



Washington Dental Commission
Post Office Box 47874
Olympia, WA 98504-7874

Infection Control Checklist

Dentist's Name/Office: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Education / Policies / Procedures – WAC 246-817-615	YES	NO
In office written policies and procedures		
Annual review of policies and procedures		
Annual training – all direct care staff		

Personnel Safety – WAC 246-817-625	YES	NO
Compliance with L&I – RCW 49.17		

Hand Hygiene – WAC 246-817-635	YES	NO
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.		

Personal Protective Equipment – WAC 246-817-640	YES	NO
Appropriate gloves worn for task		
Gloves changed between patient contacts		
Appropriate gloves available for specific tasks according to WAC 296-800-16065 and 296-823-15010		
Practitioner mask worn (mouth and nose protection) (<i>mandatory if risk of spray</i>)		
Practitioner eye protection worn (<i>mandatory if risk of spray</i>)		
Compliance with L&I bloodborne pathogens compliance (PPE) - WAC 296-823-150		

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

Sharps Safety – WAC 246-817-650	YES	NO
CDC compliance for safe injection practices in dental 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		
Puncture-resistant container in each operatory		

Sterilization – WAC 246-817-655 (1)	YES	NO
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		

Instrument Storage – WAC 246-817-655 (2)	YES	NO
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		

Sterilization Disinfection – WAC 246-817-655 (3)	YES	NO
Using mechanical monitors according to manufacturer's instructions		
Using chemical monitors according to manufacturer's instructions		
Using biological monitors according to manufacturer's instructions		

Test Sterilizers – WAC 246-817-655 (4)	YES	NO
Autoclave type/brand: _____		
Weekly spore tests log		
Remedial action taken after positive spore test		

Laboratory WAC – 246-817-655 (5)	YES	NO
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Impressions thoroughly rinsed		
Uses sealed/labeled container for transport of impressions		

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		

High Volume Evacuation – WAC 246-817-655 (9)	YES	NO
HVE used when possible		
HVE installed and maintained to manufacturer instructions.		

Water Line Testing – WAC 246-817-660	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? Describe in comments		

COMMENTS: _____
