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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:** |  |
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|  |
| **Type of Surgery** |  | **Dentist** |  | **Hygienist** |  | **Hygienist-therapist** |  | **Training surgery** |  | **Other (state below)** |
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|  |  |  |  |  |  |  |  |  |  |  |

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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 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** |  | **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 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…………………………………………………….
 |  |  |  |
|  |  | **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……………………………………………………… |  |  |  |