

# Dental Practice Infection Control Audit

Quality Control

DATE ____/____/____	PRACTICE	AUDITOR
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## HAND HYGIENE

	OK	NOT OK		OK	NOT OK
Handwash before patient contact	<input type="radio"/>	<input type="radio"/>	No jewellery / watches on hands	<input type="radio"/>	<input type="radio"/>
Handwash after glove removal	<input type="radio"/>	<input type="radio"/>	Nails short and clean	<input type="radio"/>	<input type="radio"/>
Alcohol gel used appropriately	<input type="radio"/>	<input type="radio"/>	Hand care — no broken skin	<input type="radio"/>	<input type="radio"/>

## INSTRUMENT PROCESSING

	OK	NOT OK		OK	NOT OK
Dirty to clean workflow maintained	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Instruments cleaned before sterilisation	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Washer-disinfector functioning (if used)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A				
Autoclave cycle parameters met	<input type="radio"/>	<input type="radio"/>	Pouches stored correctly (dry, dated)	<input type="radio"/>	<input type="radio"/>
Chemical indicators checked	<input type="radio"/>	<input type="radio"/>	Sterilisation log complete	<input type="radio"/>	<input type="radio"/>
Biological indicators run weekly	<input type="radio"/>	<input type="radio"/>			

## SURGERY DECONTAMINATION

	OK	NOT OK		OK	NOT OK
Work surfaces wiped between patients	<input type="radio"/>	<input type="radio"/>	Suction system flushed	<input type="radio"/>	<input type="radio"/>
Chair and light handles decontaminated	<input type="radio"/>	<input type="radio"/>	Spittoon cleaned and disinfected	<input type="radio"/>	<input type="radio"/>
Barrier film replaced (if used)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A				
Floor clean — no splatter	<input type="checkbox"/> OK <input type="checkbox"/> Not OK				

## PPE & WASTE

	OK	NOT OK		OK	NOT OK
Gloves changed between patients	<input type="radio"/>	<input type="radio"/>	Clinical waste in correct stream	<input type="radio"/>	<input type="radio"/>
Masks and visors worn during procedures	<input type="radio"/>	<input type="radio"/>	Sharps containers not overfull	<input type="radio"/>	<input type="radio"/>
Amalgam waste stored correctly	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> N/A				
Dental unit waterline testing current	<input type="checkbox"/> OK <input type="checkbox"/> Not OK				

## AUDIT SUMMARY

 Overall compliance  Good  Needs improvement  Unacceptable

Findings and corrective actions

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Auditor signature \_\_\_\_\_

Principal dentist sign-off \_\_\_\_\_

**Notes**

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