

**SURREY AND SUSSEX
KENT AND MEDWAY
AREA TEAMS**

**DENTAL PRACTICE VISIT
CHECKLIST**

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DENTAL PRACTICE VISITS

Background and Purpose

Under Paragraph 44, within part 5 of Schedule 3 of the NHS GDS Contract Regulations 2005 and the NHS Personal Dental Services Agreement Regulations 2005, NHS England Area Teams are entitled to carry out a visit of any practice premises where practitioners hold a contract for the delivery of NHS dental care.

With changes in professional governance and regulation and an increasing awareness of the need to monitor quality of service provision, the Surrey and Sussex and Kent and Medway Area Teams now have a pan Surrey and Sussex, Kent and Medway dental practice visit checklist and programme for all practices providing NHS dental care, until such time as a national checklist is introduced by NHS England.

Dental practice visits are supportive in nature and will assist providers to improve standards. Although CQC inspections are different, compliance with Area Team dental practice visits will assist providers in compliance with CQC inspections. The dental practice visit checklist must be read by the provider and practice manager/dental nurse; this should be completed as a self declaration and submitted to the Area Team within 2 months of receipt, unless requested to be earlier, – this will identify any action that is required to ensure full compliance prior to the dental practice visit; it will also make the visit less onerous as it will be much shorter. An additional checklist will be enclosed for practices that have or are proposing to have a contract to provide additional services i.e. sedation, domiciliary, etc

After the visit, you will receive a report and there may be a number of comments and/or recommendations. Occasionally, a follow-up visit may be necessary to go over any outstanding issues. If you have any queries or concerns, please do not hesitate to contact us. You are also welcome to contact the LDC (www.eastsussexldc.co.uk / www.westsussexldc.co.uk / www.surreyldc.com / www.kldc.org.uk) for help and advice if you wish.

Concerns:

A	B	C
(Use CTRL + A) Minor	(Use CTRL + B) Moderate	(Use CTRL + Z) Serious
Up to 3 months to comply (at DPA's discretion, based on issue)	1 month to comply	1 week or less to comply

DENTAL PRACTICE VISIT BY
SURREY AND SUSSEX AND KENT AND MEDWAY AREA TEAMS

1.	Date of practice inspection 2nd June 2015
2.	Name of practice owner/s and if a limited company , directors «Title» «FirstName» «LastName»
3.	Types of NHS Services delivered Mandatory / Sedation / Orthodontic / Domiciliary / Minor Oral Surgery / Complex Restorative / Endodontic
4.	See ANNEXE 1. Please enter the names of all providers, provider-performers, performers engaged, dental nurses, hygienists, therapists and dental technicians employed by the practice. Enter their date of registration with the GDC or, if DCPs are under training, the course provider and the start date of training. Please also enter any receptionist/s and practice manager/s employed.
5.	Address of practice premises Orchard House Dental Practice 6 King's Road Headcorn Kent TN27 9QU
6.	Address to which report should be sent (if different from above)
7.	Telephone number 01622 890574
	Fax number
	email address coletteosullivan@btconnect.com ohdp@nhs.net
8.	Name and position of authorised practice visitor Graham Bishop Dental Practice Advisor
9.	Name and position of accompanying NHS England personnel in attendance (if applicable) Mark Kerr Contract Support
10.	Name of Practice Manager/staff contact Stacy Walczak
11.	CQC Registration Number CRT1-1890331191
	Name Registered OH Dental Ltd
	Name/s provider /registered manager Mary Colette O'Sullivan
12.	Date of last CQC inspection (if applicable) 24 July 2014

Premises – External			Y / N
13.		Situation and type of premises: residential / rural and shop / private house	Y
14.	A	Is the exterior condition of the property appropriate?	Yes, but building work ongoing
15.	A	Does the provider show an awareness of the Disability Discrimination Act?	Y
16.	A	Access: step to front door, ramp access at rear by arrangement	
17.	A	Is there access for wheelchairs into any of the surgeries?	Y
18.	A	Are premises clearly indicated in an appropriate manner?	Y
19.	A	Are nameplates and surgery hours clear and appropriate?	
20.	A	Is emergency/out-of-hours availability visible from outside?	Y
Reception – Waiting Room			Y / N
21.	B	Is there a suitable answer phone message detailing emergency/out-of-hours service?	Y
22.	A	What are the emergency out-of-hours arrangements for the practice?	Dentaline and practice answering machine
23.	B	Is the patient information leaflet available and on display and does it conform to the regulations in Schedule 4 of the GDS Regulations 2005? See ANNEXE 2.	Y
24.	A	Are a NHS patient charge poster, a private price list and the GDC 9 principles displayed?	Y
25.	A	Is a suitable NHS Complaints Policy notice on display?	Y
26.	A	Is a patient complaint leaflet available?	Y
27.	A	Is there a nominated person for dealing with complaints?	Y
28.	B	Is there a Complaints Records file/folder	Y
29.	B	Is an Employer's / Public Liability Certificate displayed in an area accessible to staff?	Y
30.	A	Does the practice have adequate Employers/ Public Liability?	Y
31.	A	Is decoration and maintenance acceptable?	Y
32.	A	Is the area clean?	Y
33.	A	Is there suitable and sufficient seating?	Y
34.		Are the premises appropriately heated?	Y
35.	A	Is the waiting room monitored?	Y
36.	A	Type of record storage: Open shelves/filing cabinets/rotary etc.	Filing cabinets
37.	A	Is the security of record storage adequate?	Y
38.	A	If the records are computerised, is there adequate back up facility?	Y
39.	A	Are there a sufficient number of toilets? <i>(A second toilet is required if there is the equivalent of 5 or more staff members including dentists working</i>	Y
		For ALL Toilets:	Y / N
40.	B	Are any hazardous materials within reach of the public? (All hazardous material should be stored in an area not accessible to the public)	N
41.	A	Liquid soap?	Y
42.	A	Paper towels or a hot air hand-dryer in working order?	Y
43.	A	Lidded bin?	Y
44.	A	Hot and cold water?	Y
45.	A	Adequate lighting?	Y
46.		Is the patient toilet suitable for wheelchair access?	difficult
47.	A	Are toilet doors equipped with locks capable of external operation in an emergency?	Y

Surgeries		Surgery Number	1	2	3	4	5	6
If more than 6 surgeries, copy and paste the relevant pages to capture the responses for additional surgeries.								
48.	B	Have you got daily check lists for start & end of session duties? (one for each surgery)	Y	Y	Y	-	-	-
49.		Is decoration and maintenance suitable?	Y	Y	Y			
50.	B	Is the floor covering non-porous and sealed? Is it covered at the edges? (<i>this is essential for any newly laid flooring.</i>)	Y N	Y N	Y N			
51.	C	Are there adequate areas of appropriate work surfaces within working radius which are clear of unnecessary items and capable of being easily disinfected?	Y	Y	Y			
52.	C	Are there sufficient numbers of hand instruments and are there enough of the following:	Mouth mirrors	Y	Y	Y		
			Probes	Y	Y	Y		
			Perio probes	Y	Y	Y		
			Plastics	Y	Y	Y		
			Excavators	Y	Y	Y		
			Scalers	Y	Y	Y		
			Matrices	Y	Y	Y		
53.	B	Is there sufficient endodontic instrumentation?	Y	Y	Y			
54.	B	Does the practice have a rubber dam kit(s)?	Y	Y	Y			
55.	C	Is there a sufficient range of oral surgery instruments, including:	Forceps	Y	Y	Y		
			Elevators	Y	Y	Y		
			Scalpels	Y	Y	Y		
			Sutures	Y	Y	Y		
56.	C	Are disposable 3-in-1 syringe tips in use? (<i>recommended</i>) Or autoclavable metal ones? (<i>sufficient number minimum 6 per surgery</i>)	Y	Y	Y			
57.	C	Are disposable saliva ejectors and disposable aspirator tips in use?	Y	Y	Y			
58.	C	Are there sufficient disposable or autoclavable LA syringes and disposable needles?	Y	Y	Y			
59.	B	Is there a sufficient supply of appropriate impression trays?	Y	Y	Y			
60.	B	Are all non-autoclavable impression trays single use?	Y	Y	Y			
61.	C	Is there a sufficient supply of hand pieces and burs? State number found:						
		High Speed	3	3	3			
		Contra-angles	6	4	3			
		Straights	2	1	1			
62.	C	Are sterilised instruments packaged, dated and stored in accordance with current guidelines in HTM 01-05, especially considering:	Y	Y	Y			
63.	B	Transport between surgeries and decontamination room? (<i>transport boxes / containers should be of good quality, lidded, leak proof, washable & labelled</i>)	Y	Y	Y			
64.		Are decontaminated instruments stored adequately?	Y	Y	Y			

65.	C	Does the hand wash basin have:	Remote running trap	Y	Y	Y			
			No plug	Y	Y	Y			
			No overflow	Y	Y	Y			
			A sensor or lever operated mixer tap	Y	Y	Y			
			A tap which does not discharge directly over the drain aperture	Y	Y	Y			
66.	B	Is a cleanable poster displayed above each hand basin depicting correct hand hygiene technique?	Y	Y	Y				
67.	B	Is there, a single use soap dispenser adjacent/above the hand wash basin, preferably wall mounted?	Y	Y	Y				
68.	B	Is there a single use anti-bacterial hand rub/gel, preferably wall mounted?	Y	Y	Y				
69.	B	Are paper towels available for drying hands?	Y	Y	Y				
70.	C	Are there dedicated sinks for instrument cleaning and rinsing or, alternatively, a washing sink with a rinsing bowl with a clear protocol for rinsing?	Y	Y	Y				
71.	B	Are all taps for all sinks lever or sensor operated?	Y	Y	Y				
72.	A	Do all sinks have both hot and cold running water?	Y	Y	Y				
73.	C	Are heavy duty gloves and disposable aprons available for use when manually cleaning instruments?	Y	Y	Y				
74.	C	Is zoning practiced within the surgery?	Y	Y	Y				
75.	C	Are handles or tubing capable of being disinfected or sheathed?	Y	Y	Y				
76.	C	Are non-refillable surface disinfectant spray or wipes used?	Y	Y	Y				
77.	C	Are disposable cups used?	Y	Y	Y				
78.	C	Are they disposed of in the clinical waste?	Y	Y	Y				
79.	C	Are there disinfection facilities for impressions and evidence of change of chemical as recommended by the manufacturer?	Y	Y	Y				
80.	C	Are the appliances disinfected prior to provision to patients?	Y	Y	Y				
81.	C	Are the following available to all clinical staff:							
		Gloves	Y	Y	Y				
		Eye protection	Y	Y	Y				
		Masks	Y	Y	Y				
82.	C	Are sharps disposed of in rigid containers with yellow lids (EWC code 18 01 03 & 18 01 09) labelled with date, locality, signature, and located appropriately?	Y	Y	Y				
83.	C	Are orange bags used for the disposal of soft clinical waste?	Y	Y	Y				
84.	B	Are bins foot operated or sensor controlled, lidded and in good working order?	Y	Y	Y				
85.	C	Is waste awaiting collection stored in a safe and secure location, away from the public within the practice premises?	Y	Y	Y				
86.	C	Is waste amalgam and any associated	Y	Y	Y				

		contaminated material (extracted teeth) stored in a properly labelled rigid white container?						
87.	C	Is the above disposed of appropriately?	Y	Y	Y			
88.	C	Is there evidence the practice is segregating waste in accordance with HTM01-05	Y	Y	Y			
89.	C	Is an amalgam separator fitted to any waste line which amalgam waste may be discharged into e.g. from spittoons or suction, prior to discharge to the sewer?	Y	Y	Y			
90.	B	Is suction apparatus in the surgery adequate?	Y	Y	Y			
91.	B	Is the mixer/amalgamator placed on a metal foil lined, lipped tray?	Y	Y	Y			
92.		Are single-use amalgam capsules used?	Y	Y	Y			
93.	A	Is the surgery suitably ventilated?	Y	Y	Y			
94.	C	Are the DUWLs treated in accordance with the manufacturers' instructions?	Y	Y	Y			
95.	C	Are DUWLs flushed for two minutes at the beginning and end of each day and for 20-30 seconds between each patient?	Y	Y	Y			
96.	C	Are DUWLs drained down at the end of each working day – or in accordance with manufacturers' instructions, where a water treatment system is used?	ALP RON	ALP RON	ALP RON			
97.	B	Does the water supply to the spittoon have a physical air gap to prevent back syphonage?	Y	Y	Y			
98.		Is there an autoclave in the surgery? If yes, please go/refer to Item 126	N	N	N			
99.		Is there an ultrasonic bath in the surgery? If yes, please go to Item 136	N	N	N			
100.		Is there a washer-disinfector in the surgery? If yes, please go to Item 133	N	N	N			
101.		Is there an x-ray set present in the surgery? Please go/refer to Item 102	Y	Y	Y			

Radiology							Outside	OPG
102.	B	Make, model and serial number which corresponds with inspection documentation	Y	Y	Y			
103.	B	Date of service, as per manufacturers instruction	Y	Y	Y			
104.	C	Date of safety inspection (within last three years)	Y	Y	Y			
105.	B	Has an adequate controlled area been defined?	Y	Y	Y			
106.	B	Is the x-ray set capable of being isolated from outside the controlled area?	Y	Y	Y			
107.	B	Is the x-ray isolation switch appropriately labelled?	Y	Y	Y			
108.	B	Are the Local Rules displayed in the surgery by the machine?	Y	Y	Y			
109.	B	Are the Local Rules specific for each machine?	Y	Y	Y			
110.	B	Are film holders and beam aiming devices available for talking intra-oral radiographs?	Y	Y	Y			
111.	B	Is an x-ray viewer available in each surgery? <i>(Not applicable if Digital X-Rays)</i>	N/A	N/A	N/A			
112.	B	Has the HSE been notified by the practice that dental radio graphing is carried out on the premises?	YES					
113.	B	Name of Radiation Protection Supervisor	M C O'Sullivan					
114.	C	Name of Radiation Protection Advisor	Health Protection Agency					
115.	B	Have the recommendations of the RPA or the safety report been acted upon?						Y
116.	B	Is there a Radiation Protection File available?						Y
117.	B	Has a risk assessment for Ionising Radiation been carried out?						Y
118.	B	Has the surgery appointed a legal person?						Y
119.	B	Are x-rays development facilities considered adequate?						N/A Digital only
120.	B	Is there a system for monitoring radiographic solution changing/disposal?						N/A Digital only
121.	B	Is there a Quality Assurance System Programme for dental radiology that addresses the following points:						
(a)		Are the number of films taken per dentist recorded?						Y
(b)		Do any IR(ME)R operators take more than 100 small films per week?						N
(c)		If the answer to (b) is YES, is monitoring available						N/A
(d)		Is there an image quality/audit including action taken regarding unacceptable radiographs?						Y
(e)		Is patient dose and x-ray equipment, operated in accordance with Local Rules?						Y
(f)		Dark room films and processing, is this included in start of session check list?						N/A Digital only
122.	B	Training – including 5-yearly IR(ME)R courses for all IR(ME)R practitioners and operators?						Y
123.		Does the practice have a laser?						N
124.	C	If yes, is the practice registered with the National Care Standards Commission and all other legislation complied with?						N/A
125.	B	Is the practice registered with the Health & Safety Executive for the use of lasers?						N/A

Autoclaves, Washer Disinfectors and Ultrasonic Baths								
		Location of machines	Surgeries				Decon Room	
		Autoclaves					2	
126.		Make and type of machine					SES 2000	SES 2000
127.		Serial number					SCB-OH-3569	SCB-4L-8689
128.	C	Are there arrangements in place to ensure all steam sterilisers are routinely maintained and validated in accordance with HTM requirements or with manufacturers' instructions?					Y	
129.	C	Date of pressure test (<i>within last 14 months</i>)					01/09/14	
130.	C	Autoclave records: Is there a written log, printout or data capture system recording the date, satisfactory completion of cycle (absence of failure light), temperature/pressure/holding time achieved (and signature of operator for manual records)?					Y	
131.	C	Autoclave daily tests – Is there: (i) A steam penetration test - Bowie Dick Test (vacuum sterilisers only)? <u>and</u> (ii) An automatic control test (all steam sterilisers) in line with manufacturers' instructions?					Y	
132.	B	Is reverse osmosis or freshly distilled water available for the autoclave?					Y	
		Washer Disinfectors					N/A	
133.		Make and type of machine						
134.	B	Are contractual arrangements in place to ensure all automated washer disinfectors are routinely maintained and validated in accordance with HTM 01-05?						
135.	B	Are daily, weekly, quarterly and annual validation and testing results recorded for automated washer disinfectors?						
		Ultrasonic Baths					N/A	
136.	B	Are there arrangements in place to ensure all ultrasonic baths are maintained and validated in accordance with HTM01-05?						
137.	B	Are daily, weekly, quarterly and annual validation and testing results recorded for ultrasonic baths?						

Dedicated Decontamination Facility			Y / N
138.	B	Have you got daily check list for start & end of session duties?	Y
139.		Does the practice have a dedicated decontamination facility?	Y
140.	A	Does the design conform to the guidance in HTM 01-05?	Y
141.	A	Does the design allow a dirty to clean workflow with a single run sealed, easily cleaned worktops?	Y
142.	A	Are there dedicated sinks for instrument cleaning and rinsing or, alternatively a washing sink and a rinsing bowl with a clear written protocol?	Y
143.	B	Is there a magnifying lamp to inspect the instruments?	Y
144.	A	Does the hand wash basin have:	
		A remote running trap	Y
		No plug	Y
		No overflow	Y
		A sensor or lever operated mixer tap	Y
		A tap which does not discharge directly over the drain aperture	Y
145.	B	Is a cleanable poster displayed above each hand basin depicting correct hand hygiene technique?	Y
146.	B	Are paper towels available for drying hands?	Y
147.	B	Are bins foot operated or sensor controlled, lidded and in good working order?	Y
148.	B	Storage facilities for sterilised instruments?	Y
149.	C	Are heavy duty gloves and disposable aprons available for use when manually cleaning instruments?	Y

Compressors/Suction			
150.		Compressor - Make of machine	Bambi 150/500 Junair 6-25
151.		Serial number	DH673 499524
152.	B	Date of pressure vessel inspection and testing, required every 26 months. N/A if pressure/volume is under 250 bar litre	27/2/13
153.		Do you have central suction ?	Yes for 2 surgeries, the third is a separate suction

Infection Control			Y / N
154.	B	Are records of training available for all staff with infection control responsibilities?	Y
155.	B	Is there an infection control policy which includes a named lead staff member for infection control – named individual to be present at inspection	Y
156.	B	Are job descriptions available to show infection control responsibilities?	Y
157.	B	Has the practice completed and updated half-yearly the self assessment audit (IPS) for assessing implementation of HTM01-05?	Y
158.	B	Has the practice developed a plan that facilitates moving towards best practice?	Y
159.	B	Does the practice have the following policies?	
		Hand hygiene	Y
		Inoculation injury	Y
		Manual cleaning of instruments	Y

<i>Infection Control</i>			Y / N
(d)		Moving instruments to and fro from separate decontamination areas	Y
(e)		Selecting new equipment	Y

General/Environmental Cleaning			Y / N
160.	B	Is there a cleaning schedule which specifies:	
(a)		Areas to be cleaned	Y
(b)		Frequency of cleaning	Y
(c)		Materials and appropriately colour coded equipment to be used	Y
(d)		Person(s) responsible for this cleaning	Y

General Health and Safety			Y / N
161.	B	Is there a published Health & Safety Policy which has been signed and dated?	Y
162.	B	Is there a Health & Safety poster on display?	Y
163.	B	Have risk assessments been undertaken, including:	Y
(a)		Slips, trips and falls	
(b)		Electricity at work	
(c)		Pressure vessels	
(d)		Fire	
(e)		Legionella (by a competent person)	
(f)		Re-sheathing of needles	
164.	B	Are fire regulations observed?	Y
		Are fire exits clearly marked with correct signs?	
		Is there adequate number of fire extinguishers?	
		Are these checked /maintained regularly?	
165.	B	Is there a fire policy? Are fire drills being carried out and recorded?	Y
166.	B	Are there smoke alarms placed within the building?	Y
167.	B	Has an inspection been carried out of all portable electrical appliances? If yes, has a log been kept? (required as your risk assessment identifies, but recommended 3 yearly)	Y
168.	B	Are the Control of Substances Hazardous to Health (COSHH) assessments for materials used in the practice available?	Y
169.	B	Does the practice have a policy on latex allergy?	Y
170.	B	Is the secure storage of unused Mercury correct?	Y
171.	B	Is there mercury spillage retrieval system/kit?	Y
172.	B	Is there appropriate disposal of radiographic solutions?	N/A
173.	C	Is there a contract for the disposal of clinical and hazardous waste?	Y
174.	A	Are consignment notes kept for three years?	Y
175.	B	Is information on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) available? (e.g. www.hse.gov.uk/riddor/index.htm)	Y
176.	B	Is there a data protection compliant accident reporting book?	Y
177.	C	Is there an adequate First Aid Kit?	Y
178.	B	Is there a practice policy on Violence and Aggression?	Y
179.	B	Child Protection and Safeguarding Children and Vulnerable Adults Does the practice have a copy of "Child Protection and the Dental Team"?	Y
(a)			
(b)		Is there a practice policy on child protection and vulnerable adults?	Y
(c)		Does the practice have a copy of the relevant Local Safeguarding Children Board Procedures?	Y
(d)		Does the practice have a customised flowchart of "What to do" with local contacts of designated nurses and doctors, police, children's social care – including the out of hours number, and other relevant numbers (e.g. experienced paediatric dentists)?	Y

General Health and Safety			Y / N
(e)		Is there evidence of training, either completed or booked for all staff in the practice?	Y
(f)		Is the practice aware of the Mental Capacity Act?	Y
180.		Are computers used to handle and process personal data?	Y
181.	B	Is the practice registered under the Data Protection Act	Y
182.	A	What level of compliance do you have with current Information Governance (IG) requirements, Level 1,2,3,4?	1
183.	A	Does the practice have a publication scheme which complies with the Freedom of Information Act?	Y
184.	A	Are the welfare arrangements for staff suitable?	Y
185.	B	Have all the relevant staff received the recommended immunisations in line with http://www.dhsspsni.gov.uk/healthcare-workers-guidance.doc ?	Y
186.	B	Is there a written log for confirmation of Hepatitis B vaccinations for staff?	Y
187.	A	Are there staff training records of:- Regular staff meetings and evidence of learning from them?	Y
(a)			
(b)		Induction programme of all permanent staff/orientation of temporary staff?	Y
(c)	A	Staff Appraisals?	Y
(d)	A	Is there a Whistle -blowing policy?	Y
(e)		Is there a Recruitment policy?	Y
(f)		Equal opportunities policy?	Y
(g)	A	Bullying and harassment policy?	Y
(h)		Sickness and absence policy?	Y
188.	A	Are Identity/Disclosure & Barring Scheme/references and qualification checks for all health care staff that includes dentists, nurses, hygienists, therapists readily available?	Y
189.	A	Does the practice have a display screen equipment policy?	Y
190.	A	Is there a process for significant event analysis?	Y
191.	A	Does the practice have defined referral protocols to ensure referrals and claims are appropriate?	Y
192.	A	Are the technicians used registered with the GDC and have MDA compliance?	Y
193.	B	Are drugs (antibiotics) kept securely in a locked cupboard?	N/A
194.	C	Are prescription pads, when not in use, kept securely in a locked cupboard?	Y
195.		Do you store, administer or prescribe controlled drugs in your practice?	MIDAZOLAM
196.	B	If yes, do you have standard operating procedures for each type of controlled drug?	Y

Emergency Drugs for all Dental Practices (additional drugs to the list below are required for practices providing treatment under sedation)

C	DRUG	DOSE	STOCK	ROUTE	Y / N
197.	Adrenaline 1:1000	0.5mg from 1mg/1ml	X5	im/sc	Y
198.	Midazolam gel / or injection solution/or buccal solution (Dose-10mg for adults and appropriately adjusted dose for children)	5mg/1ml or 10mg/2ml	X5	Buccal (trickled)/ Intranasal(dripped)	Y
199.	Glucose solution/tablets/gel/powder			Oral	Y
200.	Glucagon injection stored at manufacturers' recommended temperature	1mg	X1	iv/im/sc	Y
201.	Glyceryl trinitrate spray	2 puffs to deliver 0.4mg MDI/dose	X1	Sublingual	Y
202.	Salbutamol inhaler	2 puffs required 0.1mg MDI/dose	X1	Inhaled	Y
203.	Aspirin dispersible	300mg	X5	Oral	Y
204.	Does the practice have a process to ensure that all emergency/ drugs and equipment are not time expired?				Y
205.	Is there a system for disposal and replacement of expired drugs?				Y
Emergency Equipment for all Dental Practices					Y / N
206.	B	Have staff received CPR training annually?			Y
207.	B	If yes, date of last training session	11 September 2014		
208.	C	A device for administering oxygen under intermittent positive pressure:			Y
(a)		"pocket mask" for Adult as well as Child			Y
(b)		Self inflating bag valve mask (disposable)			Y
209.	C	Oropharyngeal airways:			
(a)		Size 1 I:SO 6.5 (White)			Y
(b)		Size 2 I:SO 8 (Green)			Y
(c)		Size 3 I:SO 9 (Orange)			Y
(d)		Size 4 I:SO 10 (Red)			Y
210.	C	Portable suction equipment, which is independent of a power supply			Y
211.	C	Oxygen cylinder with reducing valve, flow meter, tubing, non-rebreathing oxygen mask and suitable connectors. Minimum size D cylinder, 340 litres is required.			Y
212.	C	Is the emergency oxygen cylinder and regulator regularly checked and maintained? Is it recorded?			Y

Emergency Equipment for all Dental Practices					Y / N
213.		Is the regulator capable of delivering a flow rate of 15 litres per minute?			Y
214.	C	Disposable syringes, (in sealed packaging with expiry dates)	(2ml)	X4	Y
		Disposable needles (in sealed packaging with expiry dates).	(23g)	X4	Y
215.	C	Volumatic spacer for administration of Salbutamol inhaler			Y
216.	C	Automated blood glucose measurement device			?
217.	B	An Automated External Defibrillator?			Y
218	B	Are the staff familiar with its mode of operation?			Y

All of the above items must be available to hand. These lists are in accordance with the recommendations of the Resuscitation Council of the UK. (December 2012 version) and as per GDC guidance 2013 section 1.5.3)

Practice Staff (Checklist item 4)

Please supply the following information:

Providers and Performers									
Name	Performer Number	Clinical Sessions worked per week	GDC Cert	Defence Society Cert	Hep B Docs	CPR Certs	Disclosure & Barring Scheme	IR (ME)R	Comments
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

NOTES: _____

Practice staff (Continued)

DCP								
Name	FT / PT	GDC Cert	Defence Society Cert	Hep B Docs	CPR Cert	Disclosure & Barring Scheme	IR (ME)R	Comments
								DBS Checks are the responsibility of the provider, as the Employer, subject to the local

									arrangements with the Area Team
Hygienists									
Therapists									
Nurses									

Practice staff (continued)

Administration			
Name / Role		CPR Cert	Comments
Practice Manager / Administrator	Name		

Receptionists			
First Aider/s (Named Persons)		Y	

Dental Practice Visit Checklist :-

Completed by Name Capacity Adviser / Provider / Manager / other
Signature Date
