

# HEALTH & SAFETY POLICY STATEMENT

## SECTION A

### GENERAL STATEMENT OF POLICY

Our policy 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 our responsibility for the health and safety of other people who may be affected by our work activities. This policy applies to all employees of the practice, dental associates, dental hygienists and other contractors providing services to the practice, such as anaesthetists.

The allocation of duties for safety matters and the particular arrangements that we will make to implement the policy are set out below.

This policy will be kept up to date, particularly as changes occur within the practice. To ensure this, the policy and the way in which it has operated will be reviewed every year.

Signed : ..... Andrew Hall (Practice Manager)

Date : 31<sup>st</sup> January 2008

## COMMUNICATION

Olga and Andrew Hall regard 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 safety policy. Disciplinary action may be taken against any employee who fails to follow safety rules or carry out duties under this policy.

## RESPONSIBILITIES

1. Overall and final responsibility for health and safety matters within the practice lies jointly with **Andrew** and **Olga Hall**.
2. Responsibility for this policy being carried out at the Practice lies with **Andrew Hall** (Practice Manager).
3. The following are responsible for safety in particular areas:
  - Infection control (including clinical waste) - **Andrew Hall**
  - Radiation safety - **Andrew Hall**
  - Mercury hygiene - **Olga Hall**
  - Risk assessments (including COSHH, Manual handling, Fire & display screen equipment) - **Andrew Hall**
  - Named Fire officer **Andrew Hall**
4. All employees have the responsibility to co-operate with Olga and Andrew Hall to achieve a healthy and safe workplace and to take reasonable care of themselves and others.
5. An employee who notices a health or safety problem, which s/he is not able to put right, must tell the appropriate person named above.
6. Other areas of responsibility:
  - Safety training - **Andrew Hall**
  - Investigating accidents - **Andrew Hall**
  - Monitoring maintenance of equipment - **Andrew Hall**

## SECTION B

### GENERAL ARRANGEMENTS

Local branch of Health and Safety Executive:

HSE  
Priestley House  
Priestley Road  
BASINGSTOKE  
RG24 9NW

Tel. : 01256 404000

#### Accidents

The qualified first-aider/appointed person for the practice is **Olga Hall**.

The red first-aid box is located in the **surgery** along with a list of telephone numbers of local doctors and hospitals. The first-aid box is replaced quarterly by the local PCT. Our quarterly clinical governance checks ensure it is adequately stocked at all times.

All accidents must be entered in the accident report book, which is kept in the **utility room** and reported to **Andrew Hall** 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 1995 (RIDDOR)*. Forms for this purpose are kept in the **office**. Accidents and hazardous incidents (such as spills of mercury) will be investigated by **Andrew Hall** and the findings documented in this H&S folder.

All staff receive annual training in cardiopulmonary resuscitation (CPR).

#### Display Screen Equipment

All users of display screen equipment (DSE) are given appropriate training on the health and safety aspects of this type of work. **Andrew Hall** conducts an assessment of all DSE workstations in the practice. Eye and eyesight tests are arranged on request and corrective eyewear, if required for use with DSE, is provided. A footrest and wrist pad is provided if required by the user.

#### Electrical Safety

**Andrew Hall** conducts regular visual inspections on all portable electrical equipment at the practice. Records of these inspections are maintained and kept in the **office**. A combined inspection and test of the fixed supply will be carried out every **three** years by a **qualified electrician**. Portable electrical equipment will be maintained in accordance with guidelines issued by HSE for offices and other low risk environments. Records of these inspections and tests will be maintained and kept in the **office**.

#### Fire safety

General fire safety within the practice is the responsibility of **Andrew Hall**.

Escape routes must be free from obstruction at all times and adequately signposted. The break-glass alarms are tested monthly by **Andrew Hall** whilst the fire alarm system including the smoke and heat detectors are inspected every six months by **Chubb Fire**. Fire extinguishers are inspected annually by **Specialist Fire Products (Banbury)**.

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 **six-monthly** and a record kept in the **office**.

## Manual Handling Operations

Where there is a risk of injury, manual handling operations must be avoided. Where they cannot be avoided, an assessment of the task should be undertaken taking into account the load, the working environment and the capability of the individual involved. Assistance should be requested from **Andrew Hall** or others within the practice.

## Personal Protective Equipment

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

**Andrew Hall** 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 autoclaves for the sterilisation of instruments.
- Decontamination of equipment prior to sterilisation.
- Disposal of used local anaesthetic cartridges and needles.
- Taking of any dental radiographs.
- Processing of radiographs.

## Visitors and Contractors

All contractors and visitors to the practice (with the exception of patients) should be referred to **Andrew Hall** to ensure that they are made aware of the hazards present and what precautions might be required.

## Work Equipment

All equipment used in the practice is maintained in good working order and repair. Where appropriate, equipment is clearly marked with health and safety warnings and staff provided with adequate protection. Equipment maintenance is undertaken as recommended by the manufacturer.

## Workplace Inspections

**Andrew Hall** conducts regular inspections of the practice. A record of these inspections is kept in the **office**. Staff are informed of the significant findings as soon as is reasonably practicable or at the monthly staff meetings, whichever is appropriate.

## SECTION C

### HAZARDS

#### 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 **Andrew Hall** who will arrange for its repair.

Autoclaves in the practice are serviced **six-monthly** by **Prestige Medical Ltd. Plant Safety Ltd** carries out an **annual** inspection on all autoclaves according to the written scheme of examination. The autoclaves in use at this Practice are fitted with printers which produce a copy of the sterilisation conditions achieved during each cycle. Staff are required to monitor each print-out to ensure the right conditions for sterilisation have been achieved. The vacuum autoclave (Century B) requires testing weekly using a Bowie-Dick test pack to ensure proper vacuum conditions are being achieved. The print-outs and Bowie-Dick test pack results are kept in the **utility room**.

The air receiver for the practice will be serviced annually by the **Dental Buying Group Ltd or other competent person**. It will also be inspected **annually** by **Plant Safety Ltd**, as shown in the written scheme of examination.

#### Hazardous Substances

A number of hazardous substances are used in the day to day activities of the practice. These must be handled with care to avoid skin and eye contact, inhalation or ingestion. Assessments of the hazardous substances used are kept in the **COSHH file** situated in the **office**. Staff should familiarise themselves with the hazards associated with each substance and the recommended means of control.

#### Infection Control

The practice infection control policy is displayed in both the **surgeries** and **utility room** – it must be adhered to at all times. If any aspect is not clear, please ask **Andrew Hall** who is responsible for infection control within the practice.

Training in the following areas will be provided for all staff:

- Personal protection.
- Procedures for the cleaning, sterilisation and storage of instruments.
- Segregation and safe disposal of clinical waste.
- Cleaning and decontamination of work surfaces and equipment.
- Decontamination of laboratory items prior to dispatch.
- Decontamination of instruments and equipment prior to service or repair.

#### Medicines

Medicines are kept in a secure cabinet in the **dental materials store room** which should be kept locked at all times. When a medicine is dispensed to a patient as part of his/her treatment, details of the patient, medicine (including batch number) and prescribing dentist should be entered in the medicines record book, which is kept in **surgery 1**. Details of the medicine, dose and batch number should also be entered in the patient's records.

#### Mercury Hygiene

Mercury vaporises at room temperature and can be absorbed into the body through inhalation or contact with the skin. The surgery is well ventilated to prevent the Occupational Exposure Standard

being exceeded and protective gloves worn to reduce skin contact. Any mercury spills must be cleaned up immediately. The mercury spillage kit is kept in **surgery 1**. In the event of a mercury spill, **Olga Hall** should be informed and will decide what further action is required.

Clinical staff using mercury will be offered biological monitoring annually to ensure exposure to mercury vapour is within accepted safe limits. This is arranged through the **UK Mercury Screening Service**, operated by **Sheffield Analytical Services**.

#### Radiation

**Andrew Hall** is the Radiation Protection Supervisor (RPS) at the practice and is responsible for ensuring that the practice complies with the regulations relating to radiation protection.

All staff are given general training about the radiation equipment used at the practice. Only staff who have received appropriate training and possess the core of knowledge may take radiographs. Such training will be arranged as required. A member of staff who has not undertaken formal, approved training must not use radiographic equipment at the practice. At present the only person permitted to take radiographs is **Olga Hall**.

The **Radiation Protection Division** of the Health Protection Agency (formerly **NRPB** - National Radiological Protection Board) will carry out a radiation safety survey **every three years** on all radiographic equipment. Regular servicing will be carried out by **The Dental Buying Group**, according to the manufacturer's instruction. Local rules are displayed near each machine with copies kept in the office.

Where individual workloads exceed 150 intra-oral or 50 panoramic films per week, monitoring badges will be provided by Olga Hall. Additional monitoring may also take place.

In the event of radiographic equipment malfunctioning, the member of staff involved must immediately switch off the machine (without entering the controlled zone) and report the incident to the RPS.

#### Waste Disposal

All waste generated at the practice is segregated into special, clinical and non-clinical waste for appropriate disposal. Clinical waste is collected in yellow bags which are then stored in the **stationery store room** to await collection for disposal. Waste mercury amalgam and spent capsules are kept in the **dental materials store room**. Waste radiographical developer and fixer fluids are kept in the **utility room**. Particular attention is given to the safe disposal of sharps and used or partially used LA cartridges. Designated containers are provided for these purposes and are kept in the **utility room**. The company appointed to handle all clinical waste and the sharps and spent LA cartridges containers is **White Rose Environmental Ltd**. Waste mercury and spent developer and fixer fluid disposal is handled by **AMT Dental Services Ltd**. Records of these disposals are kept in the office.

Non-clinical waste is collected in blue bags which are then stored in the spare room for later disposal. **S. Grundon Services (UK) Ltd** are responsible for the collection of non-clinical waste.