



Summary of Infection Prevention Practices in Dental Settings Basic Expectations for Safe Care

MODULE 10 — Program Evaluation

Modules in the Slide Series

1. Introduction
2. Hand Hygiene
3. Personal Protective Equipment
4. Respiratory Hygiene/Cough Etiquette
5. Sharps Safety
6. Safe Injection Practices
7. Sterilization and Disinfection of Patient-Care Items and Devices
8. Environmental Infection Prevention and Control
9. Dental Unit Water Quality
- 10. Program Evaluation (this module)**

Program Evaluation

A systematic way to ensure that procedures are useful, feasible, ethical, and accurate.

- Develop standard operating procedures.
- Evaluate infection prevention practices.
- Document adverse outcomes.
- Document work-related illnesses.
- Monitor health care-associated infections.

Examples of Methods for Evaluating Infection Prevention Programs

PROGRAM ELEMENT	EVALUATION ACTIVITY
Appropriate immunizations of dental health care personnel (DHCP).	Conduct an annual review of individual personnel records to ensure up-to-date immunizations.
Education and training.	Conduct an annual review to ensure that all DHCP received training on initial employment, when new tasks or procedures affected the employee's occupational exposure, and, at a minimum, annually.
Assessment of occupational exposures to infectious agents.	Report occupational exposures to infectious agents. Document the steps that occurred around the exposure and plan how such exposures can be prevented in the future.
Adherence to hand hygiene before and after patient care.	Observe and document circumstances of appropriate or inappropriate handwashing. Review findings in a staff meeting.

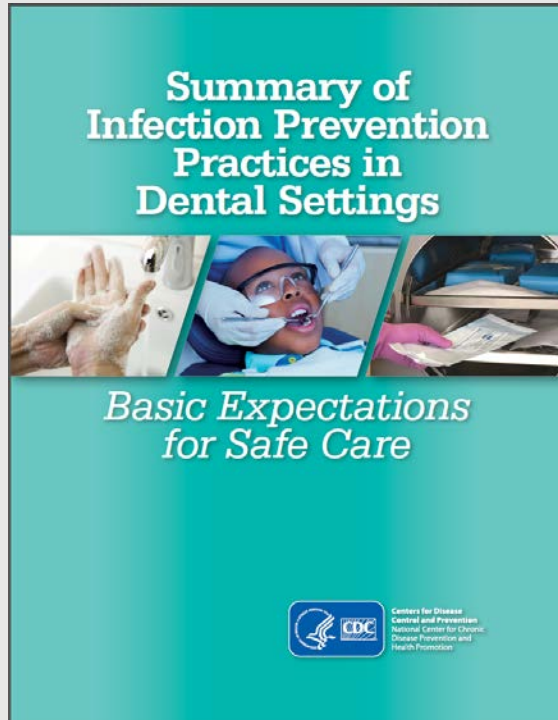
Key Recommendations for PROGRAM EVALUATION in Dental Settings.

- 1. Establish routine evaluation of the infection prevention program, including evaluation of DHCP adherence to infection prevention practices.**

Program evaluation strategies and tools:

- Checklists to document procedures.
- Periodic observational assessment.
- Constructive review and feedback to staff.

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care



Includes a checklist to evaluate compliance with infection prevention practices:

- Section 1: Policies and Practices
- Section 2: Direct Observation of Personnel and Patient-Care Practices

Checklist Section I: Policies and Practices.

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Facility name: _____

Completed by: _____

Date: _____

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards</p> <p>Note: Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate</p> <p>Note: This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>D. Supplies necessary for adherence to Standard Precautions are readily available</p> <p>Note: This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter</p> <p>Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Checklist Section II: Direct Observation of Personnel and Patient-Care Practices.

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

Facility name: _____
 Completed by: _____
 Date: _____

II.1 Hand Hygiene is Performed Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Before and after treating each patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Before putting on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Immediately after removing gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Hand hygiene is performed immediately after removal of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Masks, Protective Eyewear, and Face Shields		
a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DHCP change masks between patients and during patient treatment if the mask becomes wet	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Electronic Fillable Checklist

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Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Facility name:
 Completed by:
 Date:

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<p>A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards</p> <p>Note: Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate</p> <p>Note: This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>D. Supplies necessary for adherence to Standard Precautions are readily available</p> <p>Note: This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter</p> <p>Note: System may include taking a travel and</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Use of Checklists

- Identify an infection control coordinator.
- Assess policies and practices at least annually, or more often, according to state or federal requirements.
- Identify all procedures performed in your setting and refer to those sections of the checklist.
 - Certain sections may not apply.



Example of Direct Observation

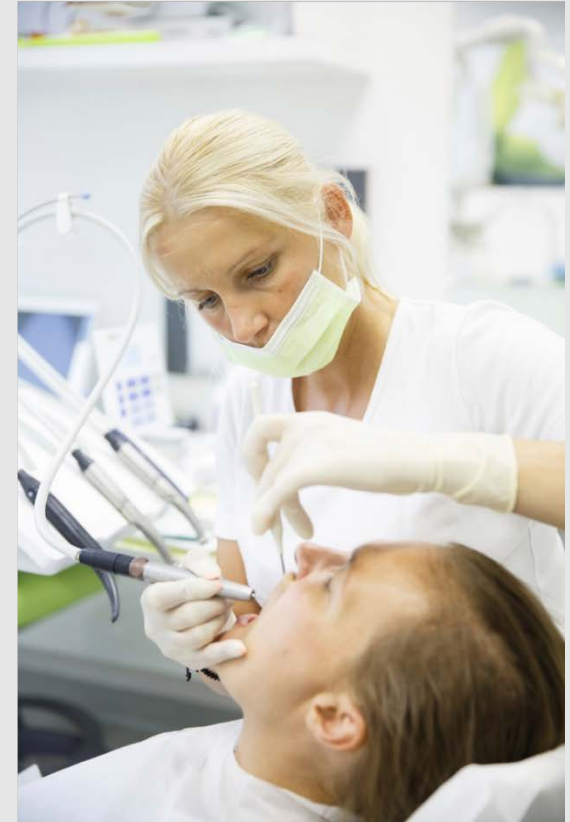
Personal Protective Equipment (PPE)

What are your observations?

Direct Observation of Personnel and Patient-Care Practices

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Hand hygiene is performed immediately after removal of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Masks, Protective Eyewear, and Face Shields		
a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DHCP change masks between patients and during patient treatment if the mask becomes wet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Gloves		
a. DHCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DHCP do not wash examination or sterile surgeon's gloves for the purpose of reuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. DHCP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. DHCP wear sterile surgeon's gloves for all surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
f. DHCP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Protective Clothing		
a. DHCP wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. DHCP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Example of a completed checklist

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Infection Prevention Checklist
Section II: Direct Observation of Personnel and Patient-Care Practices

Facility name: Smiles A Lot
Completed by: Jane Jones
Date: 09/01/2016

II.1 Hand Hygiene is Performed Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C. Before and after treating each patient	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. Before putting on gloves	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
E. Immediately after removing gloves	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures <small>Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Office does not perform surgical procedures.

II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hygienist did not wear removable protective gown or eyewear.
B. Hand hygiene is performed immediately after removal of PPE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C. Masks, Protective Eyewear, and Face Shields a. DHP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. DHP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. DHP change masks between patients and during patient treatment if the mask becomes wet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hygienist did not wear mask properly (did not cover nose). Hygienist did not wear protective eyewear or a face shield.

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II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
D. Gloves a. DHP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. DHP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. DHP do not wash examination or sterile surgeon's gloves for the purpose of reuse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. DHP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No e. DHP wear sterile surgeon's gloves for all surgical procedures <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</small> f. DHP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Office does not perform surgical procedures.
E. Protective Clothing a. DHP wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. DHP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hygienist wore short sleeve scrub top and no protective clothing that could be removed if soiled or when leaving the patient treatment area.

II.3 Respiratory Hygiene/Cough Etiquette

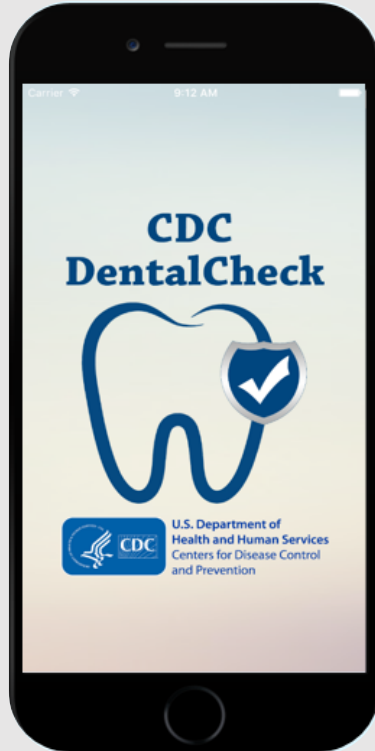
Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Signs are posted at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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If the Answer to Any of The Questions is “No”...

- Determine why correct practice was not being performed.
- Correct the practice.
- Educate DHCP.
- Reassess practice to ensure compliance.
- Determine if risk is posed to patients by the deficient practice.
 - Certain lapses can result in bloodborne pathogen transmission. Measures to address lapses should be taken immediately.
 - May warrant consultation with state or local health department.

CDC DentalCheck Mobile App



- Interactive version of the Infection Prevention Checklist for Dental Settings.
- Portable, easy-to-use, and streamlined format.
- Available for free download at the iTunes App and Google Play Stores.
- For use on all mobile iOS and Android devices.

CDC DentalCheck Key Features

- Allows users to check **Yes** or **No** to acknowledge compliance with a list of administrative policies or observed practices.
- Provides basic infection prevention principles and recommendations for dental health care settings.
- Allows users ability to export results for records management.
- Provides links to full guidelines and source documents that users can reference for more detailed background and recommendations.

Program Evaluation Resources

- CDC. *Guidelines for Infection Control in Dental Health-Care Settings—2003* ; and Table 5: Examples of methods for evaluating infection control programs
- CDC. *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*; and Appendix A: Infection Prevention Checklist for Outpatient Settings
- CDC. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*; and Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care
- Centers for Medicare and Medicaid Services. Exhibit 351. Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet
- The Joint Commission. *Measuring Hand Hygiene Adherence: Overcoming the Challenges*

End of Module 10

For more information, contact Centers for Disease Control and Prevention (CDC).
1-800-CDC-INFO (232-4636)
TTY:1-888-232-6348 • www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.