**[Name of Dental Practice]** [**How to use templates**](https://www.psm.sdcep.org.uk/templates/how-to-use-templates/)

**[Date]**

# Risk Assessment Form

## Legislation and Regulations covered during this Risk Assessment include:

The Management of Health and Safety at Work Regulations 1999

The Workplace (Health, Safety and Welfare) Regulations 1992 (Including Noise at Work Regulations 1989 – where appropriate)

The Manual Handling Operations Regulations 1992

The Health & Safety (Display Screen Equipment) Regulations 1992

The Personal Protective Equipment at Work Regulations 1992

The Provision and Use of Work Equipment Regulations 1998

The Electricity at Work regulations 1989

Control of Substances Hazardous to Health Regulations 2002

The Fire (Scotland) Act 2005

Equality Act 2010 and Disabled Equality Duty

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| --- | --- |
| **Location:** |  |
| **Date:** |  |
| **Inspection carried out by:** |  |

I agree that this risk assessment is an accurate reflection of the Health Safety and Welfare condition of these premises

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| **Health & Safety Adviser:** (signature) |  |
| **Practice Principle:** (signature) |  |

## Risk Assessment Review

A review of this risk assessment should be undertaken at regular intervals [e.g. every 12 months or if there are significant changes to the environment, staffing or procedures that could result in new hazards]**.** A copy of each review is kept on file.

The next review will take place on or before [date].

Examples to be adapted and supplemented as required are included in the form below for information.

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| **What are the hazards?** | **Who might be harmed and how?** | | **What are you already doing?** | | **What further action is necessary / recommended?** | | **Action**  **by whom** | | **Action**  **by when** | | **Done** | |
| **Premises** | | | | | | | | | | | | |
| Slips, trips and falls | Injuries to patients and staff | | Good flooring e.g. non-slip  Clear walkways  Good lighting | | Regular checks and maintenance as soon as required | |  | |  | |  | |
| **Fire Safety** | | | | | | | | | | | | |
| Fire on premises | Injuries to patients and staff  Damage to premises & equipment | | All equipment checked  Appropriate working fire extinguishers available  Regular fire drills  Fire notices and exits  Smoke alarm | | Separate Fire Risk Assessment  Staff Training | |  | |  | |  | |
| **Electricity** | | | | | | | | | | | | |
| Electrocution or fire caused by faulty electrical equipment | Injuries to patients and staff  Damage to premises  Damage to equipment | | Visual inspections [timescale?]  PAT testing [timescale?] by qualified electrician  Fixed wire testing [timescale?] by qualified electrician | | Reporting and checking system in place  Contract for PAT and fixed wire testing | |  | |  | |  | |
| **Display Screen Equipment** | | | | | | | | | | | | |
| Eye fatigue or musculo-skeletal injuries | Injuries to staff | | Display screen equipment assessment carried out to ensure equipment is set up in the correct way  Staff using DSE for long periods of time encouraged to take breaks | |  | |  | |  | |  | |
| **Manual handling** | | | | | | | | | | | | |
| Deliveries: e.g. chemicals, paper (regular) | Injuries to staff | | Relevant staff trained in manual handling techniques | |  | |  | |  | |  | |
| Surgery or office equipment (infrequent). | Injuries to staff and damage to equipment | | Relevant staff trained in manual handling techniques | |  | |  | |  | |  | |
| **Health and Wellbeing at work** | | | | | | | | | | | | |
| Pressures from demands of role;  Lack of job control;  Issues with management and/or team support;  Poor relationships with colleagues;  Changes at work. | | All staff  Loss of motivation, poor mental health, time off work, feelings of low mood, ineffective team working, impact on patient safety. | | Staff understand what their duties and responsibilities are.  Regular team meetings  Staff can talk privately to principal dentist, manager or head nurse.  Harassment policy  Whistleblowing policy  NHS Zero tolerance policy  Training and development in stress identification and resources to manage  Plan ahead for any change where possible. Include staff in planning process.  Keep team informed of any changes as far in advance as possible. | | Nominate a mental health champion  Develop a staff agreed stress policy  Ensure staff are aware of external sources and advice | |  | |  | |  |
| **COSHH** | | | | | | | | | | | | |
| All chemicals, materials and products for use in surgery, LDU and all other areas | Injuries to staff and patients due to potential skin absorption, inhalation or ingestion of chemicals etc. | | Follow manufacturer’s instructions  Carry out COSHH assessments for all materials  Use PPE (gloves & eye protection) where appropriate  Safe, secure storage | | Staff training  New chemicals documented as part of COSHH  Product information retained | |  | |  | |  | |
| Latex | Staff and patients at risk from allergic reactions | | Latex-free alternatives available  Latex COSHH assessment carried out  Patient notice and questionnaires | | Avoid use or contact | |  | |  | |  | |
| Mercury | Heavy metal risk which can lead to physical & mental problems | | Use capsulated systems  Spillage kit available  Appropriate PPE (gloves, masks & eye protection) worn  Suitable ventilation in place | | Staff training  Use less amalgam | |  | |  | |  | |
| Cleaning products | Potential skin absorption, inhalation or ingestion hazard | | Follow manufacturer’s instructions  Carry out COSHH assessments for all materials  Appropriate PPE (gloves, masks & eye protection) worn  Safe, secure storage | | Staff training  New chemicals documented as part of COSHH  Product information retained | |  | |  | |  | |
| **Infection Control** | | | | | | | | | | | | |
| Contact with blood and saliva | Potential spread of infection to patients or staff | | Infection control policy  Appropriate PPE (gloves, masks & eye protection) worn  Hep B & other immunisation  High volume aspiration  Training in infection control  Waste disposal policy | | Ensure procedures are reviewed every six months  Staff training kept up to date  Induction processes in place for new staff | |  | |  | |  | |
| Aerosol and debris | Potential infection or injury to patients or staff | | Good ventilation in place  High speed aspiration  Appropriate PPE (masks & eye protection) worn | | Ensure PPE worn appropriately by staff | |  | |  | |  | |
| Exposure injury (sharps & inoculation) | Potential infection or injury to patients or staff | | Use needle guards  Duty of dentist to dismantle syringes  Immunisation  Training in sharps disposal  Patient medical histories updated | | All staff trained and aware of risk and policy requirements | |  | |  | |  | |
| **Equipment** | | | | | | | | | | | | |
| Sterilizers | Potential for burns or explosion | | Safety inspection every 14 months  Maintenance  Staff trained in use of sterilizer | | Contract for testing and safety checks  Staff training | |  | |  | |  | |
| Washer Disinfectors | Potential for burns or exposure to chemicals | | Staff trained in use of Washer Disinfector | | Regular refresher training | |  | |  | |  | |
| **Waste** | | | | | | | | | | | | |
| Waste disposed to incorrect waste stream | Potential infection or injury to patients or staff | | Waste policy details correct procedures for waste disposal  Staff trained in correct waste disposal procedures | |  | |  | |  | |  | |
| Unsafe storage of waste within the practice | Potential infection or injury to patients or staff  Risk of fire (?)  Risk of obstruction of escape routes | | Correct storage of waste covered in Waste Management Policy | |  | |  | |  | |  | |
| **PPE** | | | | | | | | | | | | |
| PPE not worn when required | Potential infection or injury to patients or staff | | Staff contracts include requirement to wear PPE  Risk assessments identify when PPE is required | | Staff training in the use of PPE | |  | |  | |  | |
| **Other comments** | | | | | | | | | | | | |
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**Version history**

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| --- | --- | --- | --- | --- |
| **Date** | **Version No.** | **Summary of change(s)** | **Updated by** | **Next review date** |
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The following staff have read and understood this policy [include all team members].

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| **Dental Team Member** | **Position** | **Signature** | **Date** |
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