

PRACTICE VISIT CHECK LIST

In Confidence

Date sent:

Date returned:

Practice visit by: Date of visit:

This list is representative of current good practice and good governance procedures and can be used as a practice development plan. Practices should already have in place items that are highlighted to comply with current health & safety legislation and NHS / GDC requirements.

PART A PRACTICE DETAILS

Practice Address

.....

.....

Post Code

Telephone

Fax

E-Mail

Please tick boxes where applicable

Freehold owned by practice dentist(s)

Rented

Listed Building

% Number of NHS patients for whole practice

% NHS Income for whole practice

Number of surgeries for dentists or hygienists

Number of dedicated hygienist surgeries

Dedicated room for oral health education

Does the practice plan during next 2 years to:

Increase NHS commitment

Decrease NHS commitment

Stay the same

Clinical Governance lead for practice (*name*)

COMPLETE FOR EACH PRACTITIONER AND COPY IF NEEDED

Tick where applicable

Dentist's Name

Male Female Specialist Register (*name*)

Principal Associate Assistant V.T.

Audit: In last 3 years Peer Review in last 3 years

STAFFING: Please give number of staff and hours worked

	Qualified	In-Training	Hours Worked
Dental Nurses			
Hygienists			
Dental Therapists			
On Health Educator			

PART B THE STAFF

BDA Advice Sheets D1 to D15

Please copy and complete for each member of staff

	Yes	No
Named person responsible for staff	<input type="checkbox"/>	<input type="checkbox"/>
<i>(It is suggested that you keep a copy of this section for each staff member)</i>		
Do you take up references for new members of staff?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ask for proof of identity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you check professional documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ask staff to declare any criminal convictions or police cautions?	<input type="checkbox"/>	<input type="checkbox"/>
Written Contracts of Employment & Job Descriptions for each staff member	<input type="checkbox"/>	<input type="checkbox"/>
Are these policies included in your contracts of employment?		
Sickness Policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Policy	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Policy	<input type="checkbox"/>	<input type="checkbox"/>
Absentee Policy	<input type="checkbox"/>	<input type="checkbox"/>
Poor Performance Policy	<input type="checkbox"/>	<input type="checkbox"/>
Patient Confidentiality Clause	<input type="checkbox"/>	<input type="checkbox"/>
Staff Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>
Disability Policy	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for each member of staff:		
CPD Record each staff	<input type="checkbox"/>	<input type="checkbox"/>
Annual Staff Appraisals	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Appraisal		
Training Requirements identified	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development Plan	<input type="checkbox"/>	<input type="checkbox"/>
Staff meetings 3 monthly or less	<input type="checkbox"/>	<input type="checkbox"/>

STAFF AND DENTISTS' WELFARE

	Yes	No
Employers Liability Insurance displayed	<input type="checkbox"/>	<input type="checkbox"/>
Good lighting	<input type="checkbox"/>	<input type="checkbox"/>
Room temperatures greater than 16°C – thermometer displayed	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen facility	<input type="checkbox"/>	<input type="checkbox"/>
Changing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Rest area	<input type="checkbox"/>	<input type="checkbox"/>
Written VDU policy	<input type="checkbox"/>	<input type="checkbox"/>
Young persons policy	<input type="checkbox"/>	<input type="checkbox"/>
Staff Disability Discrimination Act compliance	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
Protective glasses clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
Name badges for staff	<input type="checkbox"/>	<input type="checkbox"/>

STAFF & DENTISTS' TRAINING DOCUMENTED

(Cleaning staff should be aware of risks)

Ionising Radiation Training	<input type="checkbox"/>	<input type="checkbox"/>
Mercury Handling Training	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Training	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records & Confidentiality Training	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Handling Training	<input type="checkbox"/>	<input type="checkbox"/>
Communication Training	<input type="checkbox"/>	<input type="checkbox"/>
Personal Safety Training	<input type="checkbox"/>	<input type="checkbox"/>
Medical Emergency Training	<input type="checkbox"/>	<input type="checkbox"/>
Fire Safety Training	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling Training	<input type="checkbox"/>	<input type="checkbox"/>

PART C ABOUT THE PRACTICE

		Yes	No
Named person responsible for premises		<input type="checkbox"/>	<input type="checkbox"/>
Practice Location:	Shopping Area	<input type="checkbox"/>	<input type="checkbox"/>
	Residential Area	<input type="checkbox"/>	<input type="checkbox"/>
	Other		
Practice Building:	House	<input type="checkbox"/>	<input type="checkbox"/>
	Shop	<input type="checkbox"/>	<input type="checkbox"/>
	Office	<input type="checkbox"/>	<input type="checkbox"/>
	Purpose built	<input type="checkbox"/>	<input type="checkbox"/>
	Other		
	Good external decoration	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Parking:	On site	<input type="checkbox"/>	<input type="checkbox"/>
	Nearby	<input type="checkbox"/>	<input type="checkbox"/>
	Good Access to Public Transport	<input type="checkbox"/>	<input type="checkbox"/>
	Disability Discrimination Act Audit	<input type="checkbox"/>	<input type="checkbox"/>
Good Access:	Escalator	<input type="checkbox"/>	<input type="checkbox"/>
	Stairs	<input type="checkbox"/>	<input type="checkbox"/>
	Lift	<input type="checkbox"/>	<input type="checkbox"/>
	Wheelchair Access to a Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Reception Area:	Combined with Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>
	Adequate patient privacy	<input type="checkbox"/>	<input type="checkbox"/>
	Adequate size	<input type="checkbox"/>	<input type="checkbox"/>
	Good decoration	<input type="checkbox"/>	<input type="checkbox"/>
	Tidy and clean	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
Computers:	Office only computer	<input type="checkbox"/>	<input type="checkbox"/>
	Surgery computers	<input type="checkbox"/>	<input type="checkbox"/>
	Clinical records on computer	<input type="checkbox"/>	<input type="checkbox"/>
	Appointments on computer	<input type="checkbox"/>	<input type="checkbox"/>
	Internet link	<input type="checkbox"/>	<input type="checkbox"/>
	EDI link with DPB	<input type="checkbox"/>	<input type="checkbox"/>
Patient Records:	Secure record storage	<input type="checkbox"/>	<input type="checkbox"/>
	Registered Data Protection Agency	<input type="checkbox"/>	<input type="checkbox"/>
Waiting Room:	Adequate size	<input type="checkbox"/>	<input type="checkbox"/>
	Good decoration	<input type="checkbox"/>	<input type="checkbox"/>
	Tidy and clean	<input type="checkbox"/>	<input type="checkbox"/>
	Staff supervision	<input type="checkbox"/>	<input type="checkbox"/>
	Safe children's area	<input type="checkbox"/>	<input type="checkbox"/>
	Safe heating	<input type="checkbox"/>	<input type="checkbox"/>
	Music	<input type="checkbox"/>	<input type="checkbox"/>
	Performing Rights Licence	<input type="checkbox"/>	<input type="checkbox"/>
	(if music or TV in public areas)		
Clean toilets with washbasin and paper towels or drier:	For Staff	<input type="checkbox"/>	<input type="checkbox"/>
	For Patients	<input type="checkbox"/>	<input type="checkbox"/>
	Wheelchair Access to Toilets	<input type="checkbox"/>	<input type="checkbox"/>
Stairs and Corridors:	Good decoration	<input type="checkbox"/>	<input type="checkbox"/>
	Clear passageways	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
Kitchen Facilities:	Dedicated use	<input type="checkbox"/>	<input type="checkbox"/>
Staff Room:	Dedicated use	<input type="checkbox"/>	<input type="checkbox"/>
Information for patients:	Practice Leaflet	<input type="checkbox"/>	<input type="checkbox"/>
	Clinical Leaflets	<input type="checkbox"/>	<input type="checkbox"/>
Notices:	Complaints Notice	<input type="checkbox"/>	<input type="checkbox"/>
	NHS Charges Notice	<input type="checkbox"/>	<input type="checkbox"/>
	Out of Hours Notice	<input type="checkbox"/>	<input type="checkbox"/>
	Quality Assurance Scheme Notice	<input type="checkbox"/>	<input type="checkbox"/>

PART D TREATMENT OF MEDICAL EMERGENCIES

	Yes	No
Named person responsible for training and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Dental Practitioners' Formulary	<input type="checkbox"/>	<input type="checkbox"/>
Written protocols for emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
Staff training documented	<input type="checkbox"/>	<input type="checkbox"/>
Written procedure for checking equipment and drugs	<input type="checkbox"/>	<input type="checkbox"/>
CPR Training: External trainer Within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
On-site training Within last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Storage of equipment and drugs clearly labelled	<input type="checkbox"/>	<input type="checkbox"/>
Fire safety label on door of oxygen storage facility	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen with valves, metering and delivery system	<input type="checkbox"/>	<input type="checkbox"/>
- self-inflating bag, valve and mask	<input type="checkbox"/>	<input type="checkbox"/>
Sealed storage to prevent dust and insect contamination	<input type="checkbox"/>	<input type="checkbox"/>
- can be connected to oxygen supply and staff trained	<input type="checkbox"/>	<input type="checkbox"/>
- documented check for signs of deterioration of tubing or equipment	<input type="checkbox"/>	<input type="checkbox"/>
Hand or foot operated portable suction	<input type="checkbox"/>	<input type="checkbox"/>
- documented check for operation	<input type="checkbox"/>	<input type="checkbox"/>
Pocket resuscitator for each surgery	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal Airways Sizes 1, 2, 3	<input type="checkbox"/>	<input type="checkbox"/>
Kit of emergency drugs as per Dental Practitioners Formulary (or equivalent hospital supplied kit)	<input type="checkbox"/>	<input type="checkbox"/>
- record of drugs	<input type="checkbox"/>	<input type="checkbox"/>
- documented check for expiry dates	<input type="checkbox"/>	<input type="checkbox"/>
- delivery systems for drugs	<input type="checkbox"/>	<input type="checkbox"/>

SEDATION PRACTICES

	Yes	No
Named person responsible for equipment and training	<input type="checkbox"/>	<input type="checkbox"/>
Written sedation protocols	<input type="checkbox"/>	<input type="checkbox"/>
Single sedation drug use	<input type="checkbox"/>	<input type="checkbox"/>
Documented staff training in sedation	<input type="checkbox"/>	<input type="checkbox"/>
Reversal Agent	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance records for oximeter	<input type="checkbox"/>	<input type="checkbox"/>
Intra-venous catheters	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Life Support training	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>
Syphgmomanometer	<input type="checkbox"/>	<input type="checkbox"/>

RELATIVE ANALGESIA

Scavenging System for exhaust gases	<input type="checkbox"/>	<input type="checkbox"/>
Fail-safe oxygen system	<input type="checkbox"/>	<input type="checkbox"/>

FIRST AID

HEALTH & SAFETY LAW

Green Box Kit available	<input type="checkbox"/>	<input type="checkbox"/>
Clearly labelled storage	<input type="checkbox"/>	<input type="checkbox"/>
Named person responsible	<input type="checkbox"/>	<input type="checkbox"/>
Eye irrigation facility	<input type="checkbox"/>	<input type="checkbox"/>
Trained First Aid person	<input type="checkbox"/>	<input type="checkbox"/>
First Aid instructions available	<input type="checkbox"/>	<input type="checkbox"/>
Accident Book	<input type="checkbox"/>	<input type="checkbox"/>
Written needle stick policy displayed	<input type="checkbox"/>	<input type="checkbox"/>

PART E INFECTION CONTROL

Failure to employ adequate methods of infection control will almost
 Certainly render a dentist liable to a charge of serious professional
 Misconduct – BDA Advice Sheet A12

	Yes	No
Named person responsible for infection control	<input type="checkbox"/>	<input type="checkbox"/>
Written practice policy regularly updated and available	<input type="checkbox"/>	<input type="checkbox"/>
When updated	
Copy of Control of Cross-Infection in Dentistry (BDA Advice Sheet A12) – read by all staff and documented	<input type="checkbox"/>	<input type="checkbox"/>
Autoclaves – Number (please specify)	<input type="checkbox"/>	
Operating procedure manual for autoclave	<input type="checkbox"/>	<input type="checkbox"/>
For each autoclave:		
Written Scheme of Examination	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Vessel Certification	<input type="checkbox"/>	<input type="checkbox"/>
Service Records and Contract of Servicing	<input type="checkbox"/>	<input type="checkbox"/>
Practice Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
Daily Testing Log	<input type="checkbox"/>	<input type="checkbox"/>
Staff training about and prevention of needle stick injuries		
Needle guards	<input type="checkbox"/>	<input type="checkbox"/>
Surface disinfectant	<input type="checkbox"/>	<input type="checkbox"/>
Hand disinfectants	<input type="checkbox"/>	<input type="checkbox"/>
Dental impressions appliances and instruments / equipment sent for repair		
Written procedures	<input type="checkbox"/>	<input type="checkbox"/>
Decontaminated (BDA A12 guidance)	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate packaging	<input type="checkbox"/>	<input type="checkbox"/>
Statement of decontamination included	<input type="checkbox"/>	<input type="checkbox"/>
Water Supplies		
Independent water supply to units	<input type="checkbox"/>	<input type="checkbox"/>
Class A air gaps 15mm	<input type="checkbox"/>	<input type="checkbox"/>
Waterlines flushed and biofilm removed daily	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Clinical Clothing for all clinical staff restricted for practice use		
Jacket	<input type="checkbox"/>	<input type="checkbox"/>
Trousers	<input type="checkbox"/>	<input type="checkbox"/>
Footwear	<input type="checkbox"/>	<input type="checkbox"/>
Protective Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Non-powdered single use gloves	<input type="checkbox"/>	<input type="checkbox"/>
Face masks or visors changed after every patient	<input type="checkbox"/>	<input type="checkbox"/>
Surgery Design		
Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>
Two sinks – one in clean area, one in dirty area	<input type="checkbox"/>	<input type="checkbox"/>
Zoning Clean and Dirty Areas	<input type="checkbox"/>	<input type="checkbox"/>
Work surfaces sealed and covered	<input type="checkbox"/>	<input type="checkbox"/>
Impervious non-slip flooring sealed and covered	<input type="checkbox"/>	<input type="checkbox"/>
Elbow or foot operated taps	<input type="checkbox"/>	<input type="checkbox"/>
Elbow operated soap dispensers	<input type="checkbox"/>	<input type="checkbox"/>
Good ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of clinical waste		
Clinical waste sack no more than $\frac{3}{4}$ full	<input type="checkbox"/>	<input type="checkbox"/>
Sharps containers no more than $\frac{2}{3}$ full	<input type="checkbox"/>	<input type="checkbox"/>
Secure clinical waste storage	<input type="checkbox"/>	<input type="checkbox"/>
Registered waste carrier collects	<input type="checkbox"/>	<input type="checkbox"/>
Waste transfer notes retained	<input type="checkbox"/>	<input type="checkbox"/>
Identification of hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>
Disposal procedure for disposal of amalgam filled teeth	<input type="checkbox"/>	<input type="checkbox"/>
Instrument Storage in Dry Covered Conditions		
Sterile trays with lids	<input type="checkbox"/>	<input type="checkbox"/>
Storage Pouches	<input type="checkbox"/>	<input type="checkbox"/>
Single use items used		
Impression Trays	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Saliva Ejectors	<input type="checkbox"/>	<input type="checkbox"/>
Three in one syringe tips	<input type="checkbox"/>	<input type="checkbox"/>
Aspirator tips	<input type="checkbox"/>	<input type="checkbox"/>
Paper Cups	<input type="checkbox"/>	<input type="checkbox"/>
Paper Towels	<input type="checkbox"/>	<input type="checkbox"/>
Patients' Bibs	<input type="checkbox"/>	<input type="checkbox"/>
Matrix Bands	<input type="checkbox"/>	<input type="checkbox"/>
Disposable covering for light and chair controls changed between patients	<input type="checkbox"/>	<input type="checkbox"/>
Written medical history for all patients	<input type="checkbox"/>	<input type="checkbox"/>
All staff immunised and records kept	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B tested for infectivity	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C tested for infectivity	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination of instruments and handpieces using systematic approach as advised by BDA A12	<input type="checkbox"/>	<input type="checkbox"/>
Do you use 2 stage surface decontamination (BDA A12)?	<input type="checkbox"/>	<input type="checkbox"/>
Aspirators, drains and spittoons cleaned after each session (BDA A12)	<input type="checkbox"/>	<input type="checkbox"/>

PART F IONISING RADIATION

NRPB Regulations BDA Advice Sheet A11

	Yes	No
Copy of BDA Radiation in Dentistry		
BDA Advice Sheet A11	<input type="checkbox"/>	<input type="checkbox"/>
Copy of NRPB Guidance Notes for Dental Practitioners		
on the Safe Use of X-Ray Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Written protocols and procedures including processing films	<input type="checkbox"/>	<input type="checkbox"/>
Staff training documented	<input type="checkbox"/>	<input type="checkbox"/>
Named Legal Person	<input type="checkbox"/>	<input type="checkbox"/>
Named Radiation Protection Adviser	<input type="checkbox"/>	<input type="checkbox"/>
Named Radiation Protection Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Operators named	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Executive informed about x-ray equipment on premises	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment carried out for each machine	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Areas designated for each machine	<input type="checkbox"/>	<input type="checkbox"/>
Local Rules for each machine displayed	<input type="checkbox"/>	<input type="checkbox"/>
Warning signs and lights for each machine	<input type="checkbox"/>	<input type="checkbox"/>
Records of all machine assessments		
(Requirement for each machine every 3 years)	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Protection File (IR(ME)R2000 Regs)	<input type="checkbox"/>	<input type="checkbox"/>
All intra oral X-Ray Equipment 60–70 Kv	<input type="checkbox"/>	<input type="checkbox"/>
Digital X-Ray equipment	<input type="checkbox"/>	<input type="checkbox"/>
OPG machine 60-90 Kv	<input type="checkbox"/>	<input type="checkbox"/>
Rectangular beam collimation	<input type="checkbox"/>	<input type="checkbox"/>
Film ISO speed Group E used (non digital equipment)	<input type="checkbox"/>	<input type="checkbox"/>
Intensifying screens for OPG (non digital equipment)	<input type="checkbox"/>	<input type="checkbox"/>
All patients' records correctly documented	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate education in date for all dentists and operators	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray audit and evaluation procedures in place	<input type="checkbox"/>	<input type="checkbox"/>

PART G **LASERS**

	Yes	No
Registered with H.A. Nursing Homes Inspectorate	<input type="checkbox"/>	<input type="checkbox"/>
Laser Protection Adviser	<input type="checkbox"/>	<input type="checkbox"/>
Local Rules	<input type="checkbox"/>	<input type="checkbox"/>
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>
Staff Training	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance and Records	<input type="checkbox"/>	<input type="checkbox"/>

PART H HEALTH & SAFETY

	Yes	No
Named person responsible	<input type="checkbox"/>	<input type="checkbox"/>
Written Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Poster - completed	<input type="checkbox"/>	<input type="checkbox"/>
Staff training carried out	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment carried out (findings recorded 5 or more employees)	<input type="checkbox"/>	<input type="checkbox"/>
RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences)		
Policy and Reporting Sheets	<input type="checkbox"/>	<input type="checkbox"/>
COSHH (Control of Substances Hazardous to Health) Assessment sheets	<input type="checkbox"/>	<input type="checkbox"/>
Mercury spillage kit	<input type="checkbox"/>	<input type="checkbox"/>
Documented staff monitoring for mercury	<input type="checkbox"/>	<input type="checkbox"/>
Electricity at Work		
Procedures documented	<input type="checkbox"/>	<input type="checkbox"/>
Portable appliance wiring checked 6 monthly	<input type="checkbox"/>	<input type="checkbox"/>
Appliances tested by competent person 3 yearly	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PRECAUTIONS

Named person responsible	<input type="checkbox"/>	<input type="checkbox"/>
Documented fire procedures	<input type="checkbox"/>	<input type="checkbox"/>
Staff Training	<input type="checkbox"/>	<input type="checkbox"/>
Fire Drills	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
Serviced	<input type="checkbox"/>	<input type="checkbox"/>
Clearly signed with use directions	<input type="checkbox"/>	<input type="checkbox"/>
Documented	<input type="checkbox"/>	<input type="checkbox"/>
Exits signed and always clear	<input type="checkbox"/>	<input type="checkbox"/>
Designated assembly point	<input type="checkbox"/>	<input type="checkbox"/>

WASTE

	Yes	No
Clinical waste in yellow bags	<input type="checkbox"/>	<input type="checkbox"/>
Written Contract	<input type="checkbox"/>	<input type="checkbox"/>
Waste Transfer Notes	<input type="checkbox"/>	<input type="checkbox"/>
Sharps in yellow boxes	<input type="checkbox"/>	<input type="checkbox"/>
Written Contract	<input type="checkbox"/>	<input type="checkbox"/>
Waste Transfer Notes	<input type="checkbox"/>	<input type="checkbox"/>
Special Waste Containers	<input type="checkbox"/>	<input type="checkbox"/>
Written Contract	<input type="checkbox"/>	<input type="checkbox"/>
Waste Transfer Notes	<input type="checkbox"/>	<input type="checkbox"/>
Amalgam Separator	<input type="checkbox"/>	<input type="checkbox"/>

PART I **ABOUT THE SURGERIES** (Copy if more sheets are needed)

SURGERY ID

	Yes	No
Good decoration	<input type="checkbox"/>	<input type="checkbox"/>
Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>
Good surgery hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Zoning – Distinct clean and dirty areas	<input type="checkbox"/>	<input type="checkbox"/>
Flooring in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets adequate	<input type="checkbox"/>	<input type="checkbox"/>
Unit in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Chair in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Suction working	<input type="checkbox"/>	<input type="checkbox"/>
Autoclave	<input type="checkbox"/>	<input type="checkbox"/>
Good ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning vented to outside	<input type="checkbox"/>	<input type="checkbox"/>
Hand Instruments Tray system	<input type="checkbox"/>	<input type="checkbox"/>
In good condition	<input type="checkbox"/>	<input type="checkbox"/>
Covered storage	<input type="checkbox"/>	<input type="checkbox"/>
Endodontic Kit In good condition	<input type="checkbox"/>	<input type="checkbox"/>
Dry covered storage	<input type="checkbox"/>	<input type="checkbox"/>
Rubber Dam Kit	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Kit Dry covered storage	<input type="checkbox"/>	<input type="checkbox"/>
Handpieces Air turbines sterilised for each patient	<input type="checkbox"/>	<input type="checkbox"/>
Slow speed sterilised for each patient	<input type="checkbox"/>	<input type="checkbox"/>
Instrument storage containers		
Autoclavable trays	<input type="checkbox"/>	<input type="checkbox"/>
Disposable pouches	<input type="checkbox"/>	<input type="checkbox"/>
Three in One syringe tips		
Sterilised for each patient	<input type="checkbox"/>	<input type="checkbox"/>
Disposable	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Two wash basins	<input type="checkbox"/>	<input type="checkbox"/>
Patient's protective glasses	<input type="checkbox"/>	<input type="checkbox"/>
Foil lined plastic tray for amalgamator	<input type="checkbox"/>	<input type="checkbox"/>
Covered capsule mixer with lid	<input type="checkbox"/>	<input type="checkbox"/>
Orange screen for curing light	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray viewing box with magnification	<input type="checkbox"/>	<input type="checkbox"/>
Digital X-Ray equipment	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray beam aiming devices	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray warning lights and signs	<input type="checkbox"/>	<input type="checkbox"/>
Laederal type mask for resuscitation	<input type="checkbox"/>	<input type="checkbox"/>

PART J CONSISTENT STANDARDS IN DENTISTRY

	Yes	No
Monitoring and Audit of all documented procedures	<input type="checkbox"/>	<input type="checkbox"/>
Named Complaints Person	<input type="checkbox"/>	<input type="checkbox"/>
Documented complaints procedures and complaints log	<input type="checkbox"/>	<input type="checkbox"/>
Documented procedure for dental emergencies	<input type="checkbox"/>	<input type="checkbox"/>
All patients have a written plan detailing treatment and charges	<input type="checkbox"/>	<input type="checkbox"/>
All treatment options are explained to patients	<input type="checkbox"/>	<input type="checkbox"/>
All risks explained to patients	<input type="checkbox"/>	<input type="checkbox"/>
Consent form signed and retained for each treatment course	<input type="checkbox"/>	<input type="checkbox"/>
Written procedure for patient referrals	<input type="checkbox"/>	<input type="checkbox"/>
Written procedure for bad debts	<input type="checkbox"/>	<input type="checkbox"/>
Practice offers to facilitate second opinions when requested	<input type="checkbox"/>	<input type="checkbox"/>
All patients receive receipts for any payment	<input type="checkbox"/>	<input type="checkbox"/>
Written procedure for missed appointments	<input type="checkbox"/>	<input type="checkbox"/>
Practice Information Leaflet given to each patient	<input type="checkbox"/>	<input type="checkbox"/>
Information leaflets available about dental conditions and treatments	<input type="checkbox"/>	<input type="checkbox"/>
Practice policy on confidentiality in place and understood by all staff	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry out patients' surveys?	<input type="checkbox"/>	<input type="checkbox"/>

SUGGESTED PATIENT LEAFLETS

(Practice information leaflets could contain information about paying bills, making complaints, emergency and out-of-hours arrangements, missed appointment charges etc)

Post-extraction	<input type="checkbox"/>	<input type="checkbox"/>
Dental diseases	<input type="checkbox"/>	<input type="checkbox"/>
Dental procedures	<input type="checkbox"/>	<input type="checkbox"/>
Denture and appliance care	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>

RECORD-KEEPING

	Yes	No
Full and contemporaneous records always kept	<input type="checkbox"/>	<input type="checkbox"/>
Routine monitoring of patients, periodontal condition	<input type="checkbox"/>	<input type="checkbox"/>
Information and verbal warnings about smoking hazards noted	<input type="checkbox"/>	<input type="checkbox"/>
Copies of patients' correspondence made	<input type="checkbox"/>	<input type="checkbox"/>

IN THE SURGERY

Patient given eye protection	<input type="checkbox"/>	<input type="checkbox"/>
Examination report and treatment plan recorded	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray procedures conform to FGDP guidance	<input type="checkbox"/>	<input type="checkbox"/>
Dental Practitioners Formulary Available	<input type="checkbox"/>	<input type="checkbox"/>
CPR & Medical Emergency Flow Chart or written protocol	<input type="checkbox"/>	<input type="checkbox"/>
Beam aiming devices used routinely for X-Rays	<input type="checkbox"/>	<input type="checkbox"/>
Patient and operators' eyes screened from curing light with orange screen	<input type="checkbox"/>	<input type="checkbox"/>

Supplement for Practices using Single Drug Intravenous and / or Inhalation Sedation

PREMISES

	Yes	No
Is there access at ground floor level and will it allow for wheelchairs / ambulance trolleys to pass?	<input type="checkbox"/>	<input type="checkbox"/>
Are waiting and recovery rooms separate and do they allow easy access for stretchers?	<input type="checkbox"/>	<input type="checkbox"/>
Is the surgery of sufficient size to accommodate the dental team?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dental chair capable of being placed in the head down tilt position?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a recovery area?	<input type="checkbox"/>	<input type="checkbox"/>
Can the recovery area accommodate the expected throughput of patients and escorts for a reasonable time?	<input type="checkbox"/>	<input type="checkbox"/>
Is a suitably trained person available to monitor the patient during recovery?	<input type="checkbox"/>	<input type="checkbox"/>
Are any recovery facilities adequate for patients to rest in a recumbent position?	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION

Is there a comprehensive written request for dental treatment under sedation from the referring practitioner, including details of:-		
The patient's dental history	<input type="checkbox"/>	<input type="checkbox"/>
General medical history	<input type="checkbox"/>	<input type="checkbox"/>
The proposed treatment plan	<input type="checkbox"/>	<input type="checkbox"/>
The alternative methods of pain and anxiety relief that have been discussed with the patient or their escort?	<input type="checkbox"/>	<input type="checkbox"/>
Is there written evidence that a needs assessment for sedation has been carried out including advising the patient on the risks of sedation for dental treatment and its alternatives?	<input type="checkbox"/>	<input type="checkbox"/>
Is there written evidence that the patient's general fitness has been assessed, using, for example, the American Society of Anesthesiologists (ASA) Physical Status Classification?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Are there clear written pre-operative instructions for patients, including unambiguous advice on medication, escorts, transport arrangements and a telephone number allowing immediate personal contact for patients' enquiries?

Are there written completed consent forms for sedation and dental treatment?

Are there clear written post-operative instructions, including instructions on pain relief, the management of haemorrhage, care of the dental post-operative site, an adequate protocol for emergencies, driving and operating machinery, signing legal documents and a telephone contact number?

Are there written records of the sedation agent employed, dosages and times given including site and method of administration?

Is the name of the practitioner administering the sedation agent recorded?

EQUIPMENT FOR SINGLE DRUG INTRAVENOUS SEDATION

Is there appropriate equipment for the administration of IV sedation, including syringes, needles, cannulae, surgical wipes, tapes, dressings, tourniquets and labels?

Is the following auxiliary equipment for monitoring and resuscitation (in addition to the standard practice checklist) available, with maintenance records where appropriate?

A pulse oximeter

Non-invasive blood pressure monitor

EQUIPMENT FOR INHALATION SEDATION

Is a dedicated purpose-designed Relative Analgesia machine for dentistry available?

Has this been adequately maintained and are records available?

Is a failsafe mechanism in place to ensure that a hypoxic mixture cannot be delivered?

Are gas supply lines for Relative Analgesia machines connected by non-interchangeable colour coded pipelines?

Yes No

- Are all cylinders stored safely and secured? Yes No
- Is there adequate scavenging of waste gas? Yes No
- Do the breathing systems have separate inspiratory and expiratory limbs to allow proper scavenging? Yes No

DRUGS FOR SINGLE DRUG INTRAVENOUS SEDATION

In addition to the standard emergency drugs, is the following (minimum) inventory available and in date:

- Intravenous sedation with benzodiazepine only:
 - Flumazenil (Anexate) 0.5mg/5ml x 5 Yes No
- Intravenous sedation with an opioid:
 - Naloxone Hydrochloride (Narcan) 0.4mg/ml x 5 Yes No

DRUGS FOR INHALATION SEDATION

No additional drugs required.

STAFF TRAINING

- Has the sedationist received appropriate supervised, theoretical, practical and clinical training? Yes No
- Has the sedation assistant / nurse received appropriate supervised, theoretical, practical and clinical training? Yes No
- For sedationists and sedation assistants / nurses, has this training been regularly updated? Yes No
- Give appropriate dates:
- Have operators completed Emergency Life Support training? Yes No
- Give appropriate dates:
- Have RDNs or other assisting trained staff completed Emergency Life Support Training? Yes No
- Give appropriate dates:

Yes **No**

Is there a logged annual supervised emergency scenario for each team?

Give date of most recent training:.....

Are there logged 6-monthly practice-based emergency scenarios?

Give date of most recent training:.....

References:

1. A Conscious Decision: A review of the use of general anaesthesia and conscious sedation in primary dental care. Report by a group chaired by the Chief Medical Officer and Chief Dental Officer. Department of Health (July 2000)
2. Standards in Conscious Sedation for Dentistry – Report of an Independent Expert Working Group (October 2000)
3. Conscious Sedation – A referral Guide for Dental Practitioners (September 2001)
4. General Anaesthesia and Conscious Sedation in Kent (May 2001)

2 & 3 are available from SAAD, tel: 020 7935 1656, 4 is available from the Kent Department of Dental Public Health, tel: 01622 713022.
5. Guidelines for Conscious Sedation in the Provision of Dental Care – A Consultation Paper from the Standing Dental Advisory Committee issued by the Department of Health (December 2002)