Health & Safety Standard Operating Procedures & Policy

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Statement of Intent

Our SOP is to provide and maintain safe and healthy working conditions, equipment, and systems of work for all our employees and to provide such information, training and supervision as they need for this purpose.

We also accept the responsibility for the health and safety of other people who may be affected by our work activities. This SOP applies to all employees of the practice, dental associates, dental hygienists, and other contractors providing services to the practice. The allocation of duties for safety matters and the arrangements that we will make to implement this SOP are set out below. This SOP will be kept up to date, particularly as changes occur within the practice. To ensure this, the SOP, and the way in which it has operated will be reviewed every year.

Terri-Gail Phillips-Hale is responsible with regards to communication between staff at the practice as an essential part of health and safety management. Consultation on health and safety matters will be facilitated by means of practice meetings every month or as often as is deemed necessary. Co-operation between staff at all levels is essential. All staff are expected to co-operate and accept their duties under this health and safety SOP. Disciplinary action may be taken against any employee who fails to follow safety rules or carry out duties under this SOP.

Responsibilities

Overall and final responsibility for health and safety matters within the practice lies with Terri-Gail Phillips-Hale.

The following are responsible for safety areas:

- Infection control: Andrea Hack
- Radiation safety: Mohamed Elbadri and Ben Johnson University Hospital Southampton NHS Foundation Trust
- Mercury hygiene: Terri-Gail Phillips-Hale
- Risk assessments: Terri-Gail Phillips-Hale
- COSHH: Terri-Gail Phillips-Hale
- Manual handling: Terri-Gail Phillips-Hale
- Display screen equipment: Terri-Gail Phillips-Hale
- Emergency Drugs: Terri-Gail Phillips-Hale
- RIDDOR: Terri-Gail Phillips-Hale
- Major incidents: Terri-Gail Phillips-Hale
- Immunisation: Terri-Gail Phillips-Hale
- Adult and Child Protection: Mohamed Elbadri
- Safety training: Terri-Gail Phillips-Hale
- Investigating accidents: Terri-Gail Phillips-Hale
- Monitoring maintenance of equipment: Terri-Gail Phillips-Hale

All employees have the responsibility to co-operate with supervisors and managers to achieve a healthy and safe workplace and to take reasonable care of themselves and others.

The first-aid box will be maintained by Terri-Gail Phillips-Hale who will ensure that it is always adequately stocked. All accidents and hazardous incidents (such as spills of mercury and inoculation injuries) must be entered in the accident report book and reported to Mohamed Elbadri, who will decide whether the accident or incident should be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. All staff receive annual training in cardiopulmonary resuscitation (CPR).

PUWER

The Provision and Use of Work Equipment Regulations 1998, often abbreviated to PUWER, place duties on people and companies who own, operate, or have control over work equipment. PUWER also places responsibilities on businesses and organisations whose employees use work equipment, whether owned by them or not.

PUWER requires that equipment provided for use at work is:

- suitable for the intended use
- safe for use
- maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate
- used only by people who have received adequate information, instruction and training accompanied by suitable health and safety measures, such as protective devices and controls.
    - These will normally include emergency stop devices, adequate means of isolation from sources of energy, clearly visible markings and warning devices used in accordance with specific requirements, for mobile work equipment and power presses.

For further information, please speak to Terri-Gail Phillips-Hale. Further guidance can be found on the HSE website at; https://www.hse.gov.uk/work-equipment-machinery/puwer.htm

Display Screen Equipment

Display screen equipment (DSE) includes devices such as computers, laptops, tablets and mobile phones.

A DSE user is someone who uses the above for a significant part of their job (daily, for continuous periods of an hour or more).

Employers must comply with the Health and Safety (Display Screen Equipment) Regulations 1992 if they have any DSE users. They must complete a DSE assessment, provide information and training and provide eyesight tests as required (if glasses are required specifically for DSE usage these would also need to be provided by the employer).

A footrest and wrist pad are provided if required by the user.

At this Practice, the protocol to follow when requesting an eye test is as follows:

- Speak to the Practice Manager regarding booking an eye test, it is up to the practice how this is organised, and which Opticians can be accessed for the tests.

- Ensure the process for paying/being reimbursed for the eye test and any follow up requirements is understood.
- Submit any receipts in a timely manner to the Practice Manager.

The practice will pay for glasses for DSE work if the test shows an employee needs special glasses prescribed for the distance the screen is viewed at. If an ordinary prescription is suitable, employers do not have to pay for glasses.

Electrical Safety

Terri-Gail Phillips-Hale conducts regular visual inspections (12 monthly) on all portable electrical equipment at the practice. A portable electrical equipment test is carried out at least every 3 years and the fixed electrical supply test is carried out every 5 years. Records of these inspections and tests are maintained and kept in the office.

A template for the visual inspection can be found on the DCME Compliance Portal***: Compliance Suite>Practice logs & checklists>Additional logs, forms & Checklists>PAT testing internal visual checklist.***

Portable Appliance Testing (PAT)

This Portable Appliance Testing (PAT) procedure and guidance ensures that the practice fully discharges its duty regarding the use and maintenance of electrical equipment, with robust management and control systems in place to protect staff and visitors.

This approach is necessary to protect staff and visitors from the risk of electric shock and/or burns when using and maintaining portable electrical appliances: electricity can kill; even non-fatal electric shocks can lead to severe and permanent injury.

Poorly maintained or inappropriately used electrical equipment also presents a significant fire risk to buildings and infrastructure across the Practice.

This procedure and guidance therefore ensure the Practice discharges its duty to provide safe portable electrical equipment, maintained and fit for purpose: the effectiveness depends on physical precautions and the cooperation of every staff and visitor.

This procedure and guidance cover all associated use of portable electrical equipment at the Practice, in particular:

- Electrical equipment brought into the practice through routine procurement.
- Personal electrical equipment brought into the practice for practice business.
- Personal electrical equipment brought into the practice for personal use*.

*Personal equipment cannot be used without prior consent.

Before each use, the user is required to conduct simple visual checks on the equipment. In practice these ‘user checks’ take little time and ensure any obvious damage or deterioration is identified.

Managers are responsible for ensuring that any electrical equipment brought into areas under their control are tested, inspected, and maintained for electrical safety and for ensuring compliance with this procedure.

In addition, ensuring staff under their control are aware of the hazards associated with electricity and the procedures and controls to mitigate the hazards.

Staff are required to inform their manager of any electrical equipment brought into the Practice, either through the normal procurement process or personal equipment brought in for practice use.

Staff are also required to carry out a ‘user check’ before operating any electrical equipment either provided for Practice business or for personal use.

All newly purchased portable electrical equipment must undergo, as a minimum, a brief visual inspection before its first use, and at appropriate intervals through its working life. A visual inspection is required of even brand-new equipment, to determine if any damage in transit, and that the equipment is appropriate for the intended environment, etc.

Inspection Prior to First Use: In Practice

In practice a visual inspection of portable electrical equipment prior to its first use need take very little time; any external damage is usually immediately evident.

Focus on the following key areas:

- Ensure the plug and mains power leads are undamaged.
- Ensure the fuse is appropriate for the rating of the appliance.
- Ensure the equipment casing is free from obvious defects.
- Ensure the equipment is suitable for the intended environment.

User Checks

All users of portable electrical equipment should carry out a ‘user check’ prior to operating the equipment. No formal training is required; however, the checks should include:

- Inspect the outside of the plug for damage.
- Inspect the cable for damage.
- Ensure no taped or inappropriate joints.
- Inspect for signs of overheating.
- Inspect for obvious damage to the cover(s) of the equipment.

Notes:

If any signs of damage are found, the equipment must not be used.

These simple checks are not required to be recorded.

Fire Safety

General fire safety within the practice is the responsibility of Mohamed Elbadri & Julie Dixon-Smith. All staff in the practice have been informed of the action to be taken in the event of a fire, the

evacuation procedure, and the arrangements for calling the fire brigade. Escape routes must always be free from obstruction and adequately signposted. Fire alarms and smoke detectors are tested weekly. Fire extinguishers are inspected and serviced annually.

If a smoke detector or fire alarm sounds, members of staff should raise awareness within the practice, report the fire (dial 999) and evacuate the building. Staff are only expected to tackle a fire if it poses no threat to their personal safety to do so. Fire drills are conducted every 6-12 months and a record is kept within the fire folder.

Assistance should be requested from the team or others within the practice. There is a separate Fire Policy available.

Personal Protective Equipment (PPE)

Personal protective equipment is provided in those circumstances where employees are exposed to risks to their health that cannot be controlled by other means. Comprehensive training on its use, maintenance and purpose is provided as appropriate. Where appropriate, the practice owner maintains such equipment in good working order.

Training

Terri-Gail Phillips-Hale is responsible for ensuring all staff receive adequate training to ensure safe working practices and procedures. Training includes advice on the use and maintenance of personal protective equipment appropriate to the task concerned and emergency contingency plans. The following tasks require special training due to their hazardous nature:

- Use of the autoclave for the sterilisation of instruments
- Decontamination of equipment prior to sterilisation
- Disposal of used local anaesthetic cartridges and needles.
- Taking any dental radiographs
- Processing of radiographs

Visitors and Contractors

All contractors and visitors to the practice (except for patients) should be referred to the receptionist to ensure that they are made aware of the hazards present and what precautions might be required. They must also be made to sign a visitor's book on arrival and when leaving.

Autoclaves and Air-Receivers

All clinical staff will be trained in the safe use of autoclaves. Staff who have not received training must not attempt to use any autoclave within the practice.

At no time should any member of staff mishandle, tamper with, or attempt to repair an autoclave. If an autoclave requires attention, it should be reported to Terri-Gail Phillips-Hale who will arrange for

its repair. Autoclaves in the practice are serviced every year and an annual inspection is carried out on all autoclaves according to the written scheme of examination.

The Yellow Card Scheme

The Yellow Card scheme is vital in helping the Medicines and Healthcare products Regulatory Agency (MHRA) monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and users.

Reports can be made for:

- suspected adverse drug reactions (ADRs) to all medicines including:
  - vaccines
  - blood factors and immunoglobulins
  - herbal medicines
  - homeopathic remedies
- all medical devices available on the UK market
- defective medicines (those that are not of an acceptable quality)
- fake or counterfeit medicines or medical devices

It is important that problems with medicines and medical devices are reported, as the reports help identify new problems with these products.

MHRA will review the product and if necessary take action to minimise risk and maximise benefit to patients and the public.

MHRA is also able to investigate counterfeit medicines or devices and if necessary, act.

For established medicines and vaccines, you should report all serious suspected Adverse Drug Reactions (ADRs), even if the effect is well recognised.

They are particularly interested in receiving Yellow Card reports of suspected ADRs:

- in children
- in patients who are over 65
- to biological medicines and vaccines
- associated with delayed drug effects and interactions.
- to complementary remedies such as homeopathic and herbal products

Waste Disposal

All waste generated at the practice is segregated into hazardous, clinical, and non-clinical waste for appropriate disposal. Waste is collected in appropriate containers and stored in a locked secure place away from public access, prior to collection.

Particular attention is given to the safe disposal of sharps waste and designated containers are provided for this purpose. Records of disposal are kept in the office.

More information on Clinical Waste can be obtained from the DCME Infection Control Manual and practices should be familiar with HTM 0701.

COSHH (Control of Substances Hazardous to Health)

The law requires employers to control exposure to hazardous substances to prevent ill health (carry out a COSHH assessment). In dentistry, we come into contact with several substances that are hazardous.

These range from household bleach and acid-etch to oxygen and microorganisms. COSHH requires the use, handling, storage, disposal, and transportation of substances to be assessed. COSHH is outlined in the following steps:

- Identify hazardous substances present in the practice.
- Consider the risks these substances present to people's health.
- Decide what precautions are needed.
- Ensure that the exposure of your employees to substances hazardous to health is either prevented, or where this is not reasonably practicable, adequately controlled.
- Ensure that control measures are properly used and maintained.
- Prepare an action plan and procedure for accidents and emergencies involving hazardous substances
- Monitor exposure to hazardous substance/s if considered necessary.
- Ensure that the employees are under health surveillance where appropriate.
- Provide information, instruction and training for persons who may be exposed to substances hazardous to health
- Record and review the assessment and set a date for the following review

To Control Substances Hazardous to Health

Contact your dental supplier/s to identify the hazardous substances in your practice and to obtain the relevant safety data sheets.

A substance is hazardous if:

- It is listed as 'very toxic', 'toxic', 'harmful', 'corrosive' or an 'irritant'
- There is an Occupational Exposure Limit (OEL) specified.
- It contains certain micro-organisms.
- It has substantial airborne concentrations (e.g., dust, vapour)

COSHH does not apply to the following hazardous substances:

- Asbestos and lead – separate regulations
- Biological agents that are outside the employer's control e.g., infection caught from a colleague.

The damage to health can occur by inhalation, contact, inoculation, and ingestion. Hazardous substances bought retail such as Tippex, household bleach or cleaning materials will have all the required information on the label. If the label doesn't say the product is hazardous, you don't need to include it in your assessment.

The main key categories of consumables in practice that require COSHH assessment are:

- Acid Etch
- Amalgam
- Aerosols
- Alginates
- Biological Agents
- Bleach
- Bond
- Disinfectants
- Ethyl Chloride
- Fix Adhesives
- Hydrogen Peroxide
- Latex
- Methyl Methacrylate
- X-ray Developer and Fixer (If applicable)

Blood and other infectious materials must be considered as part of COSHH.

The cleaner should be included in your COSHH training because they will encounter many of the substances in the surgery and should be aware of the potential risks. It is recommended to keep any COSHH assessment forms for cleaning products in the cleaning cupboard so they can be quickly accessed in case of emergency.

If you identify significant risks, then you should decide upon actions necessary to eliminate them or reduce them to a minimum level which is acceptable.

Decide What Precautions are Needed

Information on Safety Data Sheets from supplier/s will help you to identify and ensure that relevant precautions (safety measures) are incorporated into the practice protocols and procedures and that the exposure to substances hazardous to health is either prevented or where this is not practicable, adequately controlled. The hierarchy of control measures should be adopted where prevention is not possible.

Ensure that control measures are properly used and maintained (e.g., ventilation, safe storage and handling, eye/hand protection, etc.). Whenever possible you should replace a hazardous material with a less hazardous one. For example, using glutaraldehyde-free disinfection materials as glutaraldehyde has been found to be very hazardous, or changing from an ethyl chloride spray to an aerosol cold-spray which contains a less hazardous substance.

When it is not reasonably practicable to replace or remove a substance you should do everything to reduce the risk for the staff and patients including training, ventilation, and protective clothing. If required, you must monitor the exposure of employees to hazardous substances and if necessary, carry out health surveillance e.g., mercury testing.

An action plan should be prepared for accidents and emergencies involving hazardous substances.

First aid and emergency measures can be found on the safety data sheets.

Ensure that the Employees are Under Health Surveillance where Appropriate

‘Health surveillance is appropriate when the exposure of the employee to a substance hazardous to health is such that an identifiable disease or adverse health effect may be related to the exposure’. For example: if an employee suffers from an allergy such as latex allergy, a medical opinion should be sought, and records should be kept.

The condition should be assessed regularly. You may need to monitor the X-ray exposure of pregnant staff with a dosimeter. Records of any health surveillance carried out in your practice should be kept for 40 years. Immunisation is also a means of health surveillance.

Provide Information, Instruction and Training for Persons who may be Exposed to Substances Hazardous to Health

Ensure that your employees are properly informed, trained and supervised. The information provided should include:

- The substances in use which could cause a significant risk to health and access to safety data sheets.
- The risks arising from use.
- The precautions (control measures) that must be taken to reduce the risk of exposure including personal protective equipment use
- Emergency procedures
- The results of any exposure monitoring and/or practice health surveillance

Information, training, and instruction should be updated and adapted to consider any significant changes in the type of work, work methods or substances used.

Record and review the assessments and set a date for the following review. This should be done as new products arrive at the practice or at a maximum of 12 monthly.

The practice is not required to sign every COSHH assessment upon review, a front cover “review” sheet, made up of a basic table can be used to evidence reviews and updates of the COSHH assessments.

Further Guidance and Details are Available From:

- Control of Substances Hazardous to Health Regulations 2002
- COSHH a brief guide to the regulations – HSE, INDG136 (rev 5)
- The Control of Lead at Work Regulations 2002
- The Ionising Radiations Regulations 2017 (IRR17)
- The Ionising Radiation (Medical Exposure) Regulations 2017 (IR (ME)R17)

RIDDOR (Reporting of Diseases and Deadly Occurrences Regulations)

Who Should Report an Incident?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), places a legal duty on all employers, employees, and self-employed staff.

The easiest way to do this is by completing the online form via:

https://www.hse.gov.uk/riddor/report.htm

Alternatively, you can call the Incident Contact Centre (ICC) on 0345 300 99 23 but this should only be used for reporting fatalities/specified incidents.

You will be sent a copy of the information recorded and you will be able to connect any errors or omissions. Copies of submitted RIDDOR forms are sent to the employer/duty holder regardless of who has submitted the report. You will be able to request amendments to the record if you feel the report is not correct.

Why Should I Report?

Reporting accidents and ill health at work is a legal requirement. The information enables the Health and Safety Executive (HSE) and local authorities, to identify where and how risks arise, and to investigate serious accidents. They can then help you and provide advice on how to reduce injury, and ill health in your workplace.

For most businesses, a reportable accident, dangerous occurrence, or case of disease is a comparatively rare event. However, if it does happen, please let the relevant bodies know.

What Must I Report?

As an employer, a person who is self-employed, or someone in control of work premises, you have legal duties under RIDDOR that require you to report and record some work-related accidents by the quickest means possible.

You must report:

- The death of any person
- Specified injuries to workers which include:
    - Fractures (not including fingers or toes)
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - covers more than 10% of the body
        - causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which:
        - leads to hypothermia or heat-induced illness
        - requires resuscitation or admittance to hospital for more than 24 hours.
- Over 7 day incapacitation of a worker
- Non-fatal accidents requiring hospital treatments for non-workers
- Occupational diseases such as:
    - Carpal tunnel syndrome
    - Occupational dermatitis
    - Hand-arm vibration syndrome
    - Any occupational cancer
- Dangerous occurrences such as:
    - The accidental release of any substance which could cause harm to a person
- Gas incidents

Accidents causing incapacitation of over 3 days should be recorded but not reported.

Further information regarding what is a reportable incident can be found at:

https://www.hse.gov.uk/riddor/reportable-incidents.htm

When Do I Need to Make a Report?

In cases of death, major injury, or dangerous occurrences, you must notify the enforcing authority without delay. For accidents resulting in the over-seven-day incapacitation of a worker, you must notify the enforcing authority within 15 days of the incident, using the appropriate online form.

Cases of disease should be reported as soon as a doctor notifies you that your employee suffers from a reportable work-related disease.

What Records Do I Need to Keep?

You must keep a record of any reportable injury, disease, or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the event or disease.

Risk is defined as the possibility that an event could occur that could adversely affect the achievement of a successful outcome.

While it's impossible to eliminate the inherent risks of providing dental treatment, it is in everyone's best interests that dental professionals carry out effective risk management to identify, prioritise and manage all significant threats to patient safety.

At the same time, adverse incidents should be investigated to see what lessons can be learned in order to improve the quality and safety of patient care.

The purpose of this SOP is to ensure that risks to Lighthouse Dental Practice are understood and managed so that they are maintained.

The practice is committed to ensuring the safety of its patients, team members, contractors and other visitors. We aim to ensure that the premises is fit for purpose at all times. Risk assessments are only ever performed by trained and competent team members or external experts.

Risk Management

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Definitions

Risk: the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard

Risk Assessment: the process of identifying what hazards exist, or may appear in the workplace, how they may cause harm and to take steps to minimise harm.

Risk Management: the process of weighing policy alternatives in the light of the results of risk assessment and, if required, selecting and implementing appropriate control options, including regulatory measures.

Overview

Risk management is focused on anticipating what might not go to plan and putting in place actions to reduce uncertainty to a tolerable level.

Risk can be perceived either positively (upside opportunities) or negatively (downside threats). A risk is the potential of a situation or event to impact on the achievement of specific objectives.

Working with the risk owner, the project professional ensures that risks are clearly identified before moving on to the risk analysis step of the risk management process.

The risk management process reflects capturing and managing emerging risks and reflecting new knowledge in existing risk analyses.

A risk assessment is used to document risks, analysis and responses, and to assign clear ownership of actions.

Terri-Gail Phillips-Hale is responsible for coordinating the development and maintenance of risk management policies and procedures including the undertaking of risk assessments either internally or using external companies.

Our risk assessments include policies and procedure for (but not limited to):

- Business Continuity Plan and Impact Risk Assessment
- COSHH
- Fire (internal reviewing)
- Health and safety in general Practice.
- New and Expectant Mothers
- Water Management (Legionella)
- Workstation Audit (DSE)
- Lone Workers and working without Chairside Assistance
- Hep B Vaccine Status.
- Personal Development and Training Policy
- Recruitment and Selection procedures – including the employment of ex-offenders

Risk Assessments are reviewed internally where applicable on a 12 monthly basis maximum, any interim identified risk changes will be addressed and actioned immediately.

Latex

This Practice has a policy of using latex-free gloves and products to minimise the potential exposure of natural latex rubber (NRL) to patients and staff who may have known or unknown allergies. We will wherever possible use latex-free products, where this is not possible then this policy will be implemented along with the risk assessment contained at the end of the policy.

Natural Latex Rubber contains proteins to which some individuals may become allergic.

The development of allergy to NRL is associated with a range of reactions including skin rashes (urticaria or 'hives') 'hay-fever' like symptoms and Asthma through to anaphylaxis, which has resulted in fatalities.

Allergy to NRL is a concern for staff who will be exposed to NRL in the course of their work, and for patients who may be exposed during treatment.

The purpose of this protocol is to detail the responsibilities of all staff in ensuring the effective management of NRL risks. Clinicians also have a duty to manage NRL sensitive patients under their care.

A template risk assessment for Latex can be sourced on the DCME portal.

Types of Allergies

There are two types.

Type IV – reaction to the chemicals, reaction occurring 6 – 48 hours post-contact. Symptoms are red, itchy, scaly rash, perhaps localised i.e., wrists, forearms etc., but which may spread to other areas.

Type 1 – immediate allergic reaction, potentially life-threatening. Symptoms Urticaria (hives) and hay fever types of symptoms, asthma. In severe cases, anaphylaxis.

Prevention of Allergies in Staff

All new staff will be given specific instructions on the use of NRL gloves. The provision of NRL gloves within the practice will be the subject of a specific risk assessment taking into account the use of NRL gloves, the reasons for the use, and the availability of alternatives, prior to the authorisation and supply of NRL gloves to either individuals or in relation to defined procedures or examinations.

Management of Allergies in Staff

Seek referral or refer to a dermatologist if an allergy is suspected as soon as symptoms develop.

If NRL sensitivity is suspected, then the work environment or practices must change immediately to prevent further exposure.

NRL gloves are to be replaced with suitable NRL-free gloves, and care must be taken to ensure that the affected staff members are not continuing to work within powdered NRL environments (i.e., that gloves are not worn by colleagues).

The use of a medic-alert bracelet is recommended.

If the staff member is subsequently instructed to carry self-administered adrenaline, then colleagues will be instructed on how to administer this in the case of need.

If the allergy is of Type IV then a non-chemical glove should be sourced.

Prevention of Allergies in Patients

Enquiries should be made prior to using NRL gloves whether the patient is aware of an allergy. Questions may include whether:

- the patient has ever suffered a reaction to balloons, condoms, household gloves or following examination or surgery or dental treatment
- the patient has any food allergies e.g., bananas, kiwi, avocado, chestnut
- the patient has had hives, asthma, or hay fever as a result of work, where NRL products are used.

If allergy is suspected, refer to a dermatologist.

If allergy is confirmed, a medic-alert bracelet is recommended, and the patient's medical records are to be endorsed. The allergy is to be included in any subsequent referral to secondary care.

It is anticipated that synthetic gloves would be suitable for most in-practice procedures.

Management of Allergies in Patients

Ensure that NRL-free emergency equipment is available to treat anaphylactic reactions and that staff are fully trained in resuscitation techniques.

For Type 1 allergies, avoidance is the best management approach. There is no current reliable investigation for Type 1 allergy. In general, diagnosis is made by clinical history or by specific blood tests or skin-prick / glove challenge tests. Type IV allergy is diagnosed by standard patch testing.

General Contacts

Health and Safety Executive, Tel: 0845 345 0055, Email: www.hse.gov.uk/skin/employ/latex.htm

Latex Allergy Support Group, Tel: 07734 176426, Email: www.lasg.org.uk

National Patient Safety Agency, Tel: 020 7927 9500, Email: www.npsa.nhs.uk

Rubber Dam

All dentists working at Lighthouse Dental Practice must adhere to the quality guidelines for endodontic treatment, consensus report of the European Society of Endodontology.

Isolation of Tooth or Teeth

Root canal treatment procedures should be carried out only when the tooth is isolated by rubber dam to:

- prevent salivary and bacterial contamination.
- prevent inhalation and ingestion of root canal instruments.
- prevent irrigating solutions from escaping into the oral cavity.

If dentists do not follow these guidelines when carrying out root canal treatment and a patient swallows or inhales a root canal instrument or irritant such as bleach, then the dentist is in an indefensible position from a medico-legal point of view.

In the event of a complaint being reported to the General Dental Council, this could bring into question a dentist's fitness to practice. This could ultimately lead to erasure from the dentists register.

In the rare event of not being able to place a rubber dam, the dentist must use other methods to prevent accidents such as inhalation or ingestion of root canal instruments and irrigating solutions from occurring. This could include tying a length of dental floss to the handle of the root canal file or attaching the file to a 'parachute' chain device if carrying out hand instrumentation and the use of high-volume suction to prevent ingestion of irrigating solutions.

The dentist should also indicate in the treatment record when a rubber dam has been placed as a matter of course. The reasons explaining why a rubber dam cannot be placed and the alternative methods of protecting the airway must be recorded in the treatment record.

Mercury

Mercury vaporises at room temperature and can be absorbed into the body through inhalation, absorption or contact with the skin. The surgery must be well-ventilated and protective gloves worn to reduce skin contact. Mercury spillages must be cleaned up immediately.

All practices using materials containing mercury (including those using encapsulated amalgam) must have a mercury spillage kit.

Waste amalgam and waste mercury are stored in special containers, collected by the waste management provider. Waste amalgam must never be sent through the post.

The use of encapsulated amalgam provides a consistent quality of amalgam. Never eat or drink in a room where mercury is handled. Avoid inhaling the air escaping from the autoclave when opening after a sterilising cycle. Waste amalgam must be stored in the containers provided in each surgery.

Pregnant Team Members and Mercury

The risks involved today in dentistry in relation to pregnant team members are very low. This is due to the reduced usage of amalgam in patients since the EU Regulation changes in 2018 and the use of only encapsulated Amalgam when being used, it is still recommended that a pregnancy risk assessment should be undertaken which includes assessing the safety use around encapsulated amalgam.

Safety measures should be taken to mitigate mercury exposures to dentists, dental professionals, dental students, and other staff members, as well as patients, during the removal of amalgam fillings.

Based on up-to-date science, the IAOMT has developed rigorous recommendations for amalgam removal known as the Safe Mercury Amalgam Removal Technique (SMART). The recommendations build upon traditional safe amalgam removal techniques such as the use of masks, water irrigation, and high-volume suction by supplementing these conventional strategies with several additional protective measures. Specific aspects of SMART address occupational risks for dentists and other dental staff members related to the use of dental amalgam mercury.

Mercury Spillage

Mercury spillage is very unlikely when using encapsulated amalgam. Spillage can occur when a capsule fails. The platform directly below the arm of the mixing machine that holds the capsule should be examined each day for any micro spillage of tiny drops of mercury.

If you are clearing up a mercury spillage:

- Never vacuum mercury.
- Wear protective gloves.
- If the spillage is into equipment, unplug it immediately, cover it with a leak-proof container (e.g., plastic bag), seal it and place it in a cardboard box and label it very clearly – 'Danger – loose mercury'
- For small spillages on surfaces, scoop or brush it together, aspirate the mercury into a bulb syringe and dispense it into bottles under liquid using the mercury spillage kit. Seal the bottle and label 'Danger – mercury for disposal. 'If necessary while you are getting these items, cover the spillage to prevent evaporation (e.g., with a towel)
- For large spillages on surfaces, cover the area with a neutralising agent, such as flowers of sulphur or a paste of calcium-hydrochloride with sulphur and water then scoop into sealable containers and label 'Danger – mercury for disposal.' Make sure the room is well ventilated afterwards and wash the surface thoroughly with warm water, then dry
- Inform the Practice Manager, record the spillage and make an entry into the accident book.

Manual Handling

Where there is a significant risk of injury, manual handling operations should be avoided. Where it is not possible to avoid manual handling apply the following advice.

- Think before lifting the item. Seek help if you think it will be needed. If possible, use a handling aid (e.g. trolley).
- Start in a stable position with your feet apart and one leg slightly forward to maintain balance (alongside the load if it is on the ground). Be prepared to move your feet during the lift to maintain stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.
- Start in good posture. Grab the item firmly and securely and slide it towards the body before attempting to lift it. At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).
- Keep the load close to the waist. Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body.
- Don't flex the back any further while lifting. This can happen if the legs begin to straighten before starting to raise the load.
- Avoid twisting the back or leaning sideways, especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.
- Keep the head up when handling and move smoothly. The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.
- Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.
- Put the item down then adjust its position by sliding

Working at Height

Working at height remains one of the biggest causes of fatalities and major injuries. Common cases include falls from ladders and using improvised equipment i.e., chairs, stools etc.

'Work at height' means work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury (for example over-stretching). It should be noted that working from height should only be executed by a contractor or work person who supplies their own stepladders/ladders or equipment, and they are solely responsible for the serviceability of their own work equipment.

Employers are responsible for the Health, Safety and Welfare at work of all their workers. They also have responsibility for the Health and Safety of any contractors or self-employed people doing work for them.

Arrangements

When deciding if it is safe to carry out a particular task on a stepladder or even a "kick step" where you cannot maintain a handhold (e.g., to put a box on or off a shelf), the Practice Manager needs to take into account:

- A visual inspection of the ladder should be completed before any task is undertaken (e.g., the height of the task).
- Whether a handhold is still available to steady yourself before and after the task.
- Whether it is light work.
- Whether it avoids side loading.
- Whether it avoids overreaching.
- On clean, solid surfaces. These need to be clean and free of loose material so the feet of the stepladder can have ample grip. Care should be taken though that some floor surfaces can still be slippery even without any contamination.

Monitoring

Practice Manager and those in control of any work at height activity must make sure work is properly planned, supervised and carried out by competent people. (Contractors, decorators, service engineers etc). This includes using the right type of equipment for working at height. Low-risk, relatively straight forward tasks will require less effort when it comes to planning. Practice Managers and those in control must first assess the risks.

Take a sensible, pragmatic approach when considering precautions for working at height.

Factors to weigh up include:

- the height of the task;
- the duration and frequency; and
- the condition of the surface being worked on.

There will also be certain low-risk situations where common sense tells you no particular precautions are necessary.

Control Measures

Where two hands need to be free for a brief period for light work. Keep two feet on the same step and the body (knees or chest) supported by the stepladder to maintain three points of contact. Make sure a safe handhold is available.

For tasks of low risk and short duration, ladders and stepladders can be a sensible and practical option. If your risk assessment determines it is correct to use a ladder, you should further MINIMISE the risk by making sure workers:

- Ensure a full and in-depth Risk Assessment is carried out and only trained staff carry out the task.
- Use the right type of ladder for the job.
- Are competent (you can provide adequate training and/or supervision to help).
- Use the equipment provided safely and follow a safe system of work, employees and members of the public are made aware of the work being carried out to make sure that the "worker" is not toppled over by anyone walking into the ladders.
- Are fully aware of the risks and measures to help control them.

New Equipment

It is the responsibility of Terri-Gail Phillips-Hale to select and purchase appropriate equipment when required.

We will ensure that:

- Equipment bears appropriate CE marking where necessary.
- Where possible, single-use items are introduced as an alternative to reusable items (for example, 3 in 1 tips).
- Where possible, equipment can withstand automated cleaning processes, such as ultrasonic and autoclave cleaning; otherwise, that the recommended decontamination processes can be carried out within the practice.
- Where the manufacturer recommends specific cleaning agents, that these are adequately covered by our COSHH procedures and are compatible with other instruments already in use and with ultrasonic baths, autoclaves, etc.
- When selecting new hand instruments, we avoid serrated handles and hinge mechanisms that are difficult to clean and that where instruments need to be dismantled before cleaning, the manufacturer supplies instructions on how this is to be done.
- In the case of dental chairs and work surface coverings, that these can be regularly decontaminated without deterioration.
- Where relevant, the new equipment is compatible with existing equipment.
- The equipment is easy to use and maintain.
- When routine maintenance is required for a device, that this is added to the Service & Maintenance Schedule.
- Wherever possible, electrical devices for use in the surgery have foot controls.
- Where a device has a limited life cycle specified by the manufacturer, this is identified and added to the Service & Maintenance Schedule (e.g., the defibrillator power pack).
- Where training is required, this will be provided by the supplier or manufacturer where it cannot be satisfactorily carried out within the practice.

- That commissioning and validation requirements, where necessary, are complied with (e.g. new x-ray equipment - refer to Radiography Risk Assessment).
- Where specialist repair, servicing and testing is required, that response times are acceptable.

Records of equipment purchased (in the form of invoices, delivery notes and other purchase documents) are kept in the office. These records should be retained for a minimum of 6 years in accordance with the Limitation Act 1980.

Terri-Gail Phillips-Hale must review the instructions that accompany new equipment, ensure that important matters are drawn to the attention of the team members who will be using the equipment, ensure that training is provided (if necessary) and that, where appropriate, the equipment is installed by suitably qualified persons.

Asbestos

Asbestos, when left alone is relatively low-risk. However, if damaged or disturbed it can become a serious danger to health.

Under the Control of Asbestos Regulations 2012, any owner (or those responsible for the maintenance) of a non-domestic building has a responsibility to:

- Find out if there is asbestos present (buildings built after 2000 are unlikely to have any asbestos present)
- Keep a log of any locations where asbestos is present
- Have a plan for how these areas will be managed
- Ensure anyone working in areas containing asbestos is aware.

It is vital that if any premises do contain asbestos the registered Manager shares the information with the rest of the team.

As long as the asbestos is not damaged or located somewhere where it can be easily damaged it won't be a risk to you.

Lasers

Lasers can be dangerous and when used, the utmost care should be followed. Local rules should be adopted, and PPE should be worn. A Laser Protection Adviser (LPA) and a Laser Protection Supervisor (LPS) must be appointed.

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The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If in any doubt, please contact the document Author.

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