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| **Part 4 Individual Surgeries**  |

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

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| **Practice/clinic name:** |  |
| **Surgery Number:** |  |
|  |
| **Type of Surgery** |  | **Dentist** |  | **Hygienist** |  | **Hygienist-therapist** |  | **Training surgery** |  | **Other (state below)** |
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| **A. General** | **Yes** |  | **No** |  | **Information Source** |
| 1 | A | Premises well maintained and clean with running hot water…………………. |  |  |  |  | PSM Health and Safety |
| 2 | A | Room size and layout adequate for purpose (minimum of 9 square metres).. |  |  |  |  |
| 3 | A | Good lighting……………………………………………………………………..… |  |  |  |  |
| 4 | A | Good ventilation………………………………………………………………..….. |  |  |  |  |
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| **B. Suction** | **Yes** |  | **No** |  | **Information Source** |
| 1 | A | Adequate venting of suction system:…………………………………..………… |  |  |  |  | PSM Health and Safety |
| 2 | I | preferably exhaust air is vented outside the building or…… |  |  |  |  |  |  |
| 3 | I | mechanical ventilation (extract fan) in surgery……………… |  |  |  |  |  |  |
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| **C. Unit/Chair** | **Yes** |  | **No** |  | **Information Source** |
| 1 | A | Access in emergency……………………….…………………………………….. |  |  |  |  | PSM Health and Safety |
| 2 | A | Unit free of risk to patients or staff………………..……………………………... |  |  |  |  |
| 3 | A | Adequate fixed equipment in good repair, including fully reclinable chair that is upholstered with water-resistant material with no tears or cracks..….. |  |  |  |  |
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| **D. Cabinets/Work Surfaces** | **Yes** |  | **No** |  | **Information Source** |
|  |  | Work surfaces are: |  |  |  |  | SDCEP Decontamination into Practice guidance |
| 1 | A | * clean, dry, uncluttered………………………………………..…………….
 |  |  |  |  |
| 2 | A | * smooth, impervious with sealed edges without gaps……………..…….
 |  |  |  |  |
| 3 | A | Satisfactory number and arrangement of sinks……………………………….. |  |  |  |  |
| 4 | A | Cabinetry adequate for 4-handed dentistry……………………………..……… |  |  |  |  |
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| **Comments and Summary**  |
| (to be completed by inspector) |
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| **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 Practiceguidance |
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| **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……………………………………………... |  |  |  |  |
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| **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……………………………….…..………… |  |  |  |  |
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| **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)** |

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| **Comments and Summary**  |
| (to be completed by inspector) |
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| **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 Practiceguidance |
| 1 | A | * 3-in-1 tips……………………………….……………………………………
 |  |  |  |  |
| 2 | A | * Aspirator tips (if single use)………………………………**N/A**
 |  |  |  |  |  |  |  |
| 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**
 |  |  |  |  |  |  |
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| **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 PracticeguidanceScottish 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)………………………………………….… |  |  |  |  |
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| **3H. Waterlines** | **Yes** |  | **No** |  | **Information Source** |
| 1 | A | Waterlines flushed after each patient…………………………………….……… |  |  |  |  |  |
| 2 | A | Biocidal used to flush waterlines *(record details on page 45)………………...* |  |  |  |  |
| 3 | A | If unit requires bolt-on bottled water, bottle is retrofitted……. | **N/A** |  |  |  |  |  |  |
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| **4H. Personal Protective Equipment** | **Yes** |  | **No** |  | **Information Source** |
|  |  | **Suitable protective clothing for dentists and staff:** |  |  |  |  | SDCEP Decontamination into PracticeguidancePSM 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……..................................................................................
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| **Comments and Summary**  |
| (to be completed by inspector) |
| **Item No.** |  |
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| **4H. Personal Protective Equipment *(continued)*** | **Yes** |  | **No** |  | **Information Source** |
|  |  | **Suitable protection for patients:** |  |  |  |  |  |
| 8 | A | * eye protection……………………………………………………...............
 |  |  |  |  |  |
| 9 | A | * bibs……………………………………………………...............................
 |  |  |  |  |
| 10 | A | * System for safe use and disposal of sharps…………………..…….….
 |  |  |  |  | PSM H&S Infection Control |
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| **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…….…………..…… |  |  |  |  |
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| **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  |
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| **Section I - unallocated** |

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| **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** |  |  |  |  |  |  |  |
| 4 | A | * periodontics.........................................................................................
 |  |  |  |  |  |
| 5 | A | * oral surgery**\***................................................................
 | **N/A** |  |  |  |  |  |  |  |
| 6 | A | * prosthetics**\***...................................................................
 | **N/A** |  |  |  |  |  |  |  |
| 7 | A | * orthodontics**\***................................................................
 | **N/A** |  |  |  |  |  |  |  |
| 8 | A | * crowns and bridges**\***.....................................................
 | **N/A** |  |  |  |  |  |  |  |
|  |  | **Number of:** |  |  |  |  |  |
| 9 | A | * high speed……………………………………………………....
 |  |  |  |  |  |  |  |
| 10 | A | * slow speed……………………………………………………...
 |  |  |  |  |  |  |
| 11 | A | * straights……………………………………………………..….
 |  |  |  |  |  |  |  |
| 12 | A | * scalers………………………………………………………..…
 |  |  |  |  |  |  |  |
| 13 | A | Adequate sets of burs (dependent on patient throughput)…………………… |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **\*Not relevant to H/T/HT surgery.**  |

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| **Comments and Summary**  |
| (to be completed by inspector) |
| **Item No.** |  |
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| **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…………………………………………………………………..… |  |  |  |  |
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| **Section K – unallocated** |
| **Comments and Summary**  |
| (to be completed by inspector) |
| **Item No.** |  |
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