

Gateway number: 08479

Provider Assurance Framework for Commissioning of Level 2 Complexity Services Facilities & Equipment May 2019

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Introduction

The Provider Assurance Framework is a guidance document aimed for the use of commissioners, looking to assist when contracting for dental specialties.

Introductory Guide for Commissioning Dental Specialties published in September 2015 defines eligibility and complexity levels of care, together with contract and relevant specifications for such services - [Introductory Guide for Commissioning Dental Specialties](#) and as such Assurance Framework for Commissioning of Level 2 complexity services – Facilities & Equipment is to be used together with the Introductory Guide for Commissioning Dental Specialties in the procurement of Level 2 Providers.

The intent of Provider Assurance framework is to assist the commissioners in ensuring that Provider premises are fit for purpose in terms of equipment and facilities only, and, as detailed above, other areas of assurance required for procurement need to be considered by NHS England commissioners. This information can be found by accessing the following link: [Introductory Guide for Commissioning Dental Specialties](#).

This document consists of three sections:

Section 1 - Template Provider details and self-declaration form (Form 1) is to be completed by prospective providers at the PQQ/ITT stages.

Section 2 – This is a list of suggested equipment and facilities that will be inspected at practice visits during mobilisation period, post awarding of contracts. This should be included in the service specifications and sent to prospective providers as part of the procurement process.

Section 3 - Inspection forms, including details of the inspection and checklist, which will be used during mobilisation period and practice visits. Providers will be supplied with inspection checklist once they have been identified as successful bidders.

Section 1

Form 1 - Provider Declarations for XX Service (Area Team to provide details here) Dental Provider Details

Provider Name	
Contact Address	
Tel. Number	
E-mail Address	
Current Contract Number	

Signed:

Date:

Print Name:

The application must be signed by the service provider.

Data Protection:

I confirm that I have been provided with information about how my personal data will be processed. In addition, when acting as a data controller, I confirm that I have complied with the obligations that apply to me, including but not limited to when providing personal data about staff, patients or other individuals.

Requirements of the Service – Declarations at PQQ/ITT Stages

Important note: ‘YES’ in declarations will be verified during the Provider Inspection visits.

Compliance by the mobilisation date is necessary, failure of which will lead to the withdrawal of preferred bidder status.

	Yes	No	Compliance to be ensured prior to practice visit
Is the provider CQC registered/compliant?			Mandatory at PQQ stage
Please paste a link to your most recent report (where available)			
Are you compliant with the requirements in Sections 2.1 or 2.2 (as appropriate to the service provided)?			
Are you compliant with requirements in Section 3.2?			

PROTOCOLS PRESENT	Yes	No	Compliance to be ensured prior to practice visit
Patient consent is obtained			
Medical history is maintained and updated			
Pre- and post- operative instructions are given for treatment provided			
Reception is staffed while specialist services are provided			
Complaints are recorded and processed efficiently			

Declaration

I understand that any contract, if offered, will be subject to the information on this form being correct, and I can confirm that no valid information has been willfully withheld. I understand that any provider making negative declarations during PQQ/ITT stage and or failing a verification inspection could be subject to having contracts withdrawn.

Signature:

Print Name:

Date: __ / __ / 20__

Please submit your application to:

Area team to complete

Section 2: Requirements for Practice Visits

Practice visits will be operated by Dental Practice Advisor and an appropriate member from a commissioning team.

2.1 Requirements of an Oral Surgery Service

The surgical equipment and initial requirements are indicative of what should be available to provide the service.

This can be modified (directed by the local MCN, if appropriate) to reflect the complexity and volume of activity.

1 – GENERAL REQUIREMENTS (Please indicate whether standards are met)	Standards met:
<ul style="list-style-type: none"> • Access to appropriate diagnostic imaging • Single patient use water lines for Level 2 service provision 	YES / NO YES / NO
Are you planning to provide conscious sedation? If yes, are you compliant with the minimum requirements of Commissioning Dental Services: Service standards for Conscious Sedation in a primary care setting: https://www.england.nhs.uk/wp-content/uploads/2017/06/dental-commissioning-guide-service-standards-conscious-sedation-2.pdf	YES / NO YES / NO
2 – Surgical Safety Checklist/Standard Operating Procedures (SOP)	YES / NO
3 – SURGICAL EQUIPMENT AND INSTRUMENT REQUIREMENTS (Please confirm whether standard is met)	Standards met:
Minimum of two appropriate surgical kits are available.	YES / NO
For example: <ul style="list-style-type: none"> • Surgical hand pieces and appropriate numbers of Oral Surgery instruments/equipment • Warwick James (left, right and straight) • Couplands (1, 2 and 3) • Cryers (left and right) • Upper root forceps • Lower root forceps • Luxators • Scalpel • Periosteal elevator • Retractor • Tooth dissecting forceps • Needle holder • Scissors 	

<ul style="list-style-type: none"> • Mirror probe and tweezers • Cheek retractor • Safe syringe • Straight hand piece • Surgical burs • Artery forceps • Surgical drill with sterile irrigant delivery system • Ultrasonic handpiece for root end preparation for surgical endodontics 	
<p>4 – DISPOSABLE ITEM REQUIREMENTS (Please confirm items below are available)</p>	<p>Standards met</p>
<ul style="list-style-type: none"> • Appropriate sutures • Surgical suction tips (sterile single use or sterile reusable) • Gauze squares/swabs • Haemostatic adjuncts/WHP/BIPP • Biopsy specimen containers for transportation • Ribbon gauze • Coe-Pak • Local anaesthetic cartridges and needles 	<p>YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO</p>
<p>5 – STAFFING LEVELS (Please confirm whether standards are met)</p>	<p>Standards met</p>
<ul style="list-style-type: none"> • The dental nurses are suitably trained and experienced in assisting the surgeon undertaking oral surgery 	<p>YES / NO</p>

2.2 Requirements of the Endodontics Service

The surgical equipment and initial requirements are indicative of what should be available to provide the service.

This can be modified (directed by the local MCN, if appropriate) to reflect the complexity and volume of activity.

1 - SURGICAL EQUIPMENT AND INSTRUMENT REQUIREMENTS (Please confirm whether standard is met)	Standards met:
Rubber Dam and appropriate frame	YES / NO
Appropriate use of magnification	YES / NO
Single use protocol for all endodontic files	YES / NO
Rotary system and appropriate motor hand piece	YES / NO
Hand files with matched GP obturation system	YES / NO
Ultra-sonic system	YES / NO
Endodontic access burs	YES / NO
Endodontic explorers/probes	YES / NO
Safe End Endodontic irrigating syringes	YES / NO
Collimated radiography and Endo film holders	YES / NO
Third generation Apex Locator	YES / NO
Thermal obturation system (excluding Obtura),	YES / NO
Electric pulp tester	YES / NO
Endo Ice or equivalent	YES / NO
Sodium hypochlorite irrigant	YES / NO
Povidone iodine/chlorhexidine	YES / NO
Chloroform/GP solvent	YES / NO
EDTA irrigant solution	YES / NO
Intra canal calcium hydroxide	YES / NO
Post retrieval system	YES / NO

Some operators may use variants of the above as long as there is the appropriate equipment and instruments to carry out any procedure competently	
2 - DISPOSABLE ITEM REQUIREMENTS (Please confirm items below are available)	Standards met
• Local anaesthetic cartridges and needles	YES / NO
• Paper towels	YES / NO
• Gloves and masks	YES / NO
• Gauze squares/swabs	YES / NO
• Blunt ended needles for irrigation	YES / NO
3 - STAFFING LEVELS (Please confirm whether standards are met)	Standards met
• The dental nurses are suitably trained and experienced in assisting the surgeon undertaking Endodontic treatment	YES / NO

2.3 Requirement of Periodontal Service

The surgical equipment and initial requirements are **indicative** of what should be available to provide the service it is not prescriptive.

This list can be modified (directed by the local MCN, if appropriate) to reflect the complexity and volume of activity.

1 – SURGICAL EQUIPMENT AND INSTRUMENT REQUIREMENTS (Please confirm whether standard is met)	STANDARD MET
Appropriate number of periodontal kits (min of 2)	YES / NO
• Front surface mirrors	YES / NO
• UNC 15 periodontal probes	YES / NO
• Nabers probes or equivalent	YES / NO
• BPE/WHO C probe	YES / NO
• Ultrasonic scaler – Magnetostrictive or Piezon	YES / NO
• Ultrasonic debriment tips	YES / NO
• Cavitron Slimline FSI straight, left and right (or equivalent for Piezo equipment)	YES / NO
• Scaling instruments e.g.: <ul style="list-style-type: none"> ○ Mini sickle scaler ○ H6/H7 sickle scaler ○ Universal curette (e.g. Columbia curette) ○ Double ended excavator ○ Gracey site specific instruments 	YES / NO
• Implant scaling instruments (according to MCN policy)	YES / NO

<ul style="list-style-type: none"> • Periodontal Surgical Instruments: <ul style="list-style-type: none"> ○ Rhodes Back Anterior Chisel, 8mm ○ Sugarman File, 8mm ○ Surgical Scissors, 150mm ○ Scalpel Handle, 145mm ○ Periosteal Elevator, Molt or Buser ○ Tweezers, round, 180mm ○ Castroviejo Microsurgical Needle Holders or equivalent ○ Double-ended flat plastic spatula 	YES / NO
<ul style="list-style-type: none"> • Handpieces: Air-rotor, slow contra-angle 	YES / NO
<ul style="list-style-type: none"> • Additional equipment for consideration: <ul style="list-style-type: none"> ○ Air-Flow Plus/Air-Slow Perio handpieces (or air-polishing equivalent) 	YES / NO
Some operators may use variants of the above as long as there is the appropriate equipment and instruments to carry out any procedure competently	
2 – DISPOSABLE ITEM REQUIREMENTS (Please confirm items below are available)	
<ul style="list-style-type: none"> • Local anaesthetic cartridges and needles 	YES / NO
<ul style="list-style-type: none"> • Appropriate sutures (according to local MCN policy) 	YES / NO
<ul style="list-style-type: none"> • Paper towels 	YES / NO
<ul style="list-style-type: none"> • Gloves and masks 	YES / NO
<ul style="list-style-type: none"> • Surgical suction tips 	YES / NO
<ul style="list-style-type: none"> • Sterile gauze squares/swabs 	YES / NO
<ul style="list-style-type: none"> • Optional Periodontal dressing (e.g. CoePak) 	YES / NO
<ul style="list-style-type: none"> • Pathology pots utilising 10% formal saline 	YES / NO
3 – STAFFING LEVELS (Please confirm whether standards are met)	
<ul style="list-style-type: none"> • Dental nurses are suitably trained and experienced in assisting the surgeon undertaking periodontal surgery. When undertaking surgery access to both, a surgical nurse assistant and a non-surgical assistant (runner). 	YES / NO

2.4 Requirement of Paediatric Service

The initial requirements are **indicative** of what should be available to provide the service it is not prescriptive.

This list can be modified (directed by the local MCN, if appropriate) to reflect the complexity and volume of activity.

	STANDARD MET
1 – EQUIPMENT AND FACILITIES REQUIREMENTS (Please confirm whether standards are met)	
<ul style="list-style-type: none"> • Access to appropriate diagnostic imaging 	YES/NO
<ul style="list-style-type: none"> • Are you planning to provide conscious sedation? 	YES/NO
If yes, are you compliant with the minimum requirements of the Commissioning Dental Services: Service Standards for Conscious Sedation in a primary care setting.	YES/NO
<ul style="list-style-type: none"> • Child friendly and child safe environment 	YES/NO
<ul style="list-style-type: none"> • Suitable access for all patients e.g. ramps, handles, accessible doorways, clear signage 	YES/NO
<ul style="list-style-type: none"> • Equipment to help transfer and support patients into dental chair or onto a wheelchair tipper if necessary e.g. hoist, banana board 	YES/NO
<ul style="list-style-type: none"> • A variety of communication aids e.g. BSL communication cards, Makaton communication cards. 	YES/NO
<ul style="list-style-type: none"> • Relevant NHS consent forms 2,3 	YES/NO
<ul style="list-style-type: none"> • Equipment to support the delivery of conscious sedation to the contemporaneous national standard (if applicable) 	YES/NO
<ul style="list-style-type: none"> • Paediatric Resuscitation equipment. 	YES/NO
<ul style="list-style-type: none"> • Access to intra oral and OPG radiography 	YES/NO
<ul style="list-style-type: none"> • Appropriate equipment to perform any Level 2 complexity treatment that may be required by the patient such as equipment and materials for the management and treatment of dental caries in primary and permanent teeth, e.g. Preformed metal crowns. 	YES/NO
<ul style="list-style-type: none"> • Access to a multi-disciplinary team and facilities for providing treatment under general anaesthesia and IV sedation for children, if available in the geographical area. 	YES/NO
<ul style="list-style-type: none"> • Orthodontic equipment to support treatment of trauma 	YES/NO
<ul style="list-style-type: none"> • A variety of communication aids if staff trained to use them 	YES/NO
2 – STAFFING LEVELS (Please confirm whether standards are met)	
<ul style="list-style-type: none"> • The staff are suitably trained and experienced in treating and assisting with the care of children. 	YES/NO

<ul style="list-style-type: none"> • Staff have undertaken paediatric safeguarding training to the appropriate level for role and to meet contemporaneous guidelines. 	
<ul style="list-style-type: none"> • Access to orthodontic opinion for treatment planning 	YES/NO
<ul style="list-style-type: none"> • All members of the team providing dental treatment under sedation or general anaesthetic complete ILS/PILS training annually. 	YES/NO
<ul style="list-style-type: none"> • Staff undertake regular moving and handling training, especially in relation to children with limited mobility. 	YES/NO

2.5 Requirement of Special Dental Care Service

The initial requirements are **indicative** of what should be available to provide the service it is not prescriptive.

This list can be modified (directed by the local MCN, if appropriate) to reflect the complexity and volume of activity.

1 – EQUIPMENT AND FACILITIES REQUIREMENTS (Please confirm whether standards are met)	STANDARD MET
<ul style="list-style-type: none"> • Access to appropriate diagnostic imaging 	YES/NO
<ul style="list-style-type: none"> • Are you planning to provide conscious sedation? 	YES/NO
If yes, are you compliant with the minimum requirements of the Commissioning Dental Services: Service Standards for Conscious Sedation in a primary care setting.	YES/NO
<ul style="list-style-type: none"> • Suitable access for all patients e.g. ramps, handles, accessible doorways, clear signage 	YES/NO
<ul style="list-style-type: none"> • Equipment to help transfer and support patients into dental chair or onto a wheelchair tipper if necessary e.g. hoist, banana board 	YES/NO
<ul style="list-style-type: none"> • Equipment to safely assess and treat plus sized patients including a suitable dental chair along with suitable waiting room facilities and toilet facilities 	YES/NO
<ul style="list-style-type: none"> • Supportive adjuncts for patients e.g. pillows, vacuum cushions 	YES/NO
<ul style="list-style-type: none"> • A variety of communication aids e.g. BSL communication cards, Makaton communication cards, Picture Exchange Communication Boards, Hearing Loop 	YES/NO
<ul style="list-style-type: none"> • Relevant NHS consent forms 1, 2, 3, 4 	YES/NO
<ul style="list-style-type: none"> • Variety of educational patient leaflets including versions in different languages, easy read, large print 	YES/NO
<ul style="list-style-type: none"> • Suitable domiciliary dental equipment 	YES/NO
<ul style="list-style-type: none"> • Equipment to support the delivery of conscious sedation to the contemporaneous national standard (if applicable) 	YES/NO
<ul style="list-style-type: none"> • Access to intra oral and OPG radiography 	YES/NO

<ul style="list-style-type: none"> • Appropriate dental adjuncts to assist treatment e.g. mouth props or finger guards 	YES/NO
2 -STAFFING LEVELS (Please confirm whether standards are met)	
<ul style="list-style-type: none"> • The staff are suitably trained and experienced in treating and assisting with the care of people with additional needs. 	YES/NO
<ul style="list-style-type: none"> • Some members of the team are trained in clinical holding 	YES/NO
<ul style="list-style-type: none"> • If applicable, staff are suitably trained and experienced in providing care under sedation and general anaesthetic. 	YES/NO
<ul style="list-style-type: none"> • Staff have undertaken safeguarding and mental capacity training to the appropriate level for role and to meet contemporaneous guidelines. 	YES/NO
<ul style="list-style-type: none"> • All members of the team providing dental treatment under sedation or general anaesthetic complete ILS/PILS training annually. 	YES/NO
<ul style="list-style-type: none"> • Staff undertake regular moving and handling training, especially in relation to people with limited mobility. 	YES/NO

Section 3

3.1 General Requirements for Providers – Inspection Form – not for submission

Provider Inspection requested by:

Date of inspection _____

Inspection team: Name(s) _____ Designation _____

Provider details

Provider(s) name(s):

Present: Yes/No

Additional services: Orthodontic/ Sedation/ Domiciliary

Advanced Mandatory services: Oral Surgery/ Endo

Provider address:

Post code:

Tel No:

3.2 General Premises, Facilities and Staffing Requirements

Part A: Premises

External access:	Yes	No	Observations (NHS use only)
Reserved parking available (for new practices)			How many parking spaces? Where are other parking arrangements?
Satisfactory exterior condition			
Steps			
Ramp/lift			
Handrails			
Doorways suitable for wheelchairs			
Signs			
Names and qualifications for all performers			
Opening hours			
Emergency numbers			
Security			
Door locks			
Window locks			
Alarm system			

Part B: Internal Premises

	Yes	No	Observations (NHS use only)
Internal arrangements:			
Doorway(s) for wheelchair access			
Toilet access for wheelchair (for employees)			
General conditions:			
Lighting (incl. emergency)			
Heating (with thermometer)			
Ventilation			
Cleanliness / Tidiness			
Signs (with pictograms)			
Reception:			
Size (11m ³) / staff member			
Telephone lines (required minimum of one)			
Internal communications (phone intercom system or dental clinical software management system)			
System to advise undue delay			
Practice complaints notice procedure notice on display			
Practice privacy policy on display			
Suitable answer phone message for out of hours			

Privacy available for:			
Confidential phone calls			
Confidential conversations			
Provider IT:			
Computer facilities			
NHS net account			
Models			
Waiting Room:			
Appropriate size for number of surgeries			
Staff room			
Toilets: (No.=.....)			
Signposted			
Cleanliness			
Hand washing/drying			
Sanitary disposal			
Dangerous substances			
Patient toilet suitable for wheelchair users			
Waste storage (non-domestic)			
Fire equipment			
Exists signed; instructions displayed			
Smoke alarms			
Electrical items P.A.T within date			

Part B: Internal Premises (ctd)

Fire Extinguishers: Location	Type	Maintenance Label		Observations (NHS use only)
		Yes	No	

Part C: Provider Staff – data below provided before visit

Performers								
Name	Performer no.	GDC registration number GDC certificate	Indemnity Policy number	Hepatitis B Immunity Docs.	CPR Certificate number	DBS certificate number	Clinical sessions worked per week	Comments NHS use only (to check whether certification is in date)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Part C: Provider Staff (ctd)

Dental Care Professionals (including dental nurses, hygienists and therapists)								
Name	GDC registration number GDC certificate	FT/PT	Indemnity policy number Indemnity certificate	Hepatitis B immunity docs	CPR Certificate (training certificate)	Nurse in training (will not have GDC certificate but should have details of the course they are on)	DBS certificate number	Comments NHS use only (to check whether certification is in date)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

First Aider (should have certificate with valid expiry date) Appointed person for provider with less than 50 staff	
Complaints manager	
GDPR Officer	

	Names	CPR Certificate	DBS certificate number	Comments NHS use only (to check whether certification is in date)
Practice Manager/Administrator				
Receptionist(s)				

Part D: Staff training and Education

	Yes	No	Observations (NHS use only)
Clinical Governance Arrangements and Quality Assurance System			
Name of nominated person(s) for the above			
CPD records for all performers (file or log as evidence of CPD training in the following: Basic Life Support and Medical Emergencies, Decontamination and Inspection Control, Oral Cancer, Legal and Ethics, Safeguarding children and vulnerable adults Level 2, IRMER and IRR, Fire Safety)	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
CPD records for all DCPs (file or log as evidence of CPD training in the following: Basic Life Support and Medical Emergencies, Decontamination and Inspection Control, Oral Cancer (hygienists and therapists only), Legal and Ethics, Safeguarding children and vulnerable adults Level 2, IRMER and IRR, Fire Safety)			
Staff training records: Regular Staff meetings, Evidence of learning from meetings (training file or log for each employee)			
Induction programme All permanent staff			
Orientation programme: All temporary staff (short version of induction programme)			

Part E: Radiography and Clinical Facilities external to performer's surgery

Part E1: Radiographic Equipment/Documentation

	Yes	No	Observations (NHS use only)
Radiological Protection: Registration with HSE			
Radiation Protection file: Local rules 1. Appointments: Name of Radiation Protection Supervisor _ _ _ _ _ Name of Radiation Protection Adviser _ _ _ _ _ 2. Identification and demarcation of controlled area 3. Working instructions for patient protection Equipment malfunction contingency plan Justification Processing and filing Clinical evaluation 4. Dose investigation level (employee exposures) to determine whether personal monitoring is required			
Radiation Equipment check certification Critical examination report Routine maintenance report			
Quality assurance systems: Image quality			
Patient dose and equipment Maintenance and testing			
Ionising radiation training records and updates for all appropriate staff including general dental practitioners			

Part E2: Resuscitation

	Yes	No	Observations (NHS use only)
First aid kit			
Medical emergencies equipment Resuscitation guidelines November 2013 minimum equipment list for CPR in Primary Dental care			
Drugs: Emergency drugs as per guidelines in the British National Formulary (BNF)			
Drugs in date			
System to replace expired drugs			
Security of drugs and prescription pads			
Administration of controlled drugs			

Part E3: Decontamination of instruments in separate dedicated surgeries (if this is carried out in individual surgeries go to Part xx (Clinical Facilities))

Number of surgeries using this facility: _____

Daily Maintenance Programme			
Log book(s) for recording parameters of each autoclave			
'Start of day' checks			
'End of day' checks (including emptying of water reservoir)			
Pre-sterilisation cleaning methods:			
Automated			
1. Washer- disinfector			
2. Ultrasonic bath			
Manual cleaning			
Sterilisation:			
No. of Autoclaves:			
Type B Vacuum.....			
Type N Pressure.....			
Type S.....			
Instrument storage Including transport between surgeries and decontamination room			

Cross Infection Control to include policies on: <ul style="list-style-type: none"> • Hand washing • Inoculation injury • Manual cleaning • Movement of instruments • Decontamination of impressions • Selection of new equipment • Staff roles and responsibilities • Validation, maintenance and testing (of equipment) • Waste management 			
Immunisation requirements			
Nominated Infection Control lead			
Compressor: <ol style="list-style-type: none"> 1. Scheme of maintenance 2. Inspection certification (maximum intervals 26 months) 			
COSHH: assessments			
Ultrasonic Bath: <ol style="list-style-type: none"> 1. Scheme of maintenance 2. Inspection Certificate 			
Washer Disinfector <ol style="list-style-type: none"> 1. Scheme of maintenance 2. Inspection Certificate 			

Part E4: Handling, storage and disposal of hazardous waste/feminine hygiene waste

	Yes	No	Observations (NHS use only)
Waste: contracts for disposal of and consignment notes for: <ol style="list-style-type: none"> a) Clinical (Hazardous) waste b) Sharps c) Non-hazardous waste (transfer notes) 			
Waste Storage in surgery: <ol style="list-style-type: none"> a) Hazardous (Clinical waste): <p>Orange bags for infectious and other waste requiring pre- treatment and landfill (may be incinerated).</p>			

Sharps: fully discharged and partially discharged LA cartridges in yellow top sharps container			
Amalgam-white container with suitable suppressant			
Unused medicines			
b) Non-hazardous Domestic waste Offensive/feminine hygiene (tiger stripes)			
Extracted teeth With amalgam (hazardous) No amalgam (sharps yellow top)			
Waste awaiting disposal Internal (non-surgery trade waste) Black bags			
External			
Amalgam separation			
Storage of dangerous materials: Gas cylinders			
Chemicals			
Mercury handling: Refer to SDCEP guidelines 2018			

Part F: Clinical Facilities

Surgery: No..... (Insert additional forms as necessary)

Primary User (Dentist, Hygienist).....

	Yes	No	Observations (NHS use only)
Equipment:			
Operating light			
Chair			
Aspiration			
Dental Unit			
Cabinetry			
Work surfaces			
Water Supply isolation			
Disposable items: single use			
Gloves (non-powdered latex)			
Masks			
Patient bibs			
LA cartridges			
Needles			
Suction tips			
3 in 1 syringes			
Endodontic instruments			
Impression trays			
Matrix bands			
Protection			
Eye protection (patient)			
Eye protection (staff – single use)			
Heavy duty gloves			
Clinical Waste			
Sharps container			
Orange waste bags			
Mercury handling			
Waster amalgam storage			
General conditions			
Floor covering: non-porous and sealed			
State of decoration			
State of cleanliness			
Adequacy of lighting			
Ventilation			
Tidiness of electrical wiring			
Decontamination process			
Central practice facilities			

Intra-oral radiography equipment			
Location in surgery			
Local rules available			
Exposure switch position			
Light / audible warning			
Isolation switch			
Film holding/beam aiming device			
Protective lead screening			
Extra-oral equipment (if applicable)			
Location (room)			
Local rules readily available			
Light/audible switch			
Isolation switch			
Small equipment:			
Curing light			
Amalgam mixer			
Laser (if present on premises)			
Camera			
Instruments: incl. storage			
Hand instruments			
Surgical instruments			
LA syringes			
Ortho: brackets, bands, archwires, headgear etc.			
Handpieces: (sufficient number/storage)			
Turbines			
Contra-angles			
Straight			
Ultrasonic scaler & tips			

Part G: Documents

Part G1: Documents on display

	Yes	No	Observations (for NHS use only)
Complaints Poster			
Leaflets available			
Name of complaints officer			
Employer's / Public Liability			
Insurance Certificate(s)			
Health and Safety Poster (or documentation that leaflets given to staff)			
Information leaflets			
Available for current/prospective patients. Information available to patients in waiting area			
No Smoking Signs displayed			

Part G2: Written Policy Documents

Part G2 relates to written policy documents. By definition, a policy is a course or principle of action adopted by an organisation or individual. Ideally, all the documents in this section should be in a single file so any member of staff can easily access the file to determine the policy for a particular situation as detailed below.

	Yes	No	Observations (for NHS use only)
Audit & Peer Review			
Safeguarding			
Complaints Procedures (maintain records)			
Cross Infection Control			
General Data Protection Regulation (patients) Data Security Policy (staff)			
Equality Act 2010			
Display Screen Equipment			
Emergency collapse			
Employment policies			
Fire Precautions policy			
Health & Safety policy Manual Handling Operations Personal Protective Equipment Provision & Use of Work Risk assessments in relation to Health and Safety in workplace			
Inoculation Injury			
Medical History taking			
Handling of specimens for histological or other pathological examination			

Out of hours dental services			
Patients privacy, dignity & confidentiality Nominated person			
Radiation Protection			
Staff training			
Water Storage and Disposal			
Whistle blowing policy			

Part G3: Other documents

	Yes	No	Observations (NHS use only)
Accident book (RIDDOR or Datix recording): Incl. HSE address, tel. no, protocol			
Autoclave: 1. Scheme of maintenance 2. Inspection certificate (maximum interval 14 months)			
Complaints records			
Compressor: 1. Scheme of maintenance 2. Inspection certification (maximum interval 26 months)			
Consumer Credit License (for more than 4 installments)			
COSHH: Assessments			
General Data Protection Regulation: Registration			
Employment contracts: Terms & conditions, staff duties			

Electrical:			
Installed equipment test certificates			
Portable appliance schedule and inspection documents			
Freedom of Information Act: Compliance document			
Laboratory registration Evidence that the laboratory used is registered with MHRA			
Laser equipment Registration			
Performing Rights License for broadcasted music			
Radiological Protection			
Risk Assessment: Documents			
Waste			