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| **Section 5 Treatment and Recovery Areas** |

This part to be photocopied for the appropriate number of treatment and recovery areas in the practice.

|  |  |
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| **Practice/clinic name:** |  |
| **Treatment/recovery area number:** |  |
|  |
| **Type of area inspected:** |  | Treatment |  | Recovery |  |
|  |
| **Type of treatment area:** |  | IS  |  | IVS |  | Other (please state below) |
|  |
|  | Other: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Facilities** | **Yes** |  | **No** |  | **Information Sources** |  | **Comments** |
| 1 | A | There is access for emergency services to the area…………………….............. |  |  |  |  | Section 2.1, CSD |  |  |
| 2 | A | There is adequate access for the clinical team around the chair to deal with medical emergencies and sedation-related complications…...........................…  |  |  |  |  |  |
| 3 | A | There is good lighting in the area……………………………………….............….. |  |  |  |  |  |

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| **B. Unit/chair** | **Yes** |  | **No** |  | **Information Sources** |  | **Comments** |
|  | Domain F, SAAD Checklist |  |  |
| 1 | A | The dental chair can be rapidly moved to a head-down tilt position......................................................................................... | **N/A** |  |  |  |  |  |  |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **C. Sedation equipment** | **Yes** |  | **No** |  | **Information Sources** |  | **Comments** |
|  |  | **NIBP monitor** |  |  |  |  | Section 2.1.2, CSD |  |  |
| 1 | A | Non invasive blood pressure monitor.................................................................. |  |  |  |  |  |
| 2 | A | Maintained in accordance with manufacturer’s instructions..………................... |  |  |  |  |  |
|  |  | **Pulse oximeter**........................................................................... | **N/A** |  |  |  |  |  |  |  |
| 3 | A | Continuous pulse oximeter is available for use prior to and during treatment under sedation and has an audible alarm**\***.......................................................... |  |  |  |  |  |
| 4 | A | There is a calibration and/or service history according to the manufacturer’s instructions for the pulse oximeter………………......…........................................ |  |  |  |  |  |
| 5 | A | Last service date of the pulse oximeter: (certificate required)....................................................................................... |  |  |  |  |  |  |
| 6 | A | **Inhalation sedation**.................................................................... | **N/A** |  |  |  |  |  |  | Section 2.1.1, CSD |  |
| 7 | A | The dedicated, purpose-designed IS machine has: |  |  |  |  |  |
| 8 | A | * a minimum delivery of 30% oxygen........................................................
 |  |  |  |  |  |
| 9 | A | * an emergency N2O cut off......................................................................
 |  |  |  |  |  |
| 10 | A | There is a calibration and service history according the manufacturer’s instructions for the IS machine…………………..…….......................................... |  |  |  |  |  |
| 11 | A | Last service date of the IS machine: (certificate required)........... |  |  |  |  |  |  |
| 12 | A | **Gases**.......................................................................................... | **N/A** |  |  |  |  |  |  | Section 2.1.1, CSDDomain F, SAAD Checklist |  |
| 13 | A | Gas cylinders are stored safely and securely according to current safety requirements………………………………………………………............................ |  |  |  |  |  |
| 14 | A | Central gas supply system in date and serviced…….................. | **N/A** |  |  |  |  |  |  |  |
| 15 | A | Last service date of the central gas supply: (certificate required)....................................................................................... |  |  |  |  |  |  |
| 16 | A | A record is kept of checks made by a suitably trained and qualified member of staff prior to each session…………………………………..................................... |  |  |  |  |  |
| \*Pulse oximeter with clearly visible display preferred. |

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| **C. Sedation equipment (*continued*)** | **Yes** |  | **No** |  | **Information Sources** |  | **Comments** |
| 17 | A | **Equipment for use with advanced techniques\*\*** | **N/A** |  |  |  |  |  |  | Domain F, SAAD Checklist |  |  |
| 18 | A | ECG……………………………………………………...................... | **N/A** |  |  |  |  |  |  |  |
| 19 | A | * Maintained, serviced and calibrated according to manufacturer’s instructions..............................................................................................
 |  |  |  |  |  |
| 20 | A | Capnography…………………………………………….................. | **N/A** |  |  |  |  |  |  |  |
| 21 | A | * Maintained, serviced and calibrated according to manufacturer’s instructions..............................................................................................
 |  |  |  |  |  |
| 22 | A | Syringe driver…………………………………………….................. | **N/A** |  |  |  |  |  |  |  |
| 23 | A | * Maintained, serviced and calibrated according to manufacturer's instructions..............................................................................................
 |  |  |  |  |  |
| 24 | A | Mucosal atomisation device……………………………................. | **N/A** |  |  |  |  |  |  |  |
| \*\*Currently NHS Scotland does not permit advanced sedation techniques in NHS General Dental Practice. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. Sedation drugs** | **Yes** |  | **No** |  | **Information Sources** |  | **Comments** |
| 1 | A | Midazolam (5mg/5ml strength**\***)...................................................  | **N/A** |  |  |  |  |  |  | Section 2.1.1, CSD |  |  |
| 2 | A | Flumazenil (0.5mg/5ml) (if benzodiazepines are used)**\*\***............. | **N/A** |  |  |  |  |  |  |  |
| 3 | A | Other drug(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...... | **N/A** |  |  |  |  |  |  |  |
|  |  | The sedation drugs recorded above are: |  |  |  |  |  |
| 4 | A | * stored safely………………………………………………………................
 |  |  |  |  |  |
| 5 | A | * in date - stocks checked regularly and checks logged……….................
 |  |  |  |  |  |
| 6 | A | Drug labels available for syringes................................................ | **N/A** |  |  |  |  |  |  |  |
| 7 | A | Cannulae for IV access................................................................. | **N/A** |  |  |  |  |  |  |  |
| 8 | A | Supplemental oxygen is available and can be given, if required..  | **N/A** |  |  |  |  |  |  |  |
| 9 | A | Pocket masks with oxygen port**\*\*\***................................................ | **N/A** |  |  |  |  |  |  |  |
| \* N.B. This is a lower concentration of midazolam than required for oromucosal administration. See Section 2D Item 10. |
| \*\* See Section 2D Item 14 and footnote \*\*. \*\*\* See Section 2D Item 19 and footnote \*\*\*. |