

**Infection Control Assessment and Response (ICAR) Tool for Dental Facilities  
Policy and Process Checklist**

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

Domain	Question ID	Elements To Be Assessed	Assessment	Notes
Facility Demographics	000100	Facility/Site Name		
Facility Demographics	000200	Site ID		
Facility Demographics	000300	Date Assessed		
Facility Demographics	000400	<b>Are Surgical Procedures performed at this facility?</b> <i>Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i>		
Facility Demographics	000500	Site COVID-19 Vaccination Rate		
Administrative Measures	010100	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. <i>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 .</i>		
Administrative Measures	010200	Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate <i>Note: This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.</i>		
Administrative Measures	010300	At least one individual trained in infection prevention is assigned responsibility for coordinating the program.		
Administrative Measures	010301	How was that person trained in infection prevention? APIC course, NICN, CDC infection prevention practices in dental settings (online modules), or other? <i>Source: NE ICAP team</i>		
Administrative Measures	010400	Supplies necessary for adherence to Standard Precautions are readily available <i>Note: This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).</i>		
Administrative Measures	010500	Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter <i>Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene / cough etiquette.</i>		
Infection Prevention Education and Training	020101	DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard — <b>upon hire</b>		
Infection Prevention Education and Training	020102	DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard — <b>annually</b>		
Infection Prevention Education and Training	020103	DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard — <b>when new tasks or procedures affect the employee's occupational exposure</b>		
Infection Prevention Education and Training	020104	DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard — <b>according to state or federal requirements</b>		
Infection Prevention Education and Training	020200	Training records are maintained in accordance with state and federal requirements.		
Dental Health Care Personnel Safety	030100	Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility) <i>Note: A model template that includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: <a href="https://www.osha.gov/Publications/osha3186.pdf">https://www.osha.gov/Publications/osha3186.pdf</a>.</i>		
Dental Health Care Personnel Safety	030201	DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard: <b>upon hire</b>		
Dental Health Care Personnel Safety	030202	DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard: <b>at least annually</b>		
Dental Health Care Personnel Safety	030300	Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles, mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis))		
Dental Health Care Personnel Safety	030400	Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious material (OPIM)		
Dental Health Care Personnel Safety	030500	Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the 3-dose vaccination series.		
Dental Health Care Personnel Safety	030600	All DHCP are offered annual influenza vaccination. <i>Note: Providing the vaccination at no cost is a strategy that may increase use of this preventive service.</i>		

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Dental Health Care Personnel Safety	030700	A log of needlesticks, sharps injuries, and other employee exposure events is maintained according to state or federal requirements.		
Dental Health Care Personnel Safety	030800	Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that offer personnel health services) to ensure prompt and appropriate provision of preventive services, occupationally-related medical services, and postexposure management with medical follow-up.		
Dental Health Care Personnel Safety	030900	Following an occupational exposure event, postexposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a qualified health care professional.		
Dental Health Care Personnel Safety	031000	Facility has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions.		
Dental Health Care Personnel Safety	031001	Work-exclusion policies that encourage reporting of illnesses and do not penalize staff with loss of wages, benefits, or job status.		
Dental Health Care Personnel Safety	031002	Education of personnel on the importance of prompt reporting of illness to supervisor.		
Program Evaluation	040100	Written policies and procedures for routine monitoring and evaluation of the infection prevention and control program are available.		
Program Evaluation	040200	Adherence with certain practices such as immunizations, hand hygiene, sterilization monitoring, and proper use of PPE is monitored and feedback is provided to DHCP.		
Program Evaluation	040300	Patients who have undergone procedures at the facility are educated regarding signs and symptoms of infection that may be associated with the procedure and instructed to notify the facility if such signs or symptoms occur. <i>Source: Outpatient ICAR tool</i>		
Program Evaluation	040400	Post procedure infections and/or adverse events are recorded by the facility, with ability to investigate trends. <i>Source: NE ICAP team</i>		
Hand Hygiene	050100	Supplies necessary for adherence to hand hygiene for routine dental procedures (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible to DHCP).		
Hand Hygiene	050101	If surgical procedures are performed, appropriate supplies are available for surgical hand scrub technique (e.g., antimicrobial soap, alcohol-based hand scrub with persistent activity). <i>Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i>		
Hand Hygiene	050200	DHCP are trained regarding appropriate indications for hand hygiene including handwashing, hand antisepsis, and surgical hand antisepsis. <i>Note: Use soap and water when hands are visibly soiled (e.g., blood, body fluids). Alcohol-based hand rub may be used in all other situations.</i>		
Hand Hygiene	050201	HCP are required to demonstrate competency with hand hygiene following each training. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Hand Hygiene	050202	Facility routinely audits (monitors and documents) adherence to hand hygiene. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Hand Hygiene	050203	Facility provides feedback from audits to personnel regarding their hand hygiene performance. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Hand Hygiene	050204	Hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations. Note: Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Personal Protective Equipment (PPE)	060100	Sufficient and appropriate PPE is available (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear / face shields, utility gloves, sterile surgeon's gloves for surgical procedures) and readily accessible to DHCP.		
Personal Protective Equipment (PPE)	060200	DHCP receive training on proper selection and use of PPE.		
Personal Protective Equipment (PPE)	060201	HCP are required to demonstrate competency with selection and use of PPE following each training. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Personal Protective Equipment (PPE)	060202	Facility routinely audits (monitors and documents) adherence to proper PPE selection and use. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Personal Protective Equipment (PPE)	060203	Facility provides feedback from audits to personnel regarding their performance with selection and use of PPE. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Respiratory Hygiene / Cough Etiquette	070100	Policies and procedures to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting have been implemented.		
Respiratory Hygiene / Cough Etiquette	070101	Posting signs 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).		

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Respiratory Hygiene / Cough Etiquette	070102	Providing tissues and no-touch receptacles for disposal of tissues.		
Respiratory Hygiene / Cough Etiquette	070103	Providing resources for patients to perform hand hygiene in or near waiting areas.		
Respiratory Hygiene / Cough Etiquette	070104	Offering face masks to coughing patients and other symptomatic persons when they enter the setting.		
Respiratory Hygiene / Cough Etiquette	070105	Providing space and encouraging persons with respiratory symptoms to sit as far away from others as possible — if possible, a separate waiting area is ideal.		
Respiratory Hygiene / Cough Etiquette	070200	DHCP receive training on the importance of containing respiratory secretions in people who have signs and symptoms of a respiratory infection.		
Sharps Safety	080100	Written policies, procedures, and guidelines for exposure prevention and postexposure management are available.		
Sharps Safety	080201	DHCP identify, evaluate, and select devices with engineered safety feature <b>at least annually</b> .		
Sharps Safety	080202	DHCP identify, evaluate, and select devices with engineered safety feature <b>as they become available in the market</b> . <i>Note: If staff inquire about the availability of new safety devices or safer options and find none are available, DHCP can document these findings in their office exposure control plan.</i>		
Sharps Safety	080301	Engineered safety devices currently in place include: <b>Safer anesthetic syringes</b> <i>source: CDC Basic Expectations for Safe Care Training Module 5</i>		
Sharps Safety	080302	Engineered safety devices currently in place include: <b>Safety Scalpels</b> <i>source: CDC Basic Expectations for Safe Care Training Module 5</i>		
Sharps Safety	080303	Engineered safety devices currently in place include: <b>Blunt Suture Needle</b> <i>source: CDC Basic Expectations for Safe Care Training Module 5</i>		
Sharps Safety	080304	Engineered safety devices currently in place include: <b>Needleless IV systems</b> <i>source: CDC Basic Expectations for Safe Care Training Module 5</i>		
Sharps Safety	080305	Engineered safety devices currently in place include: <b>Other</b> <i>source: CDC Basic Expectations for Safe Care Training Module 5</i>		
Safe Injection Practices	090100	Written policies, procedures, and guidelines for safe injection practices (e.g., aseptic technique for parenteral medications) are available.		
Safe Injection Practices	090200	Injections are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.		
Safe Injection Practices	090201	HCP who prepare and/or administer parenteral medications receive training on safe injection practices. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Safe Injection Practices	090202	HCP are required to demonstrate competency with safe injection practices following each training. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Safe Injection Practices	090203	Facility routinely audits (monitors and documents) adherence to safe injection practices. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Safe Injection Practices	090204	Facility provides feedback from audits to personnel regarding their adherence to safe injection practices. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Safe Injection Practices	090205	Facility has policies and procedures to track HCP access to controlled substances to prevent narcotics theft/diversion. Note: Policies and procedures should address: how data are reviewed, how facility would respond to unusual access patterns, how facility would assess risk to patients if tampering (alteration or substitution) is suspected or identified, and who the facility would contact if diversion is suspected or identified. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100100	Written policies and procedures are available to ensure reusable patient care instruments and devices are cleaned and reprocessed appropriately before use on another patient.		
Sterilization and Disinfection of Patient-Care Items and Devices	100200	Policies, procedures, and manufacturer reprocessing instructions for reusable instruments and dental devices are available, ideally in or near the reprocessing areas.		
Sterilization and Disinfection of Patient-Care Items and Devices	100301	DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained — <b>upon hire</b>		
Sterilization and Disinfection of Patient-Care Items and Devices	100302	DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained — <b>at least annually</b>		
Sterilization and Disinfection of Patient-Care Items and Devices	100303	DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained — <b>whenever new equipment or processes are introduced</b>		
Sterilization and Disinfection of Patient-Care Items and Devices	100304	HCP are required to demonstrate competency with reprocessing procedures (i.e., correct technique is observed by trainer) following each training. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		

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Sterilization and Disinfection of Patient-Care Items and Devices	100400	Equipment is available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, eye protection) to prevent exposure to infectious agents or chemicals. <i>Note: The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100401	HCP responsible for reprocessing reusable medical devices receive hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100501	Routine maintenance for sterilization equipment is — <b>performed according to manufacturer instructions.</b>		
Sterilization and Disinfection of Patient-Care Items and Devices	100502	Routine maintenance for sterilization equipment is — <b>documented by written maintenance records.</b>		
Sterilization and Disinfection of Patient-Care Items and Devices	100600	Policies and procedures are in place outlining dental setting response (e.g., recall of device, risk assessment) in the event of a reprocessing error / failure.		
Sterilization and Disinfection of Patient-Care Items and Devices	100601	Facility routinely audits (monitors and documents) adherence to reprocessing procedures. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100602	Facility provides feedback from audits to personnel regarding their adherence to reprocessing procedures. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100603	Facility has protocols to ensure that HCP can readily identify devices that have been properly reprocessed and are ready for patient use (e.g., tagging system, storage in designated area). <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Sterilization and Disinfection of Patient-Care Items and Devices	100604	Routine maintenance for reprocessing equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector, steam autoclave) is performed by qualified personnel in accordance with manufacturer instructions; confirm maintenance records are available. <i>Source: Outpatient CDC ICAR IC Assessment tool</i>		
Environmental Infection Prevention and Control	110100	Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (i.e., clinical contact and housekeeping).		
Environmental Infection Prevention and Control	110201	DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces — <b>upon hire</b>		
Environmental Infection Prevention and Control	110202	DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces — <b>when procedures / policies change</b>		
Environmental Infection Prevention and Control	110203	DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces — <b>at least annually</b>		
Environmental Infection Prevention and Control	110204	HCP are required to demonstrate competency with environmental cleaning procedures following each training.		
Environmental Infection Prevention and Control	110300	Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, and eye protection) to prevent exposure to infectious agents or chemicals.		
Environmental Infection Prevention and Control	110400	Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed.		
Environmental Infection Prevention and Control	110500	Procedures are in place for decontamination of spills of blood or other body fluids.		
Environmental Infection Prevention and Control	110501	Facility routinely audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time). <i>Source: CDC Outpatient ICAR tool</i>		
Environmental Infection Prevention and Control	110502	Facility provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures. <i>Source: CDC Outpatient ICAR tool</i>		
Environmental Infection Prevention and Control	110503	Extracted teeth are handled per Guidelines for Infection Control in Dental Health-Care Settings — 2003.		
Environmental Infection Prevention and Control	110504	OSHA considers extracted teeth to be potentially infectious material, so are disposed in medical waste containers.		
Environmental Infection Prevention and Control	110505	Extracted teeth sent to a dental laboratory (shade or size comparisons) are cleaned, surface-disinfected with an EPA-registered hospital disinfectant with intermediate-level activity (tuberculocidal claim).		
Environmental Infection Prevention and Control	110506	Extracted teeth containing dental amalgam are not placed in a medical waste container that uses incineration for final disposal. <i>Note: Extracted teeth can be returned to patients on request, at which time provisions of the standard no longer apply.</i>		
Environmental Infection Prevention and Control	110507	When a laboratory case is sent off-site, a plan for disinfection (either by the clinic or at the laboratory) is documented.		

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Water Management	120100	Policies and procedures are in place for maintaining dental unit water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., $\leq$ 500 CFU / mL of heterotrophic water bacteria) for routine dental treatment output water.		
Water Management	120101	Team meets routinely to discuss reports of water quality tests and improvement.		
Water Management	120102	Facility's written water management plan identifies where potentially hazardous conditions could occur where waterborne pathogens (i.e. Legionella) could grow and spread.		
Water Management	120103	Facility's written water management plan establishes <b>what</b> control measures will be applied to reduce the risk of waterborne pathogen growth and spread.		
Water Management	120104	Facility's written water management plan establishes <b>where</b> control measures will be applied to reduce the risk of waterborne pathogen growth and spread.		
Water Management	120105	Facility's written water management plan establishes <b>how and when</b> control measures will be monitored. (Testing recommended at least quarterly and according to dental unit IFU)		
Water Management	120106	Facility's written water management plan establishes ways to intervene ( <b>corrective actions</b> ) when control limits are not met.		
Water Management	120107	Facility's written water management plan includes <b>procedures for water disruption</b> and system shut down.		
Water Management	120108	Facility's written water management plan includes <b>notifying</b> the local and/or state health department any time there is a suspected case of Legionnaires' disease associated with facility.		
Water Management	120109	Facility has an on-going <b>evaluation</b> process to ensure the water management program is being implemented as designed and is effective.		
Water Management	120110	Facility maintains <b>documentation</b> of the communication and activities of the water management program.		
Water Management	120111	Written policies and procedures are available outlining response to a community boil-water advisory.		
Water Management	120100	Does the facility perform surgical procedures in which sterile water is required as a coolant/ irrigant?		
Water Management	120101	Policies and procedures are in place for using sterile water as a coolant / irrigant when performing surgical procedures <i>Note: Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i>		