

Combined Practice Inspection Checklist

- The Combined Practice Inspection Checklist combines Health Board and Vocational Training inspection items and includes items from the National Standards for Dental Services.
- Items are numbered (starting on page 8) for ease of reference.
- Items are categorised as 'A' (essential), 'B' (best practice), 'I' (for information).
- To successfully complete your inspection, you must meet all essential criteria (i.e. those items categorised as 'A').
- Access to all the surgeries in your practice will be needed during the inspection visit. Please schedule patient appointments accordingly.
- To minimise the length of time required for the inspection, please have all relevant documentation prepared for inspector review in the order set out in the Checklist.
- To help your practice prepare for your inspection, sources of information have been included in the final column of the Checklist. Sources of information include: Guidance from the Scottish Dental Clinical Effectiveness Programme (SDCEP) (www.sdcep.org.uk) and the Practice Support Manual (www.psm.sdcep.org.uk).

Disclaimer

Please note that, owing to the scope of the inspection it will not be practicable for the inspector to make an exhaustive check of the content of every policy and procedure covered by the inspection document, and consequently practitioners are reminded that the responsibility for ensuring compliance with all legislative and regulatory matters relating to dental practice remains with the practice.

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Information Sources

Information Source	Web Location
<ul style="list-style-type: none"> • CDO IR(ME)R letter 19.09.12 	www.scottishdental.org/library/cdo-letter-about-irmer/
<ul style="list-style-type: none"> • Department of Health Guidance (Child Protection) 	www.cpd.org.uk
<ul style="list-style-type: none"> • Disclosure Scotland (Protecting Vulnerable Groups Scheme) 	www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm
<ul style="list-style-type: none"> • General dentistry exposure prone procedure (EPP) categorisation 	www.gov.uk/government/uploads/system/uploads/attachment_data/file/511570/UKAP_General_Dentistry_EPP_Categorisation_FINAL_to_be_uploaded.pdf
<ul style="list-style-type: none"> • Immunisation Against Infectious Disease [The Green Book] 	http://immunisation.dh.gov.uk/gb-complete-current-edition
<ul style="list-style-type: none"> • Information Commissioner Information Governance in Dental Practices 	www.ico.gov.uk https://ico.org.uk/media/action-weve-taken/audits-and-advisory-visits/1432834/information-governance-in-dental-practices.pdf
<ul style="list-style-type: none"> • LDU document (Compliant Dental Local Decontamination Units in Scotland (Primary Care)) May 2013 	www.hfs.scot.nhs.uk/publications/LDU
<ul style="list-style-type: none"> • National Standards for Dental Services (2006) 	www.nationalcarestandards.org/files/dental-services.pdf
<ul style="list-style-type: none"> • NDAC Emergency Drugs and Equipment in Primary Dental Care 	
<ul style="list-style-type: none"> • NES, Dentistry, Infection Control and Decontamination 	www.nes.scot.nhs.uk/education-and-training/by-discipline/dentistry/areas-of-education/clinical-effectiveness/quality-improvement-in-practice-training-team-%28qiipt%29.aspx
<ul style="list-style-type: none"> • PSM (Practice Support Manual) 	www.psm.sdcep.org.uk
<ul style="list-style-type: none"> • Resuscitation Council (UK) Nov 2013 	www.resus.org.uk/pages/QSCPR_Main.htm
<ul style="list-style-type: none"> • Scottish Dental Website 	www.scottishdental.org
<ul style="list-style-type: none"> • SDCEP Guidance Publications 	www.sdcep.org.uk
<ul style="list-style-type: none"> • SGHD/CDO (2010)2 	www.sehd.scot.nhs.uk/publications/CDO%282010%2902.pdf

Part 1 Practice Details and Personnel

Please complete this page prior to the inspection (there will not be time to complete it on the day of the visit).

Practice Details:	
Practice/Clinic name:	
Address:	
Telephone number:	
E-mail address:	
Practice NHS.net e-mail address:	
Website address:	
Do staff have access to:	E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Room Type:	Number of rooms:
Dentist surgery:	
HT/H/T surgery	
Other (please give details):	

Surgery Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
EVENING						

Practice Legal Entity:		
<input type="checkbox"/> Principal/sole trader	<input type="checkbox"/> Limited company	<input type="checkbox"/> Limited liability partnership
<input type="checkbox"/> Traditional expense sharing partnership	<input type="checkbox"/> Body corporate	<input type="checkbox"/> Other, please specify: _____
Contact details if different from above		
Name:		
Address:		
Telephone number:		
E-mail address:		

Sedation			
Does the practice provide sedation services?	<input type="checkbox"/> NHS	<input type="checkbox"/> Private	<input type="checkbox"/> N/A
If services are provided, what type of sedation?	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Intravenous	

Date of Inspection:	
Inspector(s):	

Key: HT = Hygienist-Therapist; H = Hygienist; T = Therapist

Part 2 Practice Requirements

Section 1 Premises, Facilities and Equipment

1A. Premises

					Information Source	
Car Parking:						
1	I	Private / Public / On Street (please circle)				
Access:						
2	I	Is there access without use of stairs?.....			PSM Disability Equality	
Waiting Area:						
3	A	Adequate number of seats (3 per surgery).....				
4	A	Waiting area is clean and free from identifiable hazards.....				
5	A	Patient notice on how complaints can be made is displayed			PSM Communication	
6	B	Patient pregnancy query poster is displayed.....			CDO IR(ME)R letter 19.09.12, PSM Radiation Protection	
7	A	Letter stating successful completion of Health Board Inspection displayed. (Not applicable for first inspection)... N/A <input type="checkbox"/>				
Toilets:						
8	A	Clean and accessible toilet facilities for patients and staff with no obvious hazards.....			PSM Health and Safety	
9	A	Adequately equipped toilet(s), including sani-bin (with service contract), running hot water, soap, disposable paper towels/air dryer.....				
Surgeries:						
10	I	Number fully equipped (i.e. suitable for a dentist to provide a full range of treatments).....				
11	I	Number partially equipped (i.e. not used for restorative procedures).....				
Decontamination Unit*:						
12	A	• LDU.....			LDU Document, May 2013	
13	A	• Off-site (record details on page 9).....				

* Essential to have either LDU (12) or Off-site (13)

1B. Fire Extinguishers

			Yes	No	Information Source
1	A	Suitable for wood, paper, electrical fires etc. (maintained or within expiry date).....			PSM Health and Safety

1C. Resuscitation (Medical Emergencies), First Aid and Drugs

			Yes	No	Information Source
Recommended medical emergency drugs available, in date and stored safely:					
1	A	• Adequate adrenaline (1-ml ampoules or pre-filled syringes of 1:1000 solution for i.m. injection).....			PSM Medical Emergencies and Life Support
2	A	• Aspirin (300 mg dispersible tablets).....			
3	A	• Glucagon (for i.m. injection of 1mg).....			SDCEP Drug Prescribing for Dentistry guidance
4	A	• Glyceryl trinitrate spray (400 µg per metered dose).....			

1C. Resuscitation (Medical Emergencies), First Aid and Drugs (continued)			Yes	No	Information Source	
5	A	• Midazolam oromucosal solution, 5 mg/ml, for topical buccal administration*.....			PSM Medical Emergencies and Life Support SDCEP Drug Prescribing for Dentistry guidance Resuscitation Council (UK) Nov 2013 NDAC Emergency Drugs and Equipment in Primary Dental Care	
6	A	• Oral glucose/sugar.....				
7	A	• Salbutamol inhaler (100 µg per actuation).....				
8	A	Oxygen cylinder (15 litres/min): minimum of 2 size D or CD (preferred) or 1 size E.....				
9	A	• serviced at least every 5 years (or according to manufacturer's instructions).....				
10	A	• charged: at least 75% full and evidence of regular checks.....				
11	A	Bag valve mask with additional child mask.....				
12	A	Basic set (0, 1, 2, 3, 4) of oropharyngeal airways for adults and children.....				
13	A	Pocket masks with oxygen port available in every surgery**.....				
14	A	Portable independently powered suction machine with appropriate suction tips and tubing.....				
15	A	Oxygen face mask capable of delivering high concentrations of oxygen (reservoir bag) with tubing.....				
16	A	Single-use sterile syringes and needles (in date)***.....				
17	A	Spacer device for inhaled bronchodilators.....				
18	A	Automated External Defibrillator.....				
*Midazolam oromucosal solution is available in pre-filled syringes; several sizes are available to allow for exact dosing for different age groups.						
**Inspect availability in every surgery before ticking the box						
***Must include 1ml syringes and 21g (green) needles						

1D. Unallocated

1E. Training and Education			Yes	No	Information Source
1	B	Camera designed for intra-oral clinical pictures, preferably digital.....			

Section 2 Documentation and Certification

Please have the following documentation and certification ready prior to the inspection visit.

2A. Staff			Yes	No	Information Source
1	A	Employer's liability insurance (certificate on display).....			PSM Health and Safety
2	A	Practice/clinic recruitment and selection policy*.....			
3	A	Practice/clinic equal opportunities policy*.....			
4	A	Staff contracts*.....			
5	A	Staff appraisal system.....			
6	A	Protocol for staff support (e.g. access to occupational health services)*.....			
7	A	Discipline, dismissal and grievance procedures*.....			
8	A	Practice/staff meetings – minutes and action points.....			
9	A	Staff induction including reading and signing practice policies*.....			
10	A	Public protection policy (for raising concerns about performance that might endanger patient safety), and confidential record of concerns and action taken*.....			PSM Risk Management
11	A	Business continuity plan.....			

*To be read and signed by all relevant staff

2B. Patients			Yes	No	Information Source
1	A	Practice Information Leaflet to meet National Standards. Should include:			National Standards for Dental Services PSM Communication PSM Disability Equality
2	A	• information about the services provided.....			
3	A	• whether services are provided under the NHS, privately or mixed NHS/private.....			
4	A	• names, sex, date(s) of registration(s) and dental qualifications of all dentists*.....			
5	A	• information about whether a dental hygienist or dental therapist is available at the practice.....			
6	A	• practice/health centre contact information (all premises including mobile surgery, if applicable).....			
7	A	• opening hours/when dentist(s) will be in attendance.....			
8	A	• arrangements for emergency and out-of-hours cover.....			
9	A	• details of any disabled access or facilities.....			
10	A	• guide to NHS exemptions, charges and how to pay**.....			
11	A	• policy on cancellation of appointments**.....			
12	A	• availability of interpreting services**.....			
13	A	• telephone number for any questions about NHS dental provision in the area.....			
14	A	Practice Information Leaflet made available (e.g. patient notice or leaflets at Reception).....			

*If the contractor is a body corporate include name and registered address

**May be provided as a separate document

2B. Patients (continued)			Yes	No	Information Source
15	A	Practice Information Leaflet made available in large print (16–22 point), on request*.....			PSM Disability Equality
16	A	Price list displayed (e.g. leaflet / poster).....			
17	A	Dental team members are identified to patients (e.g. name badges / information poster).....			PSM Communication
18	A	Data Protection registration for all computerised records (required for all those who hold their own patient list, including Associates**.....			PSM Ethical Practice Information Commissioner
19	A	Suitable back-up protocol in place for computerised records.....			PSM Record-keeping
20	A	Data protection/confidentiality/information security policy (including patient access to records)*.....			
21	A	Protocol for arrangements for safe storage and retrieval of patient records, if practice closes permanently.....			PSM Ethical Practice
22	A	Freedom of Information (Scotland) Act Model Publication Scheme.....			
23	A	Disability policy (compliant with the Equality Act 2010)*.....			PSM Disability Equality
24	A	Written policy for child protection*.....			PSM Ethical Practice
25	A	Contact information for local Child Protection Team easily accessible.....			DoH guidance
26	A	Policy on obtaining consent (including for treatment of children)*.....			
27	A	Complaints procedure policy*.....			
28	A	Complaints log.....			
29	A	Referral protocol (statement that if care cannot be provided, patient will be referred; include details of who patients will be referred to).....			PSM Communication
30	A	Protocol for patient notification if practice closes: 3 months' notice.....			
31	A	Protocol for patient notification if their dentist leaves the practice.....			
*Can be printed on demand					
**If Associate(s) is(are) not registered, record the reason why on Comments and Summary page					
+To be read and signed by all relevant staff					

2C. Health and Safety			Yes	No	Information Source
1	A	Health and safety policy statement*.....			
2	A	Health and safety law poster displayed and filled in or Health and Safety information leaflets given to staff.....			
3	A	Health and safety risk assessment carried out.....			
4	A	COSHH assessments*.....			
5	A	Fire policy, including:			
6	A	• fire action protocol*.....			
7	A	• fire action notice displayed.....			
8	A	Documented fire risk assessment* carried out.....			
9	A	Documented regular visual inspection of portable appliances (at least annually, preferably twice a year).....			
10	A	Portable Appliance Testing (PAT) by contractor/competent person (a minimum of every 3 years).....			
11	B	Documented fixed wire testing.....			PSM Health and Safety
+To be read and signed by all relevant staff					

2C. Health and Safety (continued)			Yes	No	Information Source
12	A	Health Clearance and Immunisation policy including check for new employees ⁺			PSM Health & Safety Infection Control
13	A	Occupational Exposure Management (including Sharps) Policy including post-exposure protocol ⁺			
14	A	Data protection compliant accident book and compliance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations).....			PSM Health & Safety General
15	A	Appointed/named persons for first aid (documentation to include names, duties and training undertaken).....			
16	A	First aid box present and adequately filled for size of practice.....			
17	A	NHS facility or accredited laboratory used for biopsy/pathology tests..... N/A <input type="checkbox"/>			PSM Medical Emergencies SDCEP Drug Prescribing for Dentistry guidance Resuscitation Council (UK) Nov 2013 NDAC Emergency Drugs and Equipment in Primary Dental Care
18	A	Standard Operating Procedure for Controlled Drugs.....			
19	A	Protocols for managing medical emergencies ⁺			
20	A	Staff training records for medical emergencies, including CPR (updated annually) in line with Resuscitation Council (UK)/NDAC Medical Emergencies guidance.....			

+ To be read and signed by all relevant staff

2D. Waste Management			Yes	No	Information Source
See also Sections 2H Infection Control (Documentation and Certification); Part 4 Section 6H Waste					
Special waste consignment notes or written contractor arrangements for:					PSM Health and Safety
1	A	• orange stream: low-risk healthcare waste such as disposable PPE, dressings, swabs.....			
2	A	• yellow stream: high-risk healthcare waste such as sharps, pharmaceuticals, LA cartridges, teeth without amalgam, highly infectious waste or blood [in yellow stream containers (formerly known as sharps bins)].....			
3	A	• red stream: waste amalgam.....			
4	A	• red stream: amalgam capsules.....			
5	A	• red stream: teeth with amalgam.....			
6	A	• red stream: waste from amalgam separation units.....			
7	A	• red stream: X-ray developer/fixer.....			
8	A	• red stream: lead foil.....			

2E. Pressure Vessels			Yes	No	Information Source
Compressors:					PSM Health and Safety
1	A	Pressure vessel insurance certificate including third party liability.....			
2	I	Number of compressors..... <input type="checkbox"/>			SDCEP Decontamination into Practice guidance
3	A	Compressor instruction manual available*.....			
4	A	Written Scheme of Examination if compressor >250 bar litres.....			

*Electronic manuals are acceptable

2E. Pressure Vessels (continued)			Yes	No	Information Source
		Compressors (continued):			
		Record of:			
5	A	• safety testing/inspection in line with Written Scheme of Examination (certification required at least every 26 months).....			
6	A	• maintenance in accordance with manufacturer's instructions.....			
		Steam Sterilizer (Autoclaves)			
		Steam Sterilizer 1:			
7	A	Written Scheme of Examination.....			PSM Health and Safety
		Record of:			SDCEP Decontamination into Practice guidance
8	A	• safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....			SGHD/CDO (2010)2
9	A	• routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....			
		Steam Sterilizer 2: N/A <input type="checkbox"/>			
10	A	Written Scheme of Examination.....			PSM Health and Safety
		Record of:			SDCEP Decontamination into Practice guidance
11	A	• safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....			SGHD/CDO (2010)2
12	A	• routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....			
		Steam Sterilizer 3: N/A <input type="checkbox"/>			
13	A	Written Scheme of Examination.....			PSM Health and Safety
		Record of:			SDCEP Decontamination into Practice guidance
14	A	• safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....			SGHD/CDO (2010)2
15	A	• routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....			

2F. Radiation Protection			Yes	No	Information Source
See also Section 3D Radiation (Processes) and Part 4 Section G Radiology					
1	A	Radiation Protection Adviser appointed* Name: _____			
2	A	Radiation Protection Supervisor appointed* Name: _____			
3	A	Medical Physics Expert appointed** Name: _____			PSM Radiation Protection
4	A	Up to date 'local rules' in place and subject to document quality assurance* (Evidence required).....			Scottish Dental Website (IR[ME]R Information)
5	A	Risk assessment for radiation work*. (Evidence required if there are 5 or more employees).....			
6	A	Documented quality assurance system for radiation equipment in place* (Evidence required of proper documentation and of implementation).....			
* The Ionising Radiations Regulations 1999, enforced by HSE & HSE(NI)					
** The Ionising Radiation (Medical Exposure) Regulations 2000 (as amended)					

2F. Radiation Protection (continued)			Yes	No	Information Source
See also Section 3D Radiation (Processes) and Part 4 Section G Radiology					
7	A	Radiation safety assessment carried out for each machine (every 1-3 years)			PSM Radiation Protection Scottish Dental Website (IR[ME]R Information)
8	A	Set of Employer's Written Procedures in accordance with IR(ME)R 2000* in place and up to date.....			
9	A	Employer's Written Protocol for each type of exposure in place and up to date.....			
10	A	Documented quality assurance system for Employer's Written Procedures and Protocols in place and up to date.....			
11	A	All duty holders (Referrers, Practitioners and Operators) identified and properly entitled by the Employer.....			
12	A	Appropriate Diagnostic Reference Levels (DRLs) in place.....			
13	A	Procedure for dose assessment and recording in place and being implemented.....			
14	A	Documented procedure for pregnancy checking in place and up to date.....			
15	A	Radiology audit undertaken in accordance with Employer's Written Procedures.....			

* The Ionising Radiation (Medical Exposure) Regulations 2000 (as amended)

2G. Lasers			N/A	Yes	No	Information source
1	I	Laser equipment in use.....				PSM Health and Safety
2	A	If using Class 3b or 4 laser, Laser Protection Adviser appointed: Name: _____				
3	A	Local rules available and accessible.....				

2H. Infection Control			Yes	No	Information Source
See also Sections 3E Decontamination (Processes); Part 3 Decontamination Observation; Part 4 Section H Infection Control					
1	A	Infection control/decontamination policy (to include or accompany the following policies)*.....			SDCEP Decontamination into Practice guidance PSM Health & Safety Infection Control Scottish Dental Website
2	A	• Hand hygiene policy.....			
3	A	• Environmental cleaning policy (cleaning schedule and routine monitoring).....			
4	A	• Personal protective equipment (PPE) policy.....			
5	A	• Decontamination of re-usable instruments protocol (including transportation and storage).....			
6	A	• Processing of lab work/dentures.....			
7	A	• Procurement policy for Re-usable and Single-Use items.....			
8	A	• Waste disposal policy and certification.....			
9	A	Dental water bottle procedure.....			

* To be read and signed by all relevant staff

2H. Infection Control (continued)

See also Sections 3E Decontamination (Processes); Part 3 Decontamination Observation; Part 4 Section H Infection Control

		Yes	No	Information Source
	Washer-Disinfector:			
10	A Evidence of installation and validation.....			
11	A Evidence of annual revalidation*..... N/A <input type="checkbox"/>			
12	A Periodic testing carried out according to manufacturer's instructions.....			SDCEP Decontamination into Practice guidance
13	A Verification system for each Washer-disinfector.....			
14	A • print out for every cycle; or			SGHD/CDO (2010)2
15	A • data logger.....			
16	A Number of cycle counts..... <input type="checkbox"/>			
17	A Washer-disinfector instruction manual available**			
	Steam sterilizer(s) (Autoclaves)***			
	Steam sterilizer 1			
18	A Evidence of installation and validation.....			SDCEP Decontamination into Practice guidance
19	A Evidence of annual revalidation..... N/A <input type="checkbox"/>			
20	A Verification system for each steam sterilizer (Autoclave).....			SGHD/CDO (2010)2
21	A • print out for every cycle; or			
22	A • data logger.....			
23	A Number of cycle counts..... <input type="checkbox"/>			
	Steam sterilizer 2			
	N/A <input type="checkbox"/>			
24	A Evidence of installation and validation.....			
25	A Evidence of annual revalidation..... N/A <input type="checkbox"/>			
26	A Verification system for each steam sterilizer (Autoclave).....			
27	A • print out for every cycle; or			
28	A • data logger.....			
29	A Number of cycle counts..... <input type="checkbox"/>			
	Steam sterilizer 3			
	N/A <input type="checkbox"/>			
30	A Evidence of installation and validation.....			
31	A Evidence of annual revalidation..... N/A <input type="checkbox"/>			
32	A Verification system for each steam sterilizer (Autoclave).....			
33	A • print out for every cycle; or			
34	A • data logger.....			
35	A Number of cycle counts..... <input type="checkbox"/>			
36	A Steam sterilizer (Autoclave) instruction manual(s)** available.....			

*If 'No', please provide an explanation on the following Comments and Summary page

**Electronic manuals are acceptable

***See also Section 2E Pressure Vessels

2H. Infection Control (<i>continued</i>)			Yes	No	Information Source
37	A	Ultrasonic cleaner Number of cycle counts..... <input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
38	A	Ultrasonic cleaner instruction manual** available..... N/A <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Electronic manuals are acceptable

2I. Infection Control Training			Yes	No	Information Source
1	A	NES Infection Control Support Team in-practice training every three years (unless using central facility). arrange immediately <input type="checkbox"/> arranged <input type="checkbox"/> completed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NES, Dentistry, Infection Control and Decontamination
2	A	Action Plan from NES Infection Control and Decontamination Team..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 Processes

Please note for Sections 3A-3C the inspectors will require access to a small sample of patient records. Meeting the following inspection requirements might help in a possible future medico-legal situation.

3A. Patient Records System			Yes	No	Information Source
1	I	Manual system.....			PSM Record-keeping PSM Ethical Practice
Computerised system					
2	I	• Fully.....			
3	I	• Partly.....			
4	A	Records stored securely.....			

3B. Medico-legal and Patient Care (see page 28)

3C. Appointment and Recall Systems			Yes	No	Information Source
1	A	Efficient appointment system, including provision for dental emergencies during practice hours.....			SDCEP Emergency Dental Care guidance
2	A	Efficient recall system.....			
Emergency cover outwith normal working hours:					
3	A	• midweek.....			
4	A	• weekends and holidays.....			

3D. Radiation

See also Section 2F Radiation Protection (Documentation and Certification) and Part 4 Section G Radiology

3D. Radiation			Yes	No	Information Source
1	I	Number of intra-oral machines			PSM Radiation Protection
	I	• digital..... <input type="text"/>			
	I	• film..... <input type="text"/>			
2	A	Compliance with report recommendations for all machines.....			
3	I	Number of OPT machines			
	I	• digital..... <input type="text"/>			
	I	• film..... <input type="text"/>			
4	A	Compliance with report recommendations for all machines.....			
5	A	X-ray developing facilities: manual, temperature controlled <input type="text"/> automatic <input type="text"/> digital <input type="text"/>			
6	A	Filing system for radiographs.....			

3B. Medico-legal and Patient Care			Dentist name			Dentist name			Dentist name			Dentist name			Dentist name					
Patient dental records* demonstrate recording of:			Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3
1	A	<ul style="list-style-type: none"> medical history updated at every recall and as appropriate..... 																		
2	A	<ul style="list-style-type: none"> charting of missing/present teeth.... 																		
3	B	<ul style="list-style-type: none"> charting of existing restorations..... 																		
4	A	<ul style="list-style-type: none"> soft tissue examination..... 																		
5	A	<ul style="list-style-type: none"> basic periodontal examination and/or periodontal charting recorded where appropriate..... 																		
6	A	<ul style="list-style-type: none"> information regarding habits (behavioural and dietary) and actions taken..... 																		
7	A	<ul style="list-style-type: none"> written treatment plan, including costs, given to patient and retained in patient record..... 																		
8	A	<ul style="list-style-type: none"> local anaesthetic and prescription items used are recorded..... 																		
9	A	<ul style="list-style-type: none"> treatment notes for each visit include date name/identifier of clinician/treatment provided..... 																		
10	A	<ul style="list-style-type: none"> indication for radiographs recorded and radiographs reported..... 																		
<p>*Checking three records per dentist from the previous six months is recommended (additional records to be checked if standard is not met). Records to be selected by the inspector.</p>																				

Information source:

PSM Record-keeping and SDCEP Oral Health Assessment and Review guidance

3E. Decontamination

See also Sections 2H & 2I Infection Control (Documentation and Certification); Part 3 Decontamination Observation; Part 4 Section H Infection Control

			Yes	No	Information Source
1	A	Non-porous floor covering, without gaps and with sealed edges, throughout the decontamination areas.....			SDCEP Decontamination into Practice guidance Scottish Dental Website
2	A	Good ventilation.....			
3	A	Clean and dirty zones are segregated with clear flow of work from dirty to clean areas.....			
4	A	Demarcated transportation systems for dirty and clean instruments.....			
5	A	Environmental cleaning products for cleaning and disinfection.....			
Separate sinks for:					
6	A	• handwashing.....			
7	A	• cleaning instruments.....			
8	A	• rinsing instruments.....			
9	A	Appropriate hand hygiene products available			
System(s) used for cleaning instruments:					
10	A	• Washer-disinfector			
11	I	• Number of washer-disinfectors..... <input type="text"/>			
12	A	• Washer-disinfector is the primary cleaning system.....			
13	A	• What is the secondary (back-up) cleaning system? Washer-disinfector <input type="checkbox"/> Ultrasonic cleaner <input type="checkbox"/> Manual cleaning <input type="checkbox"/>			
14	B	• Ultrasonic cleaner.			
15	I	• Number of ultrasonic cleaners..... <input type="text"/>			
16	A	Illuminated magnifier for inspection of instruments			
Appropriate detergent or cleaning product used for:					
17	A	• washer-disinfector cleaning of instruments (following manufacturer's instructions).....			
18	A	• manual cleaning of instruments (using solutions according to manufacturer's instructions).....			
19	A	• ultrasonic cleaning of instruments using solutions according to manufacturer's instructions..... N/A <input type="checkbox"/>			
20	A	• ultrasonic cleaner changed at least every 4 hours..... N/A <input type="checkbox"/>			
System used for sterilizing instruments:					
21	A	Steam sterilizer(s) (Autoclave(s))*			
22	I	Number of non-vacuum (Type N) sterilizers..... <input type="text"/>			
23	I	Number of vacuum (Type B) sterilizers..... <input type="text"/>			
24	A	• Steam sterilizer serial no: _____			
25	A	• Steam sterilizer serial no: _____			
26	A	• Steam sterilizer serial no: _____			
27	A	• Quality of water used in steam sterilizer is according to manufacturer's instructions.....			
28	A	• Water in steam sterilizer is drained at least daily			

*If only one steam sterilizer, record details of back-up arrangements on Comments and Summary page

3E. Decontamination (continued)			Yes	No	Information Source
29	A	<ul style="list-style-type: none"> instruments are prepared correctly for sterilization (only wrap instruments before sterilizing in a vacuum steam sterilizer)..... 			
30	A	Only instruments compatible with decontamination processes used.....			
31	A	All decontamination equipment operated according to manufacturer's instructions.....			

Part 3 Observation of Decontamination Process

Inspectors will observe a brief simulation of a typical surgery turn-round process involving decontamination and sterilization (only in one of the surgeries). **Please provide a tray containing instruments you would routinely use, including an endo file, handpiece, non-single use burs, matrix band and impression tray.**

A. Washer Disinfection			Yes	No
1	A	Instruments loaded as per validation.....	<input type="checkbox"/>	<input type="checkbox"/>
2	A	Cycle used as per manufacturer's instructions and validation.....	<input type="checkbox"/>	<input type="checkbox"/>
3	A	Cycle completed without interruption, checked and recorded.....	<input type="checkbox"/>	<input type="checkbox"/>
4	A	Instruments inspected.....	<input type="checkbox"/>	<input type="checkbox"/>

B. Single-use Items (into appropriate containers)			Yes	No
1	A	Matrix band.....	<input type="checkbox"/>	<input type="checkbox"/>
2	A	ALL endodontic files.....	<input type="checkbox"/>	<input type="checkbox"/>
3	A	Disposable impression tray.....	<input type="checkbox"/>	<input type="checkbox"/>
4	A	Disposable sheaths*..... N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	3 in 1 syringe tip.....	<input type="checkbox"/>	<input type="checkbox"/>
6	A	Saliva ejector/aspirator tip*..... N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A	All other items marked 'Single Use'	<input type="checkbox"/>	<input type="checkbox"/>

* If N/A option ticked, Inspector to record reason on Comments and Summary page.

C. Preparation			Yes	No
1	A	Appropriate transportation of instruments.....	<input type="checkbox"/>	<input type="checkbox"/>
2	A	Appropriate setting-down area.....	<input type="checkbox"/>	<input type="checkbox"/>
3	A	Heavy-duty rubber/household gloves worn as required.....	<input type="checkbox"/>	<input type="checkbox"/>
4	A	Visor or mask plus eye protection worn.....	<input type="checkbox"/>	<input type="checkbox"/>
5	A	Apron (waterproof) worn.....	<input type="checkbox"/>	<input type="checkbox"/>
6	A	Appropriate hand hygiene before, during and after decontamination process.....	<input type="checkbox"/>	<input type="checkbox"/>

D. Manual Cleaning			Yes	No	N/A
Instruments are manually cleaned only when specified in manufacturer's instructions as the only cleaning method, or during an emergency when other validated methods are not available.					
1	A	Water of an appropriate temperature is used as directed by detergent manufacturer.....			
2	A	Thermometer used.....			
3	A	Appropriate detergent used (low-foaming neutral or mild alkaline detergent, diluted according to manufacturer's instructions).....			
4	A	Instruments fully immersed during cleaning.....			
5	A	Suitable non-metal brush used (and is used solely for this purpose)			
6	A	Instrument brushes are washed with detergent and hot water after each use and stored in an upright position to allow to dry			
7	A	Instrument brushes are replaced at least once per week or more frequently if soiled or worn.....			
8	A	Instruments rinsed.....			
9	A	Instruments pat dried and inspected.....			

E. Ultrasonic Cleaning			Yes	No	N/A
1	A	Appropriate solution used (low-foaming neutral or mild alkaline detergent) as per validation.....			
2	A	Cycle used as per manufacturer's instructions and validation.....			
3	A	Cycle completes without interruption.....			
4	A	Instruments removed for rinsing within basket.....			
5	A	Instruments rinsed.....			
6	A	Instruments dried after rinsing.....			
7	A	Instruments inspected.....			

F. Steam Sterilizer (Autoclave)			Yes	No
1	A	All re-usable instruments are steam sterilized:.....		
2	I	• Non-vacuum.....		
3	I	• Vacuum.....		
4	I	• Other (e.g. Type S):.....		
5	A	Any/all items in a non-vacuum (downward displacement) steam sterilizer are processed unbagged as per validation.....		
6	A	Items are loaded without overlapping as per validation.....		
7	A	134–137°C cycle selected as per validation.....		

G. Processes and Facilities			Yes	No
1	A	Flow of processes is from dirty to clean areas throughout.....		
2	A	Sinks used for decontamination are separate from hand-washing sinks.....		
3	B	Sinks used for decontamination have non-handling taps.....		
4	A	Decontamination sinks are used for no other purpose.....		
5	A	Instruments prepared appropriately for storing at end of process (e.g. in bags or closed trays)...		

Part 4 Individual Surgeries

This part to be photocopied for the appropriate number of surgeries in the practice

Practice/clinic name:					
Surgery Number:					
Type of Surgery	<input type="checkbox"/> Dentist	<input type="checkbox"/> Hygienist	<input type="checkbox"/> Hygienist-therapist	<input type="checkbox"/> Training surgery	<input type="checkbox"/> Other (state below)

A. General			Yes	No	Information Source
1	A	Premises well maintained and clean with running hot water.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
2	A	Room size and layout adequate for purpose (minimum of 9 square metres)	<input type="checkbox"/>	<input type="checkbox"/>	
3	A	Good lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	
4	A	Good ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	

B. Suction			Yes	No	Information Source
1	A	Adequate venting of suction system:.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
2	I	• preferably exhaust air is vented outside the building or..... <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	I	• mechanical ventilation (extract fan) in surgery..... <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

C. Unit/Chair			Yes	No	Information Source
1	A	Access in emergency.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
2	A	Unit free of risk to patients or staff.....	<input type="checkbox"/>	<input type="checkbox"/>	
3	A	Adequate fixed equipment in good repair, including fully reclinable chair that is upholstered with water-resistant material with no tears or cracks.....	<input type="checkbox"/>	<input type="checkbox"/>	

D. Cabinets/Work Surfaces			Yes	No	Information Source
		Work surfaces are:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SDCEP Decontamination into Practice guidance
1	A	• clean, dry, uncluttered.....	<input type="checkbox"/>	<input type="checkbox"/>	
2	A	• smooth, impervious with sealed edges without gaps.....	<input type="checkbox"/>	<input type="checkbox"/>	
3	A	Satisfactory number and arrangement of sinks.....	<input type="checkbox"/>	<input type="checkbox"/>	
4	A	Cabinetry adequate for 4-handed dentistry.....	<input type="checkbox"/>	<input type="checkbox"/>	

E. Floor Coverings			Yes	No	Information Source
1	A	Non-porous floor covering, without gaps and with sealed edges, throughout the clinical areas.....			SDCEP Decontamination into Practice guidance

F. Amalgam Mixing			Yes	No	Information Source
1	A	Amalgamator with aluminium foiled tray..... N/A.			PSM Health and Safety
2	A	Encapsulated (preferred) with mixing chamber cover in use N/A			
3	A	Spillage kit available.....			
4	A	Amalgam separation system in place.....			
5	A	Suitable storage of waste amalgam.....			

G. Radiology
See also Part 2 Sections 2F Radiation Protection (Documentation and Certification);
3D Radiation (Processes)

1G. X-ray Machine			Yes	No	Information Source
1	A	X-ray machine present			PSM Radiation Protection
2	I	Record X-ray machine serial no:_____			
3	A	Film speed used in radiology is E speed or faster (digital assumed to be faster).....			
4	A	Film-holding beam-aiming devices.....			

2G. Radiation Protection			Yes	No	Information Source
1	A	Controlled area designated with suitable and sufficient signs in place in accordance with IRR99*			PSM Radiation Protection
2	A	Rectangular collimation used.....			
3	A	All persons not undergoing X-ray examination outside controlled area.....			
4	A	Adequate protection for all persons in building.....			

* The Ionising Radiations Regulations 1999, enforced by HSE & HSE(NI)

H. Infection Control

See also Part 2, Sections 2H & 2I Infection Control (Documentation and Certification); 3E Decontamination (Processes); Part 3 Decontamination Observation

1H. Instruments and Equipment (Single-use Items)

			Yes	No	Information Source
		Disposed of after every patient visit:			SDCEP Decontamination into Practice guidance
1	A	• 3-in-1 tips.....			
2	A	• Aspirator tips (if single use)..... N/A <input type="checkbox"/>			
3	A	• Saliva ejectors.....			
4	A	• Matrix bands.....			
5	A	• Mouthwash cups.....			
6	A	• Endodontic files.....			
7	A	• Stainless steel burs.....			
8	A	• Polishing cups/brushes.....			
9	A	• Impression trays.....			
10	A	• All other items marked 'single-use'..... N/A <input type="checkbox"/>			

2H. Instruments and Equipment (all items that are not Single-use)

			Yes	No	Information Source
1	A	Sterilized instruments stored in closed trays or sealed bags.....			SDCEP Decontamination into Practice guidance Scottish Dental website
2	A	Extraction forceps and surgical instruments bagged.....			
3	A	Impressions disinfected by immersion in appropriate solution (check with manufacturer of impression material).....			

3H. Waterlines

			Yes	No	Information Source
1	A	Waterlines flushed after each patient.....			
2	A	Biocidal used to flush waterlines (<i>record details on page 45</i>).....			
3	A	If unit requires bolt-on bottled water, bottle is retrofitted..... N/A <input type="checkbox"/>			

4H. Personal Protective Equipment

			Yes	No	Information Source
		Suitable protective clothing for dentists and staff:			SDCEP Decontamination into Practice guidance PSM Health and Safety
1	A	• eye protection.....			
2	A	• masks/visors.....			
3	A	• disposable gloves.....			
4		unallocated			
5		unallocated			
		Fresh disposable gloves worn for each patient by:			
6	A	• dentist.....			
7	A	• dental nurse.....			

4H. Personal Protective Equipment (continued)			Yes	No	Information Source
8	A	Suitable protection for patients: • eye protection.....			PSM H&S Infection Control
9	A	• bibs.....			
10	A	System for safe use and disposal of sharps.....			

5H. Products			Yes	No	Information Source
1	A	Appropriate hand hygiene products including plain liquid soap and alcohol based rubs/gels should be available at all hand hygiene sinks in clinical areas (surgeries and LDUs).....			SDCEP Decontamination into Practice guidance
2	A	Suitable environmental cleaning products such as impregnated wipes (not sprays) must be available and used in all clinical areas.....			

6H. Waste See also Part 2, Section 2D Waste Management (Documentation and Certification)			Yes	No	Information Source
1	A	Suitably located disposal containers for segregated waste.....			PSM Health and Safety

Section I - unallocated

Section J Instruments and Equipment

1J. Hand and Rotary Instruments			Yes	No	Information Source
Adequate and appropriate instruments for:					
1	A	• examination.....			
2	A	• routine conservation.....			
3	A	• endodontics*..... N/A <input type="checkbox"/>			
4	A	• periodontics.....			
5	A	• oral surgery*..... N/A <input type="checkbox"/>			
6	A	• prosthetics*..... N/A <input type="checkbox"/>			
7	A	• orthodontics*..... N/A <input type="checkbox"/>			
8	A	• crowns and bridges*..... N/A <input type="checkbox"/>			
Number of:					
9	A	• high speed..... <input type="checkbox"/>			
10	A	• slow speed..... <input type="checkbox"/>			
11	A	• straights..... <input type="checkbox"/>			
12	A	• scalers..... <input type="checkbox"/>			
13	A	Adequate sets of burs (dependent on patient throughput).....			

*Not relevant to H/T/HT surgery.

2J. Other Equipment			Yes	No	Information Source
1	A	Pocket mask available in every surgery.....			
2	A	Aspirating syringes in routine use.....			
3	A	Rubber dam kit			
4	A	Appropriate means of viewing X-rays in surgery.....			
5	A	Light curing unit.....			

Section K – unallocated

We have also discussed the following:

Further information requested by practitioner:

I note and have the following comments:

VT surgery: Record the surgery number of each VT surgery in the practice

Potential VT surgery: Record the surgery number of each potential VT surgery

If any dentist in this practice is a VT Trainer or applies to become a VT Trainer, the CPI report for this practice will be made available to NHS Education for Scotland. (* Dental Vocational Training; Longitudinal Dental Foundation Training; Hygienist Therapist Vocational Training)*

Practitioner signing on behalf of the practice*:		Signature:	
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Inspector Name:		Signature:	
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Inspector Name:		Signature:	
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Date:

*** The practitioner signing on behalf of the practice is responsible for sharing information in this document with other members of staff, as appropriate.**