

Dental Infection Control Audit 2022 (DICA)

						Activities	Meaning
						O	Observation
						SI	Staff Interview
						D	Documents
						PF	Personal files
						MR	Medical Records
						Scoring	Explanation
Audited Facility Information	Dental Center		Audit Information	Visit Date		2	Fully Met (80% or more Compliance)
	Region			Auditor 1 Name		1	Partially Met (from 50% to less than 80% Compliance)
	City			Auditor 1 Email & Mobile number		0	Not Met (less than 50% Compliance)
	Tel			Auditor 2 Name		NA	Not Applicable
	Email			Auditor 2 Email & Mobile number			
	Head of Infection Control						

1	Leadership support	Weight	Activities			Score				Comments
1.1	Adequate resources are allocated to infection control Department (e.g., offices, internet access, IT support ...etc.).	High	O	SI		0	1	2	NA	
1.2	Adequate infection control supplies are provided to HCWs for successful IC program (e.g., PPE, disinfectants ...etc.) Note: All supplies present must be in conformity with the approved MOH specifications.	Critical	D	O	SI	0	1	2	NA	
1.3	Infection control team is given full authority to implement the Infection Control (IC) policies & procedures.	High	D	SI		0	1	2	NA	
2	Infection Control Department	Weight	Activities			Score				Comments
2.1	There is infection control (IC) unit/department in the dental center to implement the infection control program and at least one part time trained staff is assigned for the unit.	Critical	D	SI		0	1	2	NA	
2.2	The head of IC unit/department reports directly to the highest administrative authority (Director of the dental center).	High	D	SI		0	1	2	NA	
2.3	Infection control practitioners are qualified in infection control through certification, training, or experience.	High	PF	SI		0	1	2	NA	
2.4	There is infection control Meeting with representatives from all relevant staff to coordinate the program.They should meet regularly (at least quarterly).	High	D			0	1	2	NA	
2.5	IC practitioner continuously monitor adequacy of facilities & availability of supplies required for hand hygiene, PPE, and disinfectants on regular basis.	High	D			0	1	2	NA	
3	Infection Control Program	Weight	Activities			Score				Comments
3.1	There is Infection control program to reduce the risk of healthcare associated infections which involves patients, staff, trainees, volunteers, families and visitors.	Critical	D	SI	O	0	1	2	NA	
3.2	The program is applied to all areas of the dental center according to the scope of services.	High	D	O	SI	0	1	2	NA	
3.3	The IC program is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.	High	D	SI		0	1	2	NA	
4	Infection Control Manual (IC Policies and Procedures)	Weight	Activities			Score				Comments
4.1	There is up-to-date hard copy / electronic access of the MOH manual of infection prevention and control in dental settings in the center.	High	O			0	1	2	NA	
4.2	Dental staff members have access to the Infection Control manual and are familiar with the content of the manual and its use.	High	SI			0	1	2	NA	
5	Infection control Education and Training	Weight	Activities			Score				Comments
5.1	IC department provides orientation and training on basics of infection control for newly hired staff before or maximum within 1 month of joining the work.	High	D	PF	SI	0	1	2	NA	
5.2	IC department provides continuous education and training (formal & on- job training) for HCWs on infection control.	High	D	PF	SI	0	1	2	NA	
5.3	IC department provides education on infection control for patients, families and visitors.	Medium	D	SI	O	0	1	2	NA	
5.4	There are regular training activities for sharp injuries prevention.	High	D	PF	SI	0	1	2	NA	
6	Employee Health	Weight	Activities			Score				Comments
6.1	There is a special clinic for employees' health that provides pre-employment counseling and screening, immunization, post exposure management and work restriction OR there is written mechanism for prearranged referral of dental healthcare workers to a healthcare facility to receive all appropriate occupational health services.	High	D	MR	SI	0	1	2	NA	
6.2	All employees have a baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB).	High	MR			0	1	2	NA	

6.3	The immune status of newly hired staff against hepatitis B, measles, mumps, rubella and varicella are determined by documented vaccination, or serological evidence of immunity, or documented clinical / laboratory evidence of disease with life long immunity. Appropriate vaccine(s) is administered to those who are susceptible.	Medium	MR			0	1	2	NA	
6.4	The influenza vaccine is administered annually to targeted HCWs as per MOH recommendations.	Medium	MR	SI		0	1	2	NA	
6.5	Newly hired staff are screened for tuberculosis upon contracting with PPD test. The test is repeated annually for those who are non-reactive and PPD conversion rates are monitored and calculated.	High	MR			0	1	2	NA	
6.6	There is an implemented system for reporting, follow up, and management of sharp or needle stick injuries and blood or body fluid exposures.	Critical	D	SI		0	1	2	NA	
6.7	The IC team regularly monitors different types of staff exposure and take corrective actions to prevent recurrence, e.g., engineering controls as self-sheathing needles, or safety scalpels are applied, correct any wrong practicesect.	High	D	SI		0	1	2	NA	
6.8	Reporting through electronic system is active and ongoing (i.e., reliable reports of sharp or needle stick injuries and blood or body fluid exposures are sent to GDPIC through the EPINet or HESN system in a timely manner)	Critical	D	SI		0	1	2	NA	
6.9	The screening, immunization, and post exposure management data are kept in staff medical records.	High	MR			0	1	2	NA	
7	Hand Hygiene	Weight	Activities			Score				Comments
7.1	Visual alerts for Hand Hygiene (WHO 5 moments, how to hand wash, how to hand rub), are available, hanged and easily cleanable beside every hand rub dispensers and sinks.	High	O			0	1	2	NA	
7.2	Hand washing facilities and supplies (sinks with hot and cold water, Plain and antiseptic soap, paper towels) are available and easily accessible in all areas such as clinics (at least one in each clinic), lab, x-ray department, sterilization department ...ect).	Critical	O			0	1	2	NA	
7.3	Hand washing sinks are dedicated only for hand washing procedure (not used to clean instruments).	High	O	SI		0	1	2	NA	
7.4	Alcohol based hand rub dispensers are available and easily accessible (at least one dispenser in each clinic).	Critical	O			0	1	2	NA	
7.5	Dental staff members comply with hand hygiene recommendations, they can display appropriate hand hygiene techniques according to WHO guidelines for the recommended duration.	Critical	O	SI		0	1	2	NA	
7.6	Hand hygiene compliance rates are regularly monitored, Results are discussed in IC committee meetings for corrective actions.	High	D			0	1	2	NA	
7.7	HCWs (3-5) are performing hand hygiene properly (appropriate technique and recommended duration).	Critical	O	SI		0	1	2	NA	
8	Personal Protective Equipment	Weight	Activities			Score				Comments
8.1	Visual alerts for PPE (donning and doffing), cough etiquette, etc., are available, hanged and easily cleanable.	High	O			0	1	2	NA	
8.2	Sufficient and appropriate personal protective equipment are easily accessible and available in adequate amount, types, and sizes with proper qualities . (e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/ face shields, utility gloves, sterile surgeon's gloves for surgical procedures).	High	O	SI		0	1	2	NA	
8.3	PPE supplies are selected properly according to the task .	High	O	SI		0	1	2	NA	
8.4	Surgical mask and eye protection with solid side shields or a face shield are worn when performing procedures likely to cause splash or spatter.	High	O	SI		0	1	2	NA	
8.5	Protective clothing (Gown) is worn over street clothes or uniforms to protect against splash or spatter.	High	O	SI		0	1	2	NA	
8.6	Medical gloves are worn when contact with body fluids is expected.	High	O	SI		0	1	2	NA	
8.7	Sterile surgeon's gloves are worn when performing or assisting on oral surgical procedures.	Critical	O	SI		0	1	2	NA	
8.8	PPE is changed between patients or when it is visibly soiled or penetrated by blood or other potentially infectious fluids and hand hygiene is performed immediately.	Critical	O	SI		0	1	2	NA	
8.9	All types of personal protective equipment are removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas).	Critical	O	SI		0	1	2	NA	
8.10	Dental staff members can display appropriate technique of donning and doffing of personal protective equipment. (corrects sequence and appropriate technique).	Critical	O	SI		0	1	2	NA	

9	Respiratory Hygiene	Weight	Activities			Score				Comments
9.1	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).	Medium	O			0	1	2	NA	
9.2	Tissues and no-touch receptacles for disposal of tissues are provided at patient waiting areas.	Medium	O			0	1	2	NA	
9.3	Supplies are provided for patients to perform hand hygiene in or near waiting areas.	Medium	O			0	1	2	NA	
9.4	Face masks are offered to coughing patients and other symptomatic persons when they enter the setting.	Medium	O			0	1	2	NA	
9.5	Persons with respiratory symptoms are encouraged to sit as far away from others . If possible, a separate waiting area is ideal.	Medium	O			0	1	2	NA	
10	Sharps Safety	Weight	Activities			Score				Comments
10.1	Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needle recapping devices) are used when ever possible to prevent injuries.	Medium	O	SI		0	1	2	NA	
10.2	Used disposable syringes and needles, scalpel blades, and other sharp items are placed in appropriate puncture-resistant containers.	High	O	SI		0	1	2	NA	
10.3	Sharps containers located as close as possible to the area where the sharps are used.	High	O			0	1	2	NA	
10.4	When needles must be recapped, needle recapping devices or the one-handed scoop technique is used.	Critical	O	SI		0	1	2	NA	
11	Instrument Reprocessing	Weight	Activities			Score				Comments
11.1	No reprocessing of instruments is carried inside the dental clinic.	Critical	O	SI		0	1	2	NA	
11.2	If the sterilization process will be applied after 2 hours or more, instruments inside transferring containers are sprayed with transportation gel/spray .	Medium	O	SI		0	1	2	NA	
11.3	All heat tolerant dental instruments are replaced between patients and sent to central sterilization.	Critical	SI	D	O	0	1	2	NA	
11.4	Contaminated dental instruments are transferred to the central sterilization department in a closed, sealable and puncture resistant container that is identified with a biohazard label.	High	O	SI		0	1	2	NA	
11.5	Containers used for transferring contaminated instruments is different than the one used for transferring clean instruments.	Critical	O	SI		0	1	2	NA	
11.6	Single-use devices (eg.,endodontic broaches ,saliva ejectors, anesthesia carpule...etc.) are discarded after one use and not used for more than one patient.	Critical	O	SI		0	1	2	NA	
11.7	The sterilized dental instruments should be checked for being clean and rust free.	Critical	O			0	1	2	NA	
11.8	In each pack chemical indicator should be present.	Critical	O			0	1	2	NA	
12	Housekeeping and Dental Center Environment	Weight	Activities			Score				Comments
12.1	Clinical contact surfaces are cleaned and disinfected daily at the beginning and the end of each shift,and in between patients if the surface barrier is not used.	High	O	SI		0	1	2	NA	
12.2	Clinical contact surfaces (e.g., light handles, bracket trays, switches on dental units,hoses to the air-water syringe and handpieces, computer equipment) are either barrier protected or cleaned and disinfected with a hospital disinfectant after each patient.	High	O	SI		0	1	2	NA	
12.3	Housekeeping surfaces (e.g. as floors, walls, and sinks) are routinely cleaned using either a dilute detergent or low-level disinfectant and cleaned and disinfected with an appropriate low-level disinfectant if visibly contaminated with blood saliva or other bodily fluids.	Medium	O	SI		0	1	2	NA	
12.4	There are separate clean and dirty utility rooms in the dental center.	High	O			0	1	2	NA	
12.5	Cleaning materials and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE).	High	O	SI		0	1	2	NA	
12.6	Environmental cleaning tools are available, adequate in number and meet required specifications to be used in the right way.	High	O	SI		0	1	2	NA	

12.7	Housekeepers are well trained on hand hygiene, proper use of PPE (PPE can include gloves, gowns, masks, and eye protection), methods of cleaning, and proper and safe mixing of chemicals.	High	SI			0	1	2	NA	
12.8	Mops or cloths used to clean housekeeping surfaces are either cleaned after use and allowed to dry before reuse, or are single- use items.	Medium	SI			0	1	2	NA	
12.9	Fresh cleaning or low-level disinfecting solutions are prepared daily and as instructed by the manufacturer.	Medium	O	SI		0	1	2	NA	
12.10	suctions are cleaned and disinfect daily.	High	SI	O		0	1	2	NA	
12.11	The dental center implements effective procedures for pest control that address the regular schedule of visits and pest threshold / pesticides list / time and place of exposure.	High	D	SI	O	0	1	2	NA	
12.12	Biological spill kits are available in dental clinics and HCWs have access to the kits and capable of using them properly.	High	O	SI		0	1	2	NA	
13	Dental Unit Waterlines	Weight	Activities			Score				Comments
13.1	The products and protocols recommended by dental unit manufacturer to maintain water quality are followed. (if the manufacture instructions are not available, water lines are disinfected daily /weekly with an approved MOH solution and as per the manufacturer's instructions).	High	SI	D		0	1	2	NA	
13.2	In order to ensure that the water used in routine patient treatment meet standards for drinking water (that is, less than 500 CFU/mL of bacteria), water sampling is taken from all water outlets at all the clinics with a minimum frequency of semiannually and sent to the microbiology lab.	High	SI	D		0	1	2	NA	
13.3	Water monitoring records are maintained for at least (2) years.	Medium	D			0	1	2	NA	
13.4	Sterile saline or sterile water is used as a coolant / irritant when performing surgical procedures.	Medium	SI	O		0	1	2	NA	
13.5	For devices that are connected to the dental water system and enter the patient's mouth, water and air are discharged for few minutes at the beginning of the day and at least 20-30 seconds after use on each patient. (Such devices include hand pieces, ultrasonic scalers, and air/water syringes.)	Medium	SI	O		0	1	2	NA	
13.6	Municipal water tanks are regularly cleaned according to maintenance and cleaning contracts in the center.	High	D	SI		0	1	2	NA	
13.7	Water reservoir for the clinic is separated from the municipal water supply, use filters that will keep microorganisms out of the water, the water filters should be changed according to manufacturer instruction.	High	D	SI	O	0	1	2	NA	
13.8	Regular maintenance of the dental units is done and all the filters in the unit is changed according to the manufacturer instruction.	Medium	D			0	1	2	NA	
14	Infectious Medical Waste	Weight	Activities			Score				Comments
14.1	supplies required for waste segregation (waste containers, colored coded bags, and sharp containers) are of appropriate sizes, adequate in number and easily accessible at points of production, and meet MOH approved specifications.	High	O			0	1	2	NA	
14.2	All non sharp generated medical waste disposed in black bags as general waste except that heavily soiled with liquid blood or other body fluid (dripping).	High	O	SI		0	1	2	NA	
14.3	Sharp containers are wall mounted or held on a stand at points of production.	High	O			0	1	2	NA	
14.4	No infectious medical waste or sharps are observed outside specified containers.	High	O			0	1	2	NA	
14.5	Medical waste bags/sharp containers are securely closed after being filled to 3/4 of its maximum capacity and labeled with date and place of production.	High	O	SI		0	1	2	NA	
14.6	Collection & transportation of medical waste is done by allocated workers wearing proper PPE (heavy duty gloves with aprons, mask and face shield if needed), at fixed times and on demand,haousekeepers carry the waste away from there body.	High	D	SI	O	0	1	2	NA	
14.7	Infectious medical waste is transported in closed and impervious specified carts with biohazard sign. Carts are cleaned after each use or at least daily.	High	O	SI		0	1	2	NA	
14.8	The medical waste storage room is consistent with the approved MOH specifications: (adequate in space, away from traffic, secured, with biohazard sign, well ventilated with temperature <18 °C., provided with water source & adequate drainage, cleanable walls & floors).	Medium	D	O		0	1	2	NA	

14.9	Infectious medical waste is transported outside the dental center every 24 hours to be disposed through the nationally approved system for medical waste management, with cleaning and disinfection of the waste storage room after transport or at least daily.	Medium	D	O	SI	0	1	2	NA	
14.10	Allocated infectious waste workers are vaccinated against blood borne pathogens and trained on hand hygiene, use of PPE and safe handling of waste.	High	D	MR	SI	0	1	2	NA	
15	Dental Radiographs	Weight	Activities			Score				Comments
15.1	Appropriate personal protective equipment are worn by dental workers when exposing radiographs and handling contaminated film packets.	High	O	SI		0	1	2	NA	
15.2	Hand hygiene facilities and supplies are available and easily accessible, staff comply with hand hygiene recommendations and can display the appropriate technique and time.	Critical	O	SI		0	1	2	NA	
15.3	Only heat-tolerant or disposable radiographic devices are used (such as film holders, positioners).	Critical	O	SI		0	1	2	NA	
15.4	Heat-tolerant devices are sent to central sterilization for cleaning and heat-sterilizing between patients.	Critical	O	SI		0	1	2	NA	
15.5	Exposed radiographs films are transported and handled aseptically to prevent contamination.	Medium	O	SI		0	1	2	NA	
15.6	Clinical contact surfaces (e.g., frequently touched surfaces) in radiographic area are either barrier protected or cleaned and disinfected after each patient.	High	O	SI		0	1	2	NA	
16	Dental Lab	Weight	Activities			Score				Comments
16.1	The dental laboratory is divided into the following areas: a) Receiving area. b) Production area. c) Shipping area.	Medium	O			0	1	2	NA	
16.2	Hand hygiene facilities and supplies are available and easily accessible, staff comply with hand hygiene recommendations and can display the appropriate technique and time.	Critical	O	SI		0	1	2	NA	
16.3	Sufficient amount with different types and sizes of personal protective equipment are available in the lab (gloves, masks, gowns, utility gloves, face shield) and staff wear appropriate PPE when handling contaminated items.	Critical	O	SI		0	1	2	NA	
16.4	No reprocessing of instruments is carried inside the dental lab.	Critical	O	SI		0	1	2	NA	
16.5	Single-use devices are discarded after one use.	Critical	O	SI		0	1	2	NA	
16.6	All reusable heat tolerant dental instruments are replaced between patients and sent to central sterilization.	Critical	O	SI		0	1	2	NA	
16.7	If the sterilization process will be applied after 2 hours or more, a transportation gel/spray is applied.	Medium	O	SI		0	1	2	NA	
16.8	Contaminated dental instruments are transferred to the central sterilization department in a closed, sealable and puncture resistant container.	High	O	SI		0	1	2	NA	
16.9	Items that will come in contact with mucous membranes, but which are not used between patients are cleaned and disinfected. (e.g., prostheses, and orthodontic appliances).	High	O	SI		0	1	2	NA	
16.10	Heat tolerant items used in the mouth and on contaminated laboratory items and materials are set to central sterilization before being used for another patient or another laboratory case (e.g.: Metal impression trays, Burs, Hand pieces, Metal rulers, Metal spatulas, Orthodontic pliers).	High	O	SI		0	1	2	NA	
16.11	Items that do not normally contact the mucous membranes but frequently become contaminated and cannot withstand heat-sterilization are cleaned and disinfected between patients and according to the manufacturer's instructions. (e.g.: articulators, face-bows, lathes, case pans, shade guide, wooden-handled spatulas, rubber mixing bowls and torch).	High	O	SI		0	1	2	NA	
17	Storage Room	Weight	Activities			Score				Comments
17.1	Medical stores are of adequate capacity, cleaned, secured, away from contamination, air vents and direct sunlight.	Medium	O			0	1	2	NA	
17.2	Medical stores have controlled ventilation with adjusted temperature and humidity (temperature ranges from 22 °C to 24 °C / relative humidity up to 70%).	High	O	D		0	1	2	NA	
17.3	Storage shelves are 40 cm from the ceiling at least, 20 cm from the floor, and 5 cm from the wall.	Medium	O			0	1	2	NA	

17.4	Storage shelves are made of easily cleanable material, e.g., fenestrated stainless steel, Aluminum or hard plastic, they are regularly cleaned.	High	O			0	1	2	NA	
17.5	Medical stores are physically separated from patients care areas and dirty areas, there is NO personal items, foods or drinks.	High	O			0	1	2	NA	
17.6	No Items are kept in the original shipping boxes.	High	O			0	1	2	NA	
18	Construction and Renovation	Weight	Activities			Score				Comments
18.1	There is a written policy and procedures for IC considerations during demolition, renovation, and construction projects.	Medium	D	SI		0	1	2	NA	
18.2	IPC team is involved prior to, during, and after any construction, demolition, and renovation project (Planning, ICRA, IC permit, continuous follow - up and authority to stop the project).	High	D	SI		0	1	2	NA	
18.3	IPC measures are followed during the construction, demolition, and renovation projects by using infection control risk assessment (ICRA).	High	D	O	SI	0	1	2	NA	