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| 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** |  | **Dentist** |  | **Hygienist** |  | **Hygienist-therapist** |  | **Training surgery** |  | **Other (state below)** | |  | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | |

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| **A. General** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
| 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 **or** …………. |  |  |  |
| 4 | I | * bacterial filter including activated carbon filter (regularly replaced in accordance with the manufacturer’s instructions)…………………………………………………..... |  |  |  |  |  |  |  |

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| **C. Unit/Chair** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
|  |  | Work surfaces are: |  |  |  | SDCEP Decontamination into Practiceguidance |  |
| 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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| **E. Floor Coverings** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
| 1 | A | Machine for mixing pre-dosed encapsulated\* amalgam |  |  |  |  |  |  |
| 2 | A | * on aluminium foiled tray………………………………………. |  |  |  | PSM Health and Safety |
| 3 | A | * with mixing chamber cover in use…………………………… |  |  |  |
| 3 | A | Spillage kit available………………………………………………… |  |  |  |
| 4 | A | Amalgam separation system in place\*……………………………. |  |  |  |
| 5 | A | Suitable storage of waste amalgam………………………………. |  |  |  |
| **\* In accordance with Regulation (EU) 2017/852 on Mercury** | | | | | | | | | | |

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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** |  | **N/A** |  | **Information Source** | **Comments** |
| 1 | A | X-ray machine present…………………………………………...... |  |  |  | PSM Radiation Protection |  |
| 2 | A | Record X-ray machine serial number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
| 1 | A | Controlled area designated with suitable and sufficient signs if required in place, in accordance with **IRR17\***…………………… |  |  |  |  |  |
| 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 2017 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** |  | **N/A** |  | **Information Source** | **Comments** |
|  |  | **Disposed of after every patient visit:** |  |  |  | SDCEP Decontamination into Practiceguidance |  |
| 1 | A | * 3-in-1 tips………………………………………………………. |  |  |  |
| 2 | A | * Aspirator tips (if single use)…………………………………… |  |  |  |
| 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’………………………….. |  |  |  |

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| **2H. Instruments and Equipment (all items that are not Single-use)** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
| 1 | A | Waterlines flushed after each patient…………………………….. |  |  |  | PSM H&S Infection Control (in development) |  |
| 2 | A | Biocidal used to flush waterlines *(record details on page 45)…..* |  |  |  |
| 3 | A | If unit requires bolt-on bottled water, bottle is retrofitted……….. |  |  |  |

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| **4H. Personal Protective Equipment** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
|  |  | **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……………………………………………………. |  |  |  |
|  |  | **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** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
| 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** |  | **N/A** |  | **Information Source** | **Comments** |
|  |  | **Adequate and appropriate instruments for:** |  |  |  |  |  |
| 1 | A | * examination…………………………………………………….. |  |  |  |
| 2 | A | * routine conservation…………………….…………………….. |  |  |  |
| 3 | A | * endodontics**\***……………………………..…………………….. |  |  |  |
| 4 | A | * periodontics…………………………………………………….. |  |  |  |
| 5 | A | * oral surgery\*……………………………..…………………….. |  |  |  |
| 6 | A | * prosthetics**\***……………………………….……………………. |  |  |  |
| 7 | A | * orthodontics**\***……………………………..…………………….. |  |  |  |
| 8 | A | * crowns and bridges**\***…………………….…………………….. |  |  |  |
|  |  | **Number of:** |  |  |  |  |  |  |  |
| 9 | A | * high speed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 10 | A | * slow speed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 11 | A | * straights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 12 | A | * scaler tips \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  | * scaler barrels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 13 | A | Adequate sets of burs (dependent on patient throughput)…….. |  |  |  |  |
| **\*Not relevant to H/T/HT surgery.** | | | | | | | | | | |

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| **2J. Other Equipment** | | | | | | | | | | |
|  |  |  | **Yes** |  | **No** |  | **N/A** |  | **Information Source** | **Comments** |
| 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……………………………………………………… |  |  |  |