



**Interagency Aesthetics Taskforce  
MedSpa Compliance**

## Environment of Care/Infection Control Checklist

\*All recommendations derived from CDC Outpatient Procedures

<b>Education/Policies/Procedures</b> – WAC 246-817-615 (dentistry); Training requirements <a href="#">WAC 296-823-12005</a> ; <a href="#">WAC 296-823-12010</a> : Training Records WAC 296-823-12015; WAC 296-823-11010; <a href="#">Chapter 296-800 WAC</a> : (nursing)	<b>YES</b>	<b>NO</b>
Written policies and procedures – readily available		
Annual review of policies and procedures		
Annual training – all direct care staff		

<b>Personal Safety</b> – WAC 246-817-625; WAC 296-823; WAC 296-800; OSHA Standards <a href="#">CFR - Code of Federal Regulations Title 21 (fda.gov)</a>	<b>YES</b>	<b>NO</b>
Office appears to comply with L&I – <a href="#">RCW 49.17</a>		
Comments:		

<b>Hand and Hygiene</b> – WAC 246-817-635	<b>YES</b>	<b>NO</b>
Hand hygiene performed when hand soiled		
Hand hygiene performed when barehanded touching objects likely to be contaminated by blood, saliva, or respiratory secretions		
Hand hygiene before and after each patient.		

<b>Personal Protective Equipment</b> – WAC 246-817-640 <a href="#">WAC 296-823-15005</a> : PPE <a href="#">WAC 296-823-15015</a> : Masks, Eye Protection Face Shields <a href="#">WAC 296-823-15020</a> : Protective Clothing <a href="#">WAC 296-823-15025</a> : Resuscitator Devices <a href="#">WAC 296-823-15030</a> : Maintaining PPE	<b>YES</b>	<b>NO</b>
Gloves Changed Between Patient Contacts		
Appropriate gloves available for specific tasks according to WAC <a href="#">296-800-16065</a> and <a href="#">296-823-15010</a>		
Practitioner Mask Worn (mouth and nose protection; mandatory if risk of spray)		

Practitioner Eye protection Worn ( <i>Mandatory if risk of spray</i> )		
Office complies with L&I bloodborne pathogens compliance (PPE) - WAC <a href="#">296-823-150</a>		

<b>Respiratory/Cough Etiquette – WAC 246-817-645</b>	<b>YES</b>	<b>NO</b>
Signs		
Tissues		
No-touch receptables		
Masks available for coughing patients and visitors		

<b>Sharps Safety – WAC 246-817-650; <a href="#">WAC 296-823-14005</a>; Sharps safety <a href="#">WAC 296-823-14010</a>; Resuable sharps safety <a href="#">WAC 296-823-14015</a>:</b>	<b>YES</b>	<b>NO</b>
CDC compliance for safe injection practices in settings		
Uses one-handed scoop technique or mechanical device designed for holding the needle cap when recapping needles.		
Sharps placed in appropriate puncture-resistant containers; disposed of immediately after use.		
Puncture-resistant container in each operatory – fixed to wall/cart to prevent spillage/contamination		

<b>Sterilization - WAC 246-817-655 (1)</b>	<b>YES</b>	<b>NO</b>
Critical and semi-critical items are heat sterilized according to manufacturer's instructions.		
Non-critical items are sterilized or disinfected according to manufacturer's instructions.		
Any items sterilized by chemical?		
Chemical sterilant manufacturer and type: _____		
Documentation related to how and when chemicals are mixed, used, and changed		
Manufacture requirements followed		
Single Use Items discarded after use on a patient (even when unused) <i>Exceptions are provided for items that have disinfection instructions. Preference to only put out what will be used. Multi-use drug vials must be dated upon first use and punctured only will sterile needle.</i>		
Maintain documentation of testing, maintenance of equipment Consider APIC, ADS, AORN (or similar) staff training at least annually and on hire (at least 1 hr./yr)		

<b>Instrument Storage - WAC 246-817-655 (2); Labeling WAC 296-823-14025; Examine and label contaminated equipment <a href="#">WAC 296-823-14050</a>:</b>	<b>YES</b>	<b>NO</b>
Sterilized instruments are in wrapped bags / containers / cassettes		
Wrapped bags / containers / cassettes are stored in a closed or covered area		

Wrapped bags / containers / cassettes inspected prior to opening		
Wrapped bags / containers / cassettes opened as close to scheduled procedure as possible		
Separate and clearly mark clean and dirty instruments, work areas <i>Pre-treat instruments to remove debris, observe to ensure visually clean following sterilization. Ensure appropriate handling/ventilation for cleaning materials (e.g., Cidex). Immediately package after disinfection.</i>		

<b>Sterilization Disinfection -WAC 246-817-655 (3)</b>	<b>YES</b>	<b>NO</b>
Using Mechanical monitors according to manufacturer's instructions		
Using Chemical monitors according to manufacturer's instructions		
Using Biological monitors according to manufacturer's instructions		

<b>Test Sterilizers - WAC 246-817-655 (4)</b>	<b>YES</b>	<b>NO</b>
Autoclave Type/Brand: _____		
Weekly Spore Tests Log		
Remedial action taken after positive spore test		
Annual biomedical maintenance (electrical safety, cleanliness, calibration, etc.)		
Must meet manufacturer's instructions for use and maintenance		

<b>Laboratory - WAC 246-817-655 (5); CLIA Waiver</b>	<b>YES</b>	<b>NO</b>
Medical Test Sites <a href="#">Medical Test Sites (MTS) Licensing Info, Forms, and Fees   Washington State Department of Health</a> <a href="#">Chapter 70.42 RCW: MEDICAL TEST SITES (wa.gov)</a> <a href="#">Chapter 246-338 WAC:</a>		
Uses sealed/labeled container for transport of specimens		
CLIA waiver if applicable		

<b>Compounding - WAC 246-945-100; OSHA Compounding <a href="#">Hazardous Drugs - Controlling Occupational Exposure to Hazardous Drugs   Occupational Safety and Health Administration (osha.gov)</a></b>	<b>YES</b>	<b>NO</b>
USP 797		
Hood use/recalibration for mobile units		

<b>Smoke Exhaust Management</b>	<b>YES</b>	<b>NO</b>
OSHA Laser/Electrosurgery Plume <a href="#">Laser/Electrosurgery Plume - Overview   Occupational Safety and Health Administration (osha.gov)</a> Laser Safety <a href="#">Laser Hazards - Overview   Occupational Safety and Health Administration (osha.gov)</a>		
Laser/ablative devices (e.g., Smoke Shark)		
PPE use – laser safety		

Surface Disinfected Between Patients - WAC 246-817-655 (6)(7)(8)	YES	NO
Disinfectant chemical/brand:_____		
Describe disinfection process		
Documentation related to how and when chemicals are mixed, used, and changed		
Manufacture requirements followed (mechanical removal, dwell, dry time & PPE)_____		

High Volume Evacuation - WAC 246-817-655 (9)	YES	NO
HVE used whenever aerosols are present		
HVE installed and maintained to manufacturer instructions.		

Water Line Testing – WAC 246-817-660 <i>Beginning 12/1/2021</i>	YES	NO
Water line testing performed (at least quarterly)		
Water line testing log/documentation		
In office testing: Type/Manufacturer:_____		
Out of office testing – Type/Manufacturer/Lab:_____		
If remediation necessary-did it take place? Was equipment taken out of service, remediated, with follow-up testing at one week and one month? Describe in comments		

Oxygen/Nitrous Management	YES	NO
OSHA Oxygen <a href="https://www.osha-slc.gov/1910.104-Oxygen">1910.104 - Oxygen</a> .   <a href="https://www.osha-slc.gov/1910.105-Nitrous-oxide">Occupational Safety and Health Administration (osha.gov)</a> ; Nitrous OSHA <a href="https://www.osha-slc.gov/1910.105-Nitrous-oxide">1910.105 - Nitrous oxide</a> .   <a href="https://www.osha-slc.gov/1910.105-Nitrous-oxide">Occupational Safety and Health Administration (osha.gov)</a>		
Oxygen Management ( <i>fire department requirements, medical grade O2, disposable/autoclave circuits, appropriate venting</i> )		
Hyperbaric Oxygen ( <i>unit maintenance, patient purchase own hood</i> )		

Laser Safety	YES	NO
Washington Medical Commission WAC 246-919-605		
Windows covered to prevent scatter		
Door signage when in use (prevent exposure)		
Non-reflective items in room		
Safety glasses		

**Comments:** \_\_\_\_\_

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**Personnel Providing Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

I have read and received a copy of this inspection report.

**Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Director (if different than provider):** \_\_\_\_\_

**Date:** \_\_\_\_\_