

Infection Control Assessment and Response (ICAR) Tool for Dental Facilities

Developed by Nebraska ICAP and adapted from CDC's Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

	Question			
Domain	ID	Elements To Be Assessed	Assessment	Notes
Facility Demographics	000100	Facility/Site Name		
Facility Demographics	000200	Site ID		
Facility Demographics Facility Demographics	000300	Date Assessed		1
Hand Hygiene is Performed	000400	Completed by		l .
Correctly	010100	When hands are visibly soiled.		
Hand Hygiene is Performed Correctly	010200	After accidental barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions.		
Hand Hygiene is Performed Correctly	010300	Before and after treating each patient.		
Hand Hygiene is Performed Correctly	010400	Before putting on gloves.		
Hand Hygiene is Performed Correctly	010500	Immediately after removing gloves.		
Hand Hygiene is Performed Correctly	010600	Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures. Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
Personal Protective Equipment	020100	PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas).		
(PPE) is Used Correctly Personal Protective Equipment (PPE) is Used Correctly	020200	Hand hygiene is performed immediately after removal of PPE.		
Personal Protective Equipment		Masks, Protective Eyewear, and Face Shields: DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids.		
(PPE) is Used Correctly	020301			
Personal Protective Equipment (PPE) is Used Correctly	020302	Masks, Protective Eyewear, and Face Shields: 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.		
(11 L) is oscu correctly	020302	,		
Personal Protective Equipment (PPE) is Used Correctly	020303	Masks, Protective Eyewear, and Face Shields: DHCP change masks between patients and during patient treatment if the mask becomes wet.		
Personal Protective Equipment (PPE) is Used Correctly	020401	Gloves: DHCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment.		
Personal Protective Equipment (PPE) is Used Correctly	020402	Gloves : DHCP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient.		
Personal Protective Equipment (PPE) is Used Correctly	020403	Gloves : DHCP do not wash examination or sterile surgeon's gloves for the purpose of reuse.		
Personal Protective Equipment (PPE) is Used Correctly	020404	Gloves: DHCP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM.		
Personal Protective Equipment (PPE) is Used Correctly	020405	Gloves: DHCP wear sterile surgeon's gloves for all surgical procedures. Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
Personal Protective Equipment (PPE) is Used Correctly	020406	Gloves: DHCP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves.		
Personal Protective Equipment (PPE) is Used Correctly	020501	Protective Clothing: 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.		
Personal Protective Equipment (PPE) is Used Correctly	020502	Protective Clothing : DHCP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids.		
Respiratory Hygiene / Cough Etiquette	030100	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).		
Respiratory Hygiene / Cough Etiquette	030200	Tissues and no-touch receptacles for disposal of tissues are provided.		
Respiratory Hygiene / Cough Etiquette	030300	Resources are provided for patients to perform hand hygiene in or near waiting areas.		
Respiratory Hygiene / Cough Etiquette	030400	Face masks are offered to coughing patients and other symptomatic persons when they lenter the setting.		

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Domain Respiratory Hygiene / Cough	ID	Persons with respiratory symptoms are encouraged to sit as far away from others as		
Etiquette	030500	possible. If possible, a separate waiting area is ideal.		
		Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needleless		
Sharps Safety	040100	IV ports) are used to prevent injuries. Examples source: CDC Basic Expectations for Safe Care Training Module 5		
Sharps Salety	040100			
		Work practice controls (e.g., one-handed scoop technique for recapping needles, removing burs before disconnecting handpieces) are used to prevent injuries.		
Sharps Safety	040200	DHCP do not recap used needles by using both hands or any other technique that		
Sharps Safety	040300	involves directing the point of a needle toward any part of the body.		
		DHCP use either a one-handed scoop technique or a mechanical device designed for		
Sharps Safety	040400	holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a reusable aspirating syringe).		
		All sharps are disposed of in a puncture-resistant sharps container located as close as		
Sharps Safety	040500	possible to the area in which the items are used. Sharps containers are disposed of in accordance with federal, state and local regulated		
Sharps Safety	040600	medical waste rules and regulations.		
		Sharps containers are positioned in compliance with OHSA and NIOSH guidance.		
Sharps Safety	040700	, , , , , , , , , , , , , , , , , , ,		
		Injections are prepared using an aseptic technique in a clean area free from contaminants or contact with blood, body fluids, or contaminated equipment.		
Safe Injection Practices	050100			
		Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and other devices such as insulin pens).		
		Note: When using a dental cartridge syringe to administer local anesthesia, do not use		
		the needle, syringe, or anesthetic cartridge for more than one patient. Ensure that the		
Safe Injection Practices	050200	dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.		
		The rubber septum on a medication vial is disinfected with alcohol before piercing.		
Safe Injection Practices	050300	Medication containers (single and multi-dose vials, ampules, and bags) are entered with		
		a new needle and a new syringe, even when obtaining additional doses for the same		
Safe Injection Practices	050400	patient.		
Safe Injection Practices	050500	Single-dose (single-use) vials, ampules, and bags or bottles of intravenous solutions are used for only one patient.		
		Leftover contents of single-dose vials, ampules, and bags of intravenous solutions are		
Safe Injection Practices Safe Injection Practices	050600 050700	not combined for later use. Single-dose vials for parenteral medications are used when possible.		
oute injection i radiace	030700	When using multi-dose medication vials: multi-dose vials are dedicated to individual		
Safe Injection Practices	050801	patients whenever possible.		
		When using multi-dose medication vials: multi-dose vials to be used for more than one		
		patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination of		
		the vial		
		Note: If a multi-dose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.		
Safe Injection Practices	050802			
		When using multi-dose medication vials: multi-dose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date		
	05	for that opened vial.		
Safe Injection Practices	050803	Note: This is different from the expiration date printed on the vial. Fluid infusion and administration sets (i.e., IV bags, tubings, and connections) are used		
Safe Injection Practices	050900	for one patient only and disposed of appropriately.		
Sterilization and Disinfection of		Single-use devices are discarded after one use and not used for more than one patient.		
Patient-Care Items and Devices	060100	James are devices are discarded after one use and not used for more than one patient.		
		Reusable critical and semi-critical dental items and devices are cleaned and heat-		
Sterilization and Disinfection of		sterilized according to manufacturer instructions between patient use. Note: If the manufacturer does not provide reprocessing instructions, the item or device		
Patient-Care Items and Devices	060200	may not be suitable for multi-patient use.		
		Adequate time for reprocessing is allowed to ensure adherence to all steps		
		recommended by the device manufacturer, including drying and proper storage. Note: Facilities should have an adequate supply of instruments for the volume of procedures		
a		performed and should schedule procedures to allow sufficient time for all reprocessing		
Sterilization and Disinfection of Patient-Care Items and Devices	060201	steps. Source: CDC Outpatient ICAR tool		
care recins and serices	000201	Cleaning is performed as soon as practical after use (e.g., at the point of use) to prevent		
Sterilization and Disinfection of	060303	soiled materials from becoming dried onto devices.		
Patient-Care Items and Devices	060202	Source: CDC Outpatient ICAR tool Prior to transportation, items contaminated with blood and other potentially infectious		
		materials are placed in a container.		
Sterilization and Disinfection of		Note: container should be puncture-resistant, leak-proof on the bottom and sides, labeled as biohazardous, and sealed.		
Patient-Care Items and Devices	060203	Source: OSHA 1910.1030(d)(2)(xiii)		
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Sterilization and Disinfection of Patient-Care Items and Devices	060300	Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization.		
Sterilization and Disinfection of Patient-Care Items and Devices	060301	Cleaning brushes are disposable or, if reusable, cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after use. Source: CMS Hospital Infection Control Worksheet 3.A.9		
Sterilization and Disinfection of Patient-Care Items and Devices	060400	Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector) is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood.		
Sterilization and Disinfection of Patient-Care Items and Devices	060500	Work-practice controls that minimize contact with sharp instruments (e.g., long- handled brush) are used and appropriate PPE is worn (e.g., puncture- and chemical- resistant utility gloves) if manual cleaning is necessary.		
Sterilization and Disinfection of Patient-Care Items and Devices	060600	After cleaning and drying, instruments are appropriately wrapped / packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer).		
Sterilization and Disinfection of Patient-Care Items and Devices	060700	A chemical indicator is used inside each package. If the internal indicator is not visible from the outside, an exterior chemical indicator is also used on the package. Note: The chemical indicators may be integrated into the package design.		
Sterilization and Disinfection of Patient-Care Items and Devices	060800	Sterile packs are labeled at a minimum with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable an expiration date.		
Sterilization and Disinfection of Patient-Care Items and Devices	060900	FDA-cleared medical devices for sterilization are used according to manufacturer's instructions.		
Sterilization and Disinfection of Patient-Care Items and Devices	061000	A biologic indicator (i.e., spore test) is used at least weekly and with every load containing implantable items.		
Sterilization and Disinfection of Patient-Care Items and Devices	061100	Logs for each sterilizer cycle are current and include results from each load and comply with state and local regulations.		
Sterilization and Disinfection of Patient-Care Items and Devices	061101	Immediate-use steam sterilization, if performed, is only done in circumstances in which routine sterilization procedures cannot be performed. Source: Outpatient CDC ICAR IC Assessment tool		
Sterilization and Disinfection of Patient-Care Items and Devices	061102	Instruments that undergo immediate-use steam sterilization are used immediately and not stored. Source: Outpatient CDC ICAR IC Assessment tool		
Sterilization and Disinfection of Patient-Care Items and Devices	061200	After sterilization, dental devices and instruments are stored so that sterility is not compromised.		
Sterilization and Disinfection of Patient-Care Items and Devices	061300	Sterile packages are inspected for integrity and compromised packages are reprocessed before use.		
Sterilization and Disinfection of Patient-Care Items and Devices	061400	Instrument packs are not used if mechanical (e.g., time, temperature, pressure) or chemical indicators indicate inadequate processing (e.g., color change for chemical indicators).		
Sterilization and Disinfection of Patient-Care Items and Devices	061500	The instrument processing area has a workflow pattern designed to ensure that devices and instruments clearly flow from high contamination areas to clean / sterile areas (i.e., there is clear separation of contaminated and clean workspaces).		
Sterilization and Disinfection of Patient-Care Items and Devices	061600	Reusable heat sensitive semicritical items that cannot be replaced by a heat stable or disposable alternative are high-level disinfected according to manufacturer's instructions.		
Sterilization and Disinfection of Patient-Care Items and Devices	061700	High-level disinfection products are used and maintained according to manufacturer instructions.		
Sterilization and Disinfection of Patient-Care Items and Devices	061701	Manufacturer instructions are followed for preparation. Source: Outpatient CDC ICAR IC Assessment tool		
Sterilization and Disinfection of Patient-Care Items and Devices	061702	Manufacturer instructions are followed for testing for appropriate concentration. Source: Outpatient CDC ICAR IC Assessment tool		
Sterilization and Disinfection of Patient-Care Items and Devices	061703	Manufacturer instructions are followed for replacement (i.e., upon expiration or loss of efficacy) Source: Outpatient CDC ICAR IC Assessment tool		
Sterilization and Disinfection of Patient-Care Items and Devices	061800	Dental handpieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions.		
Sterilization and Disinfection of Patient-Care Items and Devices	061901	If digital radiography is used in the dental setting — FDA-cleared barriers are used to cover the sensor and barriers are changed between patients.		

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		If digital radiography is used in the dental setting — After the surface barrier is removed, the sensor is ideally cleaned and heat sterilized or high-level disinfected		
		according to the manufacturer's instructions. If the item cannot tolerate these		
		procedures, then at a minimum, the sensor is cleaned and disinfected with an intermediate-level, EPA-registered hospital disinfectant.		
Sterilization and Disinfection of		Note: Consult with manufacturers regarding compatibility of heat sterilization methods		
Patient-Care Items and Devices	061902	and disinfection products.		
		Clinical contact surfaces are either barrier-protected or cleaned and disinfected with an		
Environmental Infection		EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood.		
Prevention and Control	070100	Surface barriers are used to protect clinical contact surfaces that are difficult to clean		
Environmental Infection		(e.g., switches on dental chairs, computer equipment, connections to hoses) and are		
Prevention and Control Environmental Infection		changed between patients.		
		Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE).		
Environmental Infection		Regulated medical waste is handled and disposed of according to local, state, and		
Prevention and Control		federal regulations. DHCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to		
		infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye		
Environmental Infection		protection). Note: The correct type of PPE depends on infectious or chemical agent and anticipated		
		type of exposure.		
		Dental unit waterline treatment products / devices are used to ensure water meets EPA		
Water Management	080100	regulatory standards for drinking water (i.e., ≤ 500 CFU / mL of heterotrophic water bacteria) for routine dental treatment output water.		
, and the second		Product manufacturer instructions (i.e., waterline treatment product, dental unit		
Water Management		manufacturer) are followed for chemical disinfection/ filtration of dental water.		
Water Management		Product manufacturer instructions (i.e., waterline treatment product, dental unit		
Water Management	080102	manufacturer) are followed for chemical shocking of dental unit lines.		
		Sterile saline or sterile water is used as a coolant / irrigant when performing surgical		
		procedures. Note: Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile		
		bulb syringe, single-use disposable products, and sterilizable tubing).		
		Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.		
Water Management	080200	Approved delivery method is used when dispensing steril water during surgical		
Water Management		procedures (eg: sterile syringe delivery).		
		For any device connected to the dental water system that enters the patient's mouth:		
		Water and air are discharged for a minimum of 2 minuts at the beginning of each day.		
		Note: Examples include hand pieces, ultrasonic scalers, air or water syringes Source: CDC Basic Expectations for Safe Care Training Module 9 Dental Unit Water		
Water Management		Quality		
		For any device connected to the dental water system that enters the patient's mouth:		
		Water and air are discharged for a minimum of 20-30 seconds after each patient.		
		Note: Examples include hand pieces, ultrasonic scalers, air or water syringes source: CDC Basic Expectations for Safe Care Training Module 9 Dental Unit Water		
Water Management		Quality		
	080400	Equipment is used that requires filtered or distilled water (e.g. autoclaves).		
Water Management	080401	Manufacturers IFUs are followed to ensure the appropriate water quality is used in		
		equipment. Facility has an in house system to produce water needed for equipment.		
14/-4 14		Facility has an in house system to automatically fill/ drain any equipment that requires		
Water Management		water for use. DHCP can identify where anti-retraction mechanisms are in place.		
Water Management	080500	Source: NE ICAP Recommendation		
		Manufacturer's instructions for maintenance of anti-retraction mechanisms are available.		
Water Management		Source: NE ICAP Recommendation		
		If maintenance is recommended for anti-retraction mechanisms, the site can provide		
		evidence that the maintenance has been done and is up to date.		1