

## 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 7) 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 or as instructed by the Health Board/Health Board Inspector, if different.
- 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](http://www.sdcep.org.uk)) and the Practice Support Manual ([www.psm.sdcep.org.uk](http://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"> <li>• Department of Health Guidance (Child Protection)</li> </ul>	<a href="http://www.cpd.org.uk">www.cpd.org.uk</a>
<ul style="list-style-type: none"> <li>• Disclosure Scotland (Protecting Vulnerable Groups Scheme)</li> </ul>	<a href="http://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm">www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm</a>
<ul style="list-style-type: none"> <li>• General dentistry exposure prone procedure (EPP) categorisation</li> </ul>	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/511570/UKAP_General_Dentistry_EPP_Categorisation_FINAL_to_be_uploaded.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/511570/UKAP_General_Dentistry_EPP_Categorisation_FINAL_to_be_uploaded.pdf</a>
<ul style="list-style-type: none"> <li>• Immunisation Against Infectious Disease [The Green Book]</li> </ul>	<a href="http://immunisation.dh.gov.uk/gb-complete-current-edition">http://immunisation.dh.gov.uk/gb-complete-current-edition</a>
<ul style="list-style-type: none"> <li>• Information Commissioner Information Governance in Dental Practices</li> </ul>	<a href="http://www.ico.org.uk">www.ico.org.uk</a> <a href="https://ico.org.uk/media/action-weve-taken/audits-and-advisory-visits/1432834/information-governance-in-dental-practices.pdf">https://ico.org.uk/media/action-weve-taken/audits-and-advisory-visits/1432834/information-governance-in-dental-practices.pdf</a>
<ul style="list-style-type: none"> <li>• LDU document (Compliant Dental Local Decontamination Units in Scotland Version 2 – Nov 2019)</li> </ul>	<a href="http://www.hfs.scot.nhs.uk/publications/1576754345-Compliant%20Dental%20LDUs%20in%20Scotland%20(GUID%205005)%20v2.0.pdf">http://www.hfs.scot.nhs.uk/publications/1576754345-Compliant%20Dental%20LDUs%20in%20Scotland%20(GUID%205005)%20v2.0.pdf</a>
<ul style="list-style-type: none"> <li>• National Standards for Dental Services (2006)</li> </ul>	<a href="https://www.webarchive.org.uk/wayback/archive/20150404101138mp/http://www.nationalcarestandards.org/files/dental-services.pdf">https://www.webarchive.org.uk/wayback/archive/20150404101138mp/http://www.nationalcarestandards.org/files/dental-services.pdf</a>
<ul style="list-style-type: none"> <li>• NDAC Emergency Drugs and Equipment in Primary Dental Care</li> </ul>	<a href="https://www.scottishdental.org/wp-content/uploads/2015/01/Emergency-Drugs-and-Equipment-in-Primary-Dental-Care-2015.pdf">https://www.scottishdental.org/wp-content/uploads/2015/01/Emergency-Drugs-and-Equipment-in-Primary-Dental-Care-2015.pdf</a>
<ul style="list-style-type: none"> <li>• NES, Dentistry, Infection Control and Decontamination</li> </ul>	<a href="http://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">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</a>
<ul style="list-style-type: none"> <li>• NHS Scotland Waste Management Guidance</li> </ul>	<a href="http://www.hfs.scot.nhs.uk/publications/1475232418-SHTN3%20Part%20C%20NHSScotland%20waste%20management%20guidance..pdf">http://www.hfs.scot.nhs.uk/publications/1475232418-SHTN3%20Part%20C%20NHSScotland%20waste%20management%20guidance..pdf</a>
<ul style="list-style-type: none"> <li>• PSM (Practice Support Manual)</li> </ul>	<a href="http://www.psm.sdcep.org.uk">www.psm.sdcep.org.uk</a>
<ul style="list-style-type: none"> <li>• Resuscitation Council (UK)</li> </ul>	<a href="http://www.resus.org.uk/pages/QSCPR_Main.htm">www.resus.org.uk/pages/QSCPR_Main.htm</a>
<ul style="list-style-type: none"> <li>• Scottish Dental Website</li> </ul>	<a href="http://www.scottishdental.org">www.scottishdental.org</a>
<ul style="list-style-type: none"> <li>• SDCEP Guidance Publications</li> </ul>	<a href="http://www.sdcep.org.uk">www.sdcep.org.uk</a>
<ul style="list-style-type: none"> <li>• SEPA (Scottish Environmental Protection Agency)</li> </ul>	<a href="https://www.sepa.org.uk/regulations/waste/landfill/">https://www.sepa.org.uk/regulations/waste/landfill/</a>
<ul style="list-style-type: none"> <li>• SGHD/CDO (2010)2</li> </ul>	<a href="http://www.sehd.scot.nhs.uk/publications/CDO%282010%2902.pdf">www.sehd.scot.nhs.uk/publications/CDO%282010%2902.pdf</a>

## 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).

<b>Practice Details:</b>	
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
<b>Room Type:</b>	<b>Number of rooms:</b> <input type="text"/>
Dentist surgery:	
HT/H/T surgery	
Other (please give details):	

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

<b>Practice Legal Entity:</b>		
<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:	<input style="width: 100%;" type="text"/>	
Address:	<input style="width: 100%;" type="text"/>	
Telephone number:	<input style="width: 100%;" type="text"/>	
E-mail address:	<input style="width: 100%;" type="text"/>	

<b>Sedation</b>		
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

<b>Date of Inspection:</b>	<input style="width: 100%;" type="text"/>
<b>Inspector(s):</b>	<input style="width: 100%;" type="text"/>

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





## Part 2 Practice Requirements

### Section 1 Premises, Facilities and Equipment

#### 1A. Premises

			Yes	No	N/A	Information Source	Comments
		<b>Car Parking:</b>					
1	I	Private / Public / On Street (please circle)					
		<b>Access:</b>					
2	I	Is there access without use of stairs?.....				PSM Disability Equality	
		<b>Waiting Area:</b>					
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.....				PSM Communication	
7	A	Letter stating successful completion of Health Board Inspection displayed (not applicable for first inspection) .....					
		<b>Toilets:</b>					
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.....					
		<b>Surgeries:</b>					
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).....					

1A. Premises (continued)							
			Yes	No	N/A	Information Source	Comments
12	A	<b>Decontamination Unit*</b> • LDU.....				LDU Document November 2019	
13	A	• Off-site (record details in the comments section).....					

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

1B. Fire Extinguishers							
			Yes	No	N/A	Information Source	Comments
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	N/A	Information Source	Comments
1	A	<b>Recommended medical emergency drugs available, in date and stored safely:</b> • 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 (300mg 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).....					
5	A	• Midazolam oromucosal solution, 5 mg/ml, for topical buccal administration*.....				PSM Medical Emergencies and Life Support	
6	A	• Oral/glucose/sugar.....					
7	A	• Salbutamol inhaler (100 µg per actuation).....				SDCEP Drug Prescribing for Dentistry Guidance	
8	A	Oxygen cylinder (15 litres/min): minimum of 2 size D (340L) or CD (460L) (preferred) or 1 size E (680L) – or equivalent sizes..					
9	A	• serviced at least every 5 years (or according to manufacturer's instructions).....				Resuscitation Council (UK)	
10	A	• charged: at least 75% full and evidence of regular checks.....					

\*Midazolam oromucosal solution is available in pre-filled syringes; several sizes are available to allow for exact dosing for different age groups.

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

			Yes	No	N/A	Information Source	Comments
11	A	Bag valve mask with additional child mask.....				PSM Medical Emergencies and Life Support  SDCEP Drug Prescribing for Dentistry Guidance  Resuscitation Council (UK)  NDAC Emergency Drugs and Equipment in Primary Dental Care  PSM Health and Safety General	
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.....					
19	A	First Aid box present and adequately filled for size of surgery...					

**\*\*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	N/A	Information Source	Comments
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	N/A	Information Source	Comments
1	A	Employer's liability insurance (certificate on display).....				PSM Health and Safety	
2	A	Practice/clinic recruitment and selection policy <sup>+</sup> .....					
3	A	Practice/clinic equal opportunities policy <sup>+</sup> .....					
4	A	Staff contracts <sup>+</sup> .....					
5	A	Staff appraisal system.....					
6	A	Protocol for staff support (e.g. access to occupational health services) <sup>+</sup> .....					
7	A	Discipline, dismissal and grievance procedures <sup>+</sup> .....					
8	A	Practice/staff meetings – minutes and action points.....					
9	A	Staff induction including reading and signing practice policies <sup>+</sup> .....					
10	A	Business continuity plan.....				PSM Risk Management	
11	A	Public protection policy (for raising concerns about performance that might endanger patient safety), and confidential record of concerns and action taken <sup>+</sup> .....					
12	A	Duty of Candour procedure .....				PSM Communication	
13	A	Policy to ensure the daily (weekday) opening of practice's NHS email box and the dissemination of any relevant material to all staff working at the premises.....					

<sup>+</sup>To be read and signed by all relevant staff

### 2B. Patients

			Yes	No	N/A	Information Source	Comments
1	A	Practice Information Leaflet to meet National Standards.....				National Standards for Dental Services	
Should include:							
2	A	• information about the services provided.....				PSM Communication	
3	A	• whether services are provided under the NHS, privately or mixed NHS/private.....				PSM Disability Equality	

**2B. Patients (continued)**

			Yes	No	N/A	Information Source	Comments
4	A	• names, sex, date(s) of registration(s) and dental qualifications of all dentists*				National Standards for Dental Services	
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)					
15	A	Practice Information Leaflet made available in large print (16-22 point), on request***					
16	A	Price list displayed (e.g. leaflet/poster)					
17	A	Dental team members are identified to patients (e.g. name badges/ information poster)					

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

\*\*May be provided as a separate document

\*\*\*Can be printed on demand

## 2B. Patients (continued)

			Yes	No	N/A	Information Source	Comments
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 documented back-up protocol in place for computerised records				PSM Record-keeping	
20	A	GDPR compliant data protection/confidentiality/information security policy (including patient access to records)+				PSM Ethical Practice	
21	A	<ul style="list-style-type: none"> <li>evidence that regular reviews of the policy are carried out</li> </ul>					
22	A	Protocol for arrangements for safe storage and retrieval of patient records, if practice closes permanently					
23	A	Freedom of Information (Scotland) Act Model Publication Scheme				PSM Disability Equality	
24	A	Disability policy (compliant with the Equality Act 2010)+				PSM Ethical Practice	
25	A	Written policy for child protection+				DoH Guidance	
26	A	Contact information for local Child Protection Team easily accessible				PSM Communication	
27	A	Policy on obtaining consent (including for treatment of children)+					
28	A	Complaints procedure policy (for making and handling complaints)+					
29	A	Complaints log					
30	A	Referral protocol (statement that if care cannot be provided, patient will be referred; include details of who patients will be referred to)					
31	A	Protocol for patient notification if practice closes: 3 months' notice					
32	A	Protocol for patient notification if their dentist leaves the practice					

\*\*\*If Associate(s) is(are) not registered, record the reason why in the Comments column

+To be read and signed by all relevant staff

## 2C. Health and Safety

			Yes	No	N/A	Information Source	Comments
1	A	Health and safety policy statement <sup>+</sup> .....				PSM Health and Safety	
2	A	Health and safety law poster displayed and filled in <i>or</i> Health and Safety information leaflets given to staff.....					
3	A	Health and safety risk assessment carried out.....					
4	A	COSHH assessments <sup>+</sup> .....					
5	A	Fire policy, including:					
6	A	• fire action protocol <sup>+</sup> .....					
7	A	• fire action notice displayed.....					
8	A	Documented fire risk assessment <sup>+</sup> 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.....					
12	A	Health Clearance and Immunisation policy including check for new employees <sup>+</sup> .....				PSM Health and Safety Infection Control	
13	A	Occupational Exposure Management (including Sharps) policy including post exposure protocol <sup>+</sup> .....					
14	A	Legionella risk management policy and procedures (including risk assessment) <sup>+</sup> .....				PSM Health and Safety General	
15	A	Data protection compliant accident book and compliance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations).....					
16	A	Appointed/named persons for first aid (documentation to include names, duties and training undertaken).....					

**+To be read and signed by all relevant staff**

## 2C. Health and Safety (continued)

			Yes	No	N/A	Information Source	Comments
17	A	NHS facility or accredited laboratory used for biopsy/pathology tests.....				PSM Medical Emergencies	
18	A	Standard Operating Procedure for Controlled Drugs.....				SDCEP Drug Prescribing for Dentistry guidance	
19	A	Protocols for managing medical emergencies <sup>+</sup> .....				Resuscitation Council (UK)	
20	A	Staff training records for medical emergencies, including CPR (updated annually) in line with Resuscitation Council (UK)/NDAC Medical Emergencies Guidance.....				NDAC Emergency Drugs and Equipment in Primary Dental Care	

**+To be read and signed by all relevant staff**

## 2D. Waste Management

See also sections 2H Infection Control (Documentation and Certification); Part 4 Section 6H Waste

			Yes	No	N/A	Information Source	Comments
		<b>Special waste consignment notes or written contractor arrangements for:</b>					
1	A	• orange stream: low-risk healthcare waste such as disposable PPE, dressings, swabs.....				PSM Health and Safety	
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 sharp 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.....					
9	A	• gypsum disposed of appropriately (in dedicated gypsum boxes via an appropriate agent, or in yellow stream waste if contaminated with potentially infectious material).....					

## 2E. Pressure Vessels

			Yes	No	N/A	Information Source	Comments
		<b>Compressors:</b>					
1	A	Pressure vessel insurance certificate including third party liability.....					
2	I	Number of compressors_____				PSM Health and Safety SDCEP	
3	A	Compressor instruction manual available*.....					
4	A	Written Scheme of Examination if compressor >250 bar litres...					
		Record of:					
5	A	<ul style="list-style-type: none"> <li>safety testing/inspection in line with Written Scheme of Examination (certification required at least every 26 months).....</li> </ul>				Decontamination into Practice guidance	
6	A	<ul style="list-style-type: none"> <li>maintenance in accordance with manufacturer's instructions.....</li> </ul>					
		<b>Steam Sterilizer (Autoclaves)</b>					
		<b>Steam Sterilizer 1:</b>					
7	A	Serial number**_____				PSM Health and Safety	
8	A	Written Scheme of Examination.....					
		Record of:				SDCEP Decontamination into Practice guidance SGHD/CDO (2010)2	
9	A	<ul style="list-style-type: none"> <li>safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....</li> </ul>					
10	A	<ul style="list-style-type: none"> <li>routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....</li> </ul>					
		<b>Steam Sterilizer 2:</b>					
11	A	Serial number**_____				PSM Health and Safety	
12	A	Written Scheme of Examination.....					
		Record of:				SDCEP Decontamination into Practice Guidance SGHD/CDO (2010)2	
13	A	<ul style="list-style-type: none"> <li>safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....</li> </ul>					
14	A	<ul style="list-style-type: none"> <li>routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....</li> </ul>					

\*Electronic manuals are acceptable; \*\*Inspectors can choose to record the serial number(s) here or in section 3E

## 2E. Pressure Vessels (continued)

			Yes	No	N/A	Information Source	Comments
		<b>Steam Sterilizer 3:</b>					
15	A	Serial number** _____				PSM Health and Safety  SDCEP Decontamination into Practice guidance  SGHD/CDO (2010)2	
16	A	Written Scheme of Examination .....					
		Record of:					
17	A	<ul style="list-style-type: none"> <li>safety testing/inspection in line with Written Scheme of Examination (certification required at least every 14 months).....</li> </ul>					
18	A	<ul style="list-style-type: none"> <li>routine servicing (maintenance and testing) in accordance with manufacturer's instructions.....</li> </ul>					

\*\*Inspectors can choose to record the serial number(s) here or in section 3E

## 2F. Radiation Protection

See also Section 3D Radiation (Processes) and Part 4 Section G Radiology

			Yes	No	N/A	Information Source	Comments
1	A	Health and Safety Executive registration for use of x-ray equipment.....				PSM Radiation Protection  Scottish Dental Website (IR[ME]R Information)	
2	A	Radiation Protection Adviser appointed..... Name: _____					
3	A	Radiation Protection Supervisor appointed..... Name: _____					
4	A	Medical Physics Expert appointed..... Name: _____					
5	A	Up to date 'local rules' in place and subject to document control (evidence required).....					
6	A	Risk assessment for radiation work .....					
7	A	Documented inventory and quality assurance system for radiation equipment in place (evidence required of proper documentation and of implementation).....					
8	A	Radiation safety assessment carried out for each machine (every 1-3 years).....					

## 2F. Radiation Protection (continued)

See also Section 3D Radiation (Processes) and Part 4 Section G Radiology

			Yes	No	N/A	Information Source	Comments
9	A	Up to date Employer's Procedures in accordance with <b>IR(ME)R</b> , in place and subject to document control.....				PSM Radiation Protection  Scottish Dental Website (IR[ME]R Information)	
10	A	Up to date Employer's Protocol for each type of exposure in place and subject to document control .....					
11	A	All duty holders (Referrers, Practitioners and Operators) identified and properly entitled by the Employer.....					
12	A	Appropriate Exposure Charts and Diagnostic Reference Levels (DRLs) readily available.....					
13	A	Procedure for dose assessment and recording in place and being implemented.....					
14	A	Documented procedure relating to pregnancy enquiries in place .....					
15	A	Documented procedure for providing information on benefits and risks of dental radiographic exposure.....					
16	A	Radiology audit undertaken in accordance with Employer's Written Procedures.....					

## 2G. Lasers

			Yes	No	N/A	Information Source	Comments
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

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

			Yes	No	N/A	Information Source	Comments
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 (or as determined by unit specifications).....					
		<b>Washer Disinfectors:</b>				SDCEP Decontamination into Practice guidance  SGHD/CDO (2010)2	
10	A	Serial number _____					
11	A	Evidence of installation and validation.....					
12	A	Evidence of annual revalidation*.....					
13	A	Periodic testing carried out according to manufacturer's instructions.....					
14	A	Verification system for each Washer-disinfectors.....					
15	A	• print out for every cycle; <b>or</b> .....					
16	A	• data logger.....					
17	A	Number of cycle counts _____					
18	A	Washer-disinfectors instruction manual available**.....					

\*To be read and signed by all relevant staff

\*If 'No', please provide an explanation in the Comments column

\*\*Electronic manuals are acceptable

**2H. Infection Control (continued)**

			Yes	No	N/A	Information Source	Comments
<b>Steam sterilizer(s) (Autoclaves)***</b>							
<b>Steam sterilizer 1</b>							
19	A	Evidence of installation and validation.....					
20	A	Evidence of annual revalidation*.....					
21	A	Verification system for each steam sterilizer (Autoclave).....					
22	A	• print out for every cycle; <b>or</b> .....					
23	A	• data logger.....					
24	A	Number of cycle counts _____					
<b>Steam sterilizer 2</b>							
25	A	Evidence of installation and validation.....					
26	A	Evidence of annual revalidation*.....					
27	A	Verification system for each steam sterilizer (Autoclave).....					
28	A	• print out for every cycle; <b>or</b> .....					
29	A	• data logger.....					
30	A	Number of cycle counts _____					
<b>Steam sterilizer 3</b>							
31	A	Evidence of installation and validation.....					
32	A	Evidence of annual revalidation*.....					
33	A	Verification system for each steam sterilizer (Autoclave).....					
34	A	• print out for every cycle; <b>or</b> .....					
35	A	• data logger.....					
36	A	Number of cycle counts _____					
37	A	Steam sterilizer (Autoclave) instruction manual(s)** available....					
<b>Ultrasonic cleaner</b>							
38	A	Number of cycle counts _____					
39	A	• annual revalidation and service log.....					
40	A	Ultrasonic cleaner instruction manual** available.....					

SDCEP  
Decontamination  
into Practice  
guidance

SGHD/CDO  
(2010)2)

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

\*\*Electronic manuals are acceptable

\*\*\*See also Section 2E Pressure Vessels

2I. Infection Control Training							
			Yes	No	N/A	Information Source	Comments
1	A	NES Infection Control Support Team in-practice training every three years (unless using central facility)				NES, Dentistry, Infection Control and Decontamination	
		• arrange immediately.....					
		• arranged.....					
		• completed.....					
2	A	Action Plan from NES Infection Control and Decontamination Team.....					

**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	N/A	Information Source	Comments
1	I	Manual system.....				PSM Record-keeping	
		<b>Computerised system</b>					
2	I	• fully.....				PSM Ethical Practice	
3	I	• partly.....					
4	A	Records stored securely.....					

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
1	A	• medical history updated at every recall and as appropriate.....															
2	A	• charting of missing/present teeth.....															
3	B	• charting of existing restorations.....															
4	A	• soft tissue examination.....															
5	A	• basic periodontal examination and/or periodontal charting recorded where appropriate .....															
6	A	• information regarding habits (behavioural and dietary) and actions taken .....															
7	A	• written treatment plan, including, costs given to patient and retained in patient record .....															
8	A	• local anaesthetic and prescription items used are recorded.....															
9	A	• treatment notes for each visit include date name/identifier of clinician/treatment provided.....															
10	A	• indication for radiographs recorded and radiographs reported.....															
<p><b>*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.</b></p>																	

Information source: PSM Record-keeping and SDCEP Oral Health Assessment and Review guidance

### 3C. Appointment and Recall Systems

			Yes	No	N/A	Information Source	Comments
1	A	Efficient appointment system, including provision for dental emergencies during practice hours.....				SDCEP Emergency Dental Care guidance	
2	A	Efficient recall system.....					
		<b>Emergency cover outwith normal working hours:</b>					
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

			Yes	No	N/A	Information Source	Comments
1	I	<b>Number of intra-oral machines</b>				PSM Radiation Protection	
	I	• digital_____					
	I	• film_____					
2	A	Compliance with report recommendations for all machines.....					
3	I	<b>Number of OPT machines</b>					
	I	• digital_____					
	I	• film_____					
4	A	Compliance with report recommendations for all machines.....					
5	A	X-ray developing facilities:					
		• manual temperature controlled.....					
		• automatic.....					
		• digital.....					
6	A	Filing system for radiographs.....					

### 3E. Decontamination

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

			Yes	No	N/A	Information Source	Comments
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..					
		<b>Separate sinks for:</b>					
6	A	• handwashing.....					
7	A	• cleaning instruments.....					
8	A	• rinsing instruments.....					
9	A	Appropriate hand hygiene products available					
		<b>System(s) used for cleaning instruments:</b>					
10	A	• Washer-disinfector.....					
11	A	• Serial number _____					
12	I	• Number of washer-disinfectors _____					
13	A	• Washer-disinfector is the primary cleaning system.....					
14	A	What is the secondary (back up) cleaning system?					
		Washer-disinfector <input type="checkbox"/> Ultrasonic cleaner <input type="checkbox"/> Manual cleaning <input type="checkbox"/>					
15	B	• Ultrasonic cleaner.....					
16	I	• Number of ultrasonic cleaners _____					
17	A	Illuminated magnifier for inspection of instruments.....					

**3E. Decontamination (continued)**

			Yes	No	N/A	Information Source	Comments
		<b>Appropriate detergent or cleaning product used for:</b>					
18	A	• washer-disinfector cleaning of instruments (following manufacturer's instructions).....					
19	A	• manual cleaning of instruments (using solutions according to manufacturer's instructions).....					
20	A	• ultrasonic cleaning of instruments using solutions according to manufacturer's instructions.....					
21	A	• ultrasonic cleaner changed at least every 4 hours.....					
		<b>System used for sterilizing instruments:</b>					
22	A	Steam sterilizer(s) (Autoclave(s))*.....					
23	I	Number of non-vacuum (Type N) sterilizers.....				SDCEP Decontamination into Practice guidance	
24	I	Number of vacuum (Type B) sterilizers.....				Scottish Dental Website	
25	A	• Steam sterilizer serial number: .....					
26	A	• Steam sterilizer serial number: .....					
27	A	• Steam sterilizer serial number: .....					
28	A	• Quality of water used in steam sterilizer is according to manufacturer's instructions.....					
29	A	• Water in steam sterilizer is drained at least daily .....					
30	A	• Instruments are prepared correctly for sterilization (only wrap instruments before sterilizing in a vacuum steam sterilizer).....					
31	A	Only instruments compatible with decontamination processes used.....					
32	A	All decontamination equipment operated according to manufacturer's instructions.....					

**\*If only one steam sterilizer, record details of back-up arrangements in Comments column.**

## 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. Single-use Items (into appropriate containers)

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

**\* If N/A option ticked, Inspector to record reason in Comments column.**

### B. Preparation

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

### C. Washer Disinfection

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

### D. Manual Cleaning

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.

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

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

## 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)

### 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.....					

### 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 <b>or</b> .....					
3	I	• mechanical ventilation (extract fan) in surgery <b>or</b> .....					
4	I	• bacterial filter including activated carbon filter (regularly replaced in accordance with the manufacturer's instructions).....					

<b>C. Unit/Chair</b>							
			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.....					

<b>D. Cabinets/Work Surfaces</b>							
			Yes	No	N/A	Information Source	Comments
1	A	Work surfaces are: • clean, dry, uncluttered.....				SDCEP Decontamination into Practice guidance	
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.....					

<b>E. Floor Coverings</b>							
			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 Practice guidance	

<b>F. Amalgam Mixing</b>							
			Yes	No	N/A	Information Source	Comments
1	A	Machine for mixing pre-dosed encapsulated* amalgam				PSM Health and Safety	
2	A	• on aluminium foiled tray.....					
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**

<b>G. Radiology</b>							
See also Part 2 Sections 2F Radiation Protection (Documentation and Certification); 3D Radiation (Processes)							
<b>1G. X-ray Machine</b>							
			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.....					

<b>2G. Radiation Protection</b>							
			Yes	No	N/A	Information Source	Comments
1	A	Controlled area designated with suitable and sufficient signs if required in place, in accordance with <b>IRR17*</b> .....					
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)**

## 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
		<b>Disposed of after every patient visit:</b>					
1	A	• 3-in-1 tips.....				SDCEP Decontamination into Practice guidance	
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'.....					

### 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 Practice guidance	
2	A	Extraction forceps and surgical instruments bagged.....					
3	A	Impressions disinfected by immersion in appropriate solution (check with manufacturer of impression material).....			Scottish Dental website		

### 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 ( <i>record details on page 45</i> )....					
3	A	If unit requires bolt-on bottled water, bottle is retrofitted.....					

4H. Personal Protective Equipment							
			Yes	No	N/A	Information Source	Comments
		<b>Suitable protective clothing for dentists and staff:</b>				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					
		<b>Fresh disposable gloves worn for each patient by:</b>					
6	A	• dentist.....					
7	A	• dental nurse.....					
		<b>Suitable protection for patients:</b>					
8	A	• eye protection.....					
9	A	• bibs.....					
10	A	• System for safe use and disposal of sharps.....				PSM H&S Infection Control	

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.....					

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	

**Section I - unallocated**

**Section J Instruments and Equipment**

**1J. Hand and Rotary Instruments**

			Yes	No	N/A	Information Source	Comments
		<b>Adequate and appropriate instruments for:</b>					
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*.....					
		<b>Number of:</b>					
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.

**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.....					



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