ N/A	
Use aseptic technique	☐ Y ☐ N ☐ N/A	
One drug – one syringe – one patient	☐ Y ☐ N ☐ N/A	
Sharps, needles and syringes are safety engineered sharps (SEMS), whenever reasonable options are available	☐ Y ☐ N ☐ N/A	
Draw up drugs should be drawn up as close in time to use as possible to prevent contamination before injection	☐ Y ☐ N ☐ N/A	
Prepare local anesthetic syringe at the time of use right before injection	☐ Y ☐ N ☐ N/A	
Needles and syringes stored wrapped	☐ Y ☐ N ☐ N/A	
One IV bag – one patient	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
SINGLE DOSE VIALS		
Use once, then discard	☐ Y ☐ N ☐ N/A	
No pooling of unused drug liquid	☐ Y ☐ N ☐ N/A	
Use sterile syringe/needle when entering vial	☐ Y ☐ N ☐ N/A	
MULTI-DOSE VIALS		
Discard vial at/before expiry	☐ Y ☐ N ☐ N/A	
Discard vial if sterility compromised or if date and patient's name are absent	☐ Y ☐ N ☐ N/A	
Discard opened vial as per MIFU or after 28 days, whichever is shorter	☐ Y ☐ N ☐ N/A	
Use aseptic technique: scrub access diaphragm of vials using 70% alcohol and allow to dry before inserting new needle	☐ Y ☐ N ☐ N/A	
Never re-enter a vial with a used needle or used syringe	☐ Y ☐ N ☐ N/A	
Never leave needle in a vial to be attached to a new syringe	☐ Y ☐ N ☐ N/A	
Needles and syringes stored wrapped	☐ Y ☐ N ☐ N/A	
Mark vial with patient's name and date used	☐ Y ☐ N ☐ N/A	

6. Dental Unit Water Lines & Water Quality

Regular waterline maintenance is required to reduce risk of infection from dental unit waterline microorganisms.

	Compliant	Notes/Comments
GENERAL		
Staff are trained regarding biofilm formation, water treatment procedures and maintenance	☐ Y ☐ N ☐ N/A	
Waterline heaters not used	☐ Y ☐ N ☐ N/A	
All handpieces and air/water syringes removed and waterlines flushed for a minimum of 2 minutes at start of each day	☐ Y ☐ N ☐ N/A	
All handpieces, reusable prophylaxis angles, ultrasonic and sonic instruments, air abrasion devices and air/water syringe tips flushed with water coolant for a minimum of 20 seconds after use, and then removed for sterilization	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
GENERAL *(continued)*		
Contact areas disinfected before another handpiece is attached	☐ Y ☐ N ☐ N/A	
Sterile water or sterile saline used for surgical irrigation	☐ Y ☐ N ☐ N/A	
Single use disposables or bulb syringes used for surgical irrigation	☐ Y ☐ N ☐ N/A	
MIFU followed for dental units and maintenance for offices using closed water delivery system	☐ Y ☐ N ☐ N/A	
MIFU followed for testing and preventive maintenance of lines, retraction valves and other accessories	☐ Y ☐ N ☐ N/A	
All suction lines are purged between patients by aspirating water	☐ Y ☐ N ☐ N/A	
All suction lines are purged weekly using an appropriate cleaning solution or enzymatic cleaner	☐ Y ☐ N ☐ N/A	

7. Dental Handpieces & Intra-Oral Devices

Dental devices that are attached to the air or waterlines of the dental unit and contact mucous membranes include:

- High and low-speed handpieces
- Prophylaxis angles
- Ultrasonic and sonic instruments
- Air abrasion devices
- Air/water syringe tips

Such devices may retract oral fluids into their internal compartments and the fluids expelled into the oral cavity of another patient during subsequent use.

	Compliant	Notes/Comments
GENERAL		
Handpieces sterilized after each use	☐ Y ☐ N ☐ N/A	
MIFU are followed re: cleaning, lubrication and sterilization	☐ Y ☐ N ☐ N/A	
Components permanently attached to waterlines are covered with barriers	☐ Y ☐ N ☐ N/A	
Barriers changed after each patient use	☐ Y ☐ N ☐ N/A	
MIFU are followed for maintenance and cleaning of laser and electrosurgery handpieces	☐ Y ☐ N ☐ N/A	

8. Dental Radiography Equipment & Digital Sensors

Follow these steps when taking radiographs to prevent cross-contamination of equipment and environmental surfaces with blood or saliva.

	Compliant	Notes/Comments
GENERAL		
Operator wears gloves when taking radiographs	☐ Y ☐ N ☐ N/A	
Film holders sterilized between patients	☐ Y ☐ N ☐ N/A	
Surface barriers placed on radiographic equipment, replaced between patients and disinfected when contaminated	☐ Y ☐ N ☐ N/A	
Exposed film packet is cleaned, dried and placed in disposable cup for transport	☐ Y ☐ N ☐ N/A	
Barrier pouch, if present, is removed prior to film processing	☐ Y ☐ N ☐ N/A	
New gloves worn and hand hygiene completed before film is processed	☐ Y ☐ N ☐ N/A	
Developing equipment protected with disposable barriers or is disinfected after each use	☐ Y ☐ N ☐ N/A	
DIGITAL SENSORS & OTHER INTRA-ORAL DEVICES		
Digital sensors cleaned and heat sterilized between patients	☐ Y ☐ N ☐ N/A	
Or		
Sensors and intra oral cameras are protected with barrier material	☐ Y ☐ N ☐ N/A	
After barrier material removed, sensors and intra-oral cameras, electric pulp testers, laser and electrosurgery equipment are cleaned and disinfected as per MIFU	☐ Y ☐ N ☐ N/A	

9. Dental Laboratory

Dental prostheses and appliances, as well as items used in their fabrication (impressions, occlusion rims, bite registrations), are potential sources for cross contamination. Make sure:

	Compliant	Notes/Comments
GENERAL		
Impressions, prostheses or appliances are cleaned and disinfected after removal from mouth	☐ Y ☐ N ☐ N/A	
Heat tolerant items used in the mouth (impression trays, metal face bow forks and similar metal instruments) are sterilized after each patient use	☐ Y ☐ N ☐ N/A	
Articulators and case pans are cleaned and disinfected as per MIFU	☐ Y ☐ N ☐ N/A	
Finished prostheses and appliances are returned disinfected from the laboratory, or disinfected in the dental office	☐ Y ☐ N ☐ N/A	
All laboratory tools and instruments are cleaned and sterilized, disinfected or discarded after use, as per MIFU	☐ Y ☐ N ☐ N/A	

10. Environmental Cleaning & Waste Disposal

	Compliant	Notes/Comments
GENERAL		
Waste disposal meets provincial regulations and local bylaws, with attention to sharps and biomedical waste	☐ Y ☐ N ☐ N/A	
Biomedical waste is stored in colour-coded containers marked with universal biohazard symbol	☐ Y ☐ N ☐ N/A	
Biomedical waste is removed for disposal by an approved waste carrier	☐ Y ☐ N ☐ N/A	
ANATOMICAL WASTE		
Note: Extracted teeth are not classified as biomedical waste and should be handled differently. Refer to the Standard for details.		
Human tissue is segregated and stored in red liner bag with universal biohazard symbol	☐ Y ☐ N ☐ N/A	
Spills of blood and other body substances, such as urine, feces and vomit, are contained, cleaned and the area disinfected immediately	☐ Y ☐ N ☐ N/A	

	Compliant	Notes/Comments
NON-ANATOMICAL WASTE		
Sharps are collected in a yellow, puncture-resistant container displaying a universal biohazard symbol	☐ Y ☐ N ☐ N/A	
Sharps container is removed by an approved waste carrier	☐ Y ☐ N ☐ N/A	
Heavily soaked biomedical waste is segregated in yellow bag displaying a universal biohazard symbol	☐ Y ☐ N ☐ N/A	

11. Interruptions in Water Supply Including Boil Water Advisories

	Compliant	Notes/Comments
GENERAL		
Postpone treatment	☐ Y ☐ N ☐ N/A	
Prepare long-term contingency plan	☐ Y ☐ N ☐ N/A	
Use alternate water source through closed delivery system, if available	☐ Y ☐ N ☐ N/A	
Rinse with bottled or distilled water	☐ Y ☐ N ☐ N/A	
No handwashing with tap water	☐ Y ☐ N ☐ N/A	
When regular water resumes, flush all lines and taps for 5 minutes, the dental unit waterlines in all dental units and equipment must be disinfected according to the manufacturer's instructions prior to use	☐ Y ☐ N ☐ N/A	

12. Policies, Procedures & Recordkeeping

	Compliant	Notes/Comments
REQUIRED REFERENCE ITEMS FOR AN OFFICE MANUAL		
RCDSO Standard on IPAC	☐ Y ☐ N ☐ N/A	
MIFU for all instruments and products	☐ Y ☐ N ☐ N/A	
Safety Data Sheets (SDS) for all equipment and materials	☐ Y ☐ N ☐ N/A	
Readily available written policies, procedures (and when relevant, records) for:		
Managing patients with suspected febrile respiratory infections, rash and eye infections	☐ Y ☐ N ☐ N/A	
A hand hygiene program that includes easy access to hand hygiene agents at patient point-of-care and effective use of emollients	☐ Y ☐ N ☐ N/A	
Water quality maintenance and interruption episodes	☐ Y ☐ N ☐ N/A	
Sterilization equipment maintenance	☐ Y ☐ N ☐ N/A	
Reprocessing system evaluation and documentation	☐ Y ☐ N ☐ N/A	
Improperly reprocessed instruments	☐ Y ☐ N ☐ N/A	
Ensuring that dental/medical equipment/ devices that cannot be cleaned and reprocessed according to the recommended standards are not purchased, or are designated as single-use	☐ Y ☐ N ☐ N/A	
Procedure for spill containment disinfection & clean-up	☐ Y ☐ N ☐ N/A	
Procedure and schedule for cleaning reprocessing area	☐ Y ☐ N ☐ N/A	
Procedure and policy re: workplace safety and staff immunization	☐ Y ☐ N ☐ N/A	
Policies and procedures are reviewed and updated as required on an annual basis	☐ Y ☐ N ☐ N/A	
Staff members have access to the IPAC policies and procedures and are familiar with their use	☐ Y ☐ N ☐ N/A	
A record is readily available of hepatitis B vaccination and documented immunity to hepatitis B by serology for all OHCWs, and kept in a way as to maintain the confidentiality of OHCWs' personal health information	☐ Y ☐ N ☐ N/A	

13. Education & Training

	Compliant	Notes/Comments
GENERAL		
All staff have completed IPAC and reprocessing training	☐ Y ☐ N ☐ N/A	
Training sessions and CE courses are recorded in Office Manual	☐ Y ☐ N ☐ N/A	
Staff attendance recorded at all training sessions and meetings	☐ Y ☐ N ☐ N/A	
All staff receive device-specific training from manufacturer's reps	☐ Y ☐ N ☐ N/A	
Staff undergo regular IPAC competency audits	☐ Y ☐ N ☐ N/A	