**The Leather Lane Dental Practice**

**Gaynor Potter & Associates**

**Risk Assessment**

A risk assessment of the practice was carried out on 15<sup>th</sup> August by Gaynor Potter and the following are the significant findings.

A review of the risk assessment is due on 15<sup>th</sup> August 2011.

<table>
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<th>Significant hazards</th>
<th>Those at risk</th>
<th>Existing controls or action required</th>
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| **Autoclave** Risk of explosion, scalds and burns | Dental nurse (and others in the immediate area) | ▪ Staff receive full instruction and training in the safe use of autoclaves  
▪ Manufacturers’ instructions and operating procedures are kept nearby the autoclave  
▪ Malfunctions or faults are reported to the practice manager for remedial action  
▪ Autoclaves are serviced regularly and inspected for safety purposes in accordance with the Written Scheme of Examination. |
| Biological Agents Risk of infection from –  
  ▪ Blood/saliva  
  ▪ Bacteria/micro-organisms | Dentist, dental nurse, hygienist, patient | ▪ Biological agents are covered by COSHH – *see separate assessment*  
▪ Universal precautions and current infection control guidelines are followed –*see practice infection control policy*  
▪ Relevant staff are immunised against hepatitis B and their responses checked  
▪ Regular training in infection control procedures is provided  
▪ See also *Sharps*. |
| **Display Screen Equipment** Risk of upper limb disorders. | Receptionist / practice manager | ▪ Individual workstation assessments undertaken for regular users – *see separate assessments*  
▪ Equipment and seating can be adjusted to individual needs  
▪ Eye test is provided if requested by employee  
▪ Window blind is provided to control glare on screen [*if glare is a problem*]  
▪ Training in software used is provided  
▪ Information on DSE health and safety has been provided (HSE leaflet). |
| **Electrical** | All staff | • Staff advised to visually check plugs, cables or equipment for signs of overheating or damage and report these to the practice manager for remedial action.  
• Visual inspection of all portable appliances is carried out annually/six monthly by the practice owner [or other competent member of staff] and findings recorded  
• All electrical equipment is inspected and tested by a qualified electrician at regular intervals (every three years suggested) |

| **Eye injury** | Dentist, dental nurse, hygienist, patient | • Use of protective eyewear during clinical procedures for both staff and patients and when cleaning instruments and equipment prior to sterilisation  
• Use of high speed aspiration for procedures involving rotary instruments  
• Use of rubber dam whenever possible to restrict the operative field  
• Immunisation against hepatitis B for all clinical health care workers and response to the vaccine checked |

| **Fire** | All staff, patients and visitors. | • Fire alarm system checked and tested annually by service engineer  
• Self-contained smoke alarms are cleaned and batteries changed annually  
• Staff trained in the evacuation procedure  
• Fire fighting equipment is checked and tested annually by service engineer  
• Fire exits and fire-fighting equipment are clearly marked [larger practices]  
• Access to exits and extinguishers is kept clear at all times  
• Fire drills are held yearly (but for practical reasons do not have to be during patient time)  
• Procedures to be followed in the event of a fire are displayed in every room. |

| **Hazardous substances** | Dentist, dental nurse, hygienist, cleaner, patient, visitors and contractors | • Hazardous substances are covered by COSHH – see separate assessment  
• Staff made aware of the risks from the hazardous substances they work with and the precautions needed to avoid or control these risks  
• Substances assessed include acids, adhesives, blood and saliva, disinfectants, strong detergents and other cleaning agents, latex gloves, mercury, nitrous oxide, solvents and x-ray chemicals. |
| **Manual handling** | All staff involved in lifting and/or awkward or repetitive handling (for example, stock deliveries, assisting elderly and disabled patients into and out of chair) | • Training and information provided including how to recognise harmful manual handling and good handling techniques  
• Information on manual handling techniques is available (HSE leaflet) and kept in the principal's office. |
| **Radiation – ionising** | Patient, dentist, dental nurse. | • Radiation Protection Adviser appointed – see separate risk assessment  
• Radiation Protection Supervisor, or other trained person, is on the premises at all times  
• Those involved in the taking and processing of x-rays have received the appropriate training and possess the relevant knowledge  
• X-ray equipment is regularly checked and maintained in accordance with the manufacturer’s, suppliers and RPA’s advice  
• Arrangements for dealing with accidental or unintended dose are contained in the Local Rules.  
• X-ray equipment can be switched off in the event of malfunction without entering the controlled zone  
• Current guidelines on radiology standards are followed closely |
| **Sharps** | Dentists, dental nurses, hygienists, patients, waste contractors | • All staff trained in the safe use and disposal of sharps – see practice Healthcare Waste policy  
• Thick household type gloves provided for handling and cleaning used instruments prior to sterilisation  
• Needles are only re-sheathed using a device  
• Sharps are discarded into an approved container  
• All staff immunised against hepatitis B and their response to the vaccine checked  
• Sharps injuries are reported immediately and dealt with as appropriate – see practice policy on inoculation injuries  
• If required, medical advice will be sought as soon as possible. |
| **Slips, trips and falls**  
Risk of injury. | Staff, patients and visitors. | - Good quality flooring which is well maintained  
- All staff trained to maintain good housekeeping standards  
- Spills cleared up immediately  
- Walk areas kept unobstructed. |

| **Waste Disposal**  
Risk of exposure to infectious or hazardous waste. | Staff and waste contractors. | - Waste segregated and disposed of in appropriate containers – see practice policy on disposal of waste  
- Waste collected for disposal by authorised waste disposal company  
- Records of disposal maintained. |