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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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| **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 Practiceguidance  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)………………………………………….… |  |  |  |  |
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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 Practiceguidance  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…….................................................................................. | |  |  |  |  |
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| **Comments and Summary** | | | | | | | | |
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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** | |
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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** | |
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