

# Practice Policies

## Dr Alexandra Fivey and Associates at Benhill Dental Practice Policies

### Medical history forms

The importance of obtaining accurate medical history of patients cannot be stressed too highly. It should always be ascertained whether there has been any change in medical circumstances ahead of commencing treatment, particularly where drugs may be an element of the treatment plan to be followed. Intolerance or allergy will occasionally manifest with no previous history.

Medical history form should be filled in by the patient once every 12 month and verbally updated by the Dentist every visit.

### Chaperone

This practice is committed to providing a safe, supportive environment for patients. All patients will have a chaperone present for every consultations, examination or procedure. Usually this will be a member of staff but it may also be a family member or friend. The role of a chaperone includes:

- Providing emotional comfort and reassurance to patients
- To act as an interpreter
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour.

### Safeguarding vulnerable adults and children

#### Child Safety

We are committed to create and maintain a safe environment for children and young people. This practice recognizes the complexity of laws regulating child minding and has created this policy to ensure that the staff members are not given the responsibility to look after the children of patients.

Whilst on the practice premises, children and young people must be accompanied by an adult carer at all times. As the staff members are not registered child minders, they are unable to accept the responsibility for looking after young children whilst their carer is having dental treatment.

#### Child and Vulnerable Adult Protection

There is an effective process for identifying and responding appropriately to signs and allegations of abuse. There is an effective process for preventing abuse before it occurs, and minimizing the risks of further abuse once it has occurred.

A child is defined as a person under the age of 18. A vulnerable adult is any person aged 18 or over who is or may be in need of health or social care services by reason of a mental, physical or learning disability, age or illness and who is or may be vulnerable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.

Where staff are likely to engage with a child or vulnerable adult on a one-to-one basis, the staff member is appropriately trained in issues related to child and vulnerable adult protection.

The leads for child and vulnerable adult protection is Dr Alexandra Fivey. Every team member knows the name of the lead person for child and vulnerable adult protection. All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately. All staff have a responsibility to report concerns to the appropriate lead member of staff.

All team members are required to undergo an enhanced DBS check. We will not employ anyone who has been barred by the Independent Safeguarding Authority (ISA).

### **Dental Neglect - Child and Vulnerable Adults**

Many adults visit the dentist only for emergency treatment when they are in pain and choose not to return for treatment to restore complete oral health. They may choose to use dental services in a similar manner for their children or vulnerable adults. Dental professionals have traditionally respected this choice and not challenged this behaviour. However, children and vulnerable adults may suffer ongoing dental pain, infection or other adverse consequences as a result and, when young, are reliant on their carers to seek treatment for them. Anecdotally, it is reported that other health professionals who work regularly with children are shocked that the dental team often fails to rigorously follow up such children.

With the rise of the safeguarding children agenda, this topic has become a topical issue. In the context of increasing emphasis on preventing maltreatment, improving multi-agency working and encouraging early intervention, rather than intervening only when a crisis occurs, the dental profession has had to reconsider the diagnosis and management of child dental neglect.

If we have concerns that dental neglect is taking place such as repeat failure to bring the patient to their appointment or signs of gross tooth decay, we have a duty to follow our practice policy to investigate this further which may mean speaking to other agencies e.g. GP, Social services.

### **Good practice guidelines**

A chaperone is always present when treating a child or vulnerable adult.

Physical force is never used against a patient, unless it constitutes reasonable restraint to protect him/her or another person or to protect property. If it is necessary to restrain a patient because they

are an immediate danger to themselves or others or to property the minimum amount of force is used for the shortest amount of time.

Any problems are referred to the child and vulnerable adult protection lead.

## **GDPR**

From May 2018 Europe's data protection rules will undergo their biggest changes in two decades. Since they were created in the 1990s, the amount of digital information we create, capture, and store has vastly increased. Simply put, the old regime was no longer fit for purpose.

The solution is the mutually agreed European General Data Protection Regulation (GDPR), which will come into force on May 25th, 2018 It will change how businesses and public-sector organisations can handle the information of customers.

GDPR means that we at Dr Alexandra Fivey and Associates at Benhill Dental Practice will be more accountable for handling of people's personal information and as such we have updated our data protection policies.

## **Data Protection Code of Practice**

Our data protection code of practice lays out our procedures that ensure Dr Alexandra Fivey and Associates at Benhill Dental Practice and our employees comply with The Data Protection Law, 2001 and The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679)

## **What personal data do we hold?**

In order to provide you with a high standard of dental care and attention, we need to hold personal information about you. This personal data comprises:

- your past and current medical and dental condition; personal details such as your age, national insurance number/NHS number, address, telephone number and your general medical practitioner
- radiographs, clinical photographs and study models
- information about the treatment that we have provided or propose to provide and its cost
- notes of conversations/incidents that might occur for which a record needs to be kept
- records of consent to treatment
- Any correspondence relating to you with other health care professionals, for example in the hospital or community services.

## **Why do we hold information about you?**

We need to keep comprehensive and accurate personal data about patients to provide you with safe and appropriate dental care. We will ask you yearly to update your medical history and contact details.

### **Retaining information**

We will retain your dental records while you are a practice patient and after you cease to be a patient, for at least eleven years, or for children until age 25, whichever is the longer.

### **Security of information**

Personal data about you is held in the practice's computer system and in a locked manual filing system. The information is only accessible to authorized team members.

### **Disclosure of information**

To provide proper and safe dental care we may need to disclose personal information about you to:

- Your general medical practitioner
- Dental Services i.e. Kings/GST/Special care dental
- Other health professionals caring for you
- NHS business service authority
- Private dental schemes of which you are a member
- Medical Specialist Group
- Agents and Third parties as required by legal and law

Disclosure will take place on a 'need-to-know' basis. Only those individuals/organisations who need to know to provide care for you and for the proper administration of Government (whose personnel are covered by strict confidentiality rules) will be given the information.

In very limited circumstances or when required by law or a court order, personal data may have to be disclosed to a third party not connected with your health care. In all other situations, disclosure that is not covered by this Code of Practice will only occur when we have your specific consent. Where possible you will be informed of these requests for disclosure.

### **Access to your records**

You have the right of access to the data that we hold about you and to receive a copy. Parents may access their child's records if this is in the child's best interests and not contrary to a competent child's wishes. Formal applications for access must be in writing to Dr Alexandra Fivey and Associates at Benhill Dental Practice.

First request is for free but any repeated requests might be charged at a fee for access of up to £10 (for records held on computer) or £50 (for those held manually or for computer-held records with non-computer radiographs). We will provide a copy of the record within 40 days of receipt of the request and fee (where payable) and an explanation of your record should you require it.

### **If you do not agree**

If you do not wish personal data that we hold about you to be disclosed or used in the way that is described in this Code of Practice, please discuss the matter with your dentist. You have the right to object, but this may affect our ability to provide you with dental care.

### **Data Protection**

The practice is committed to complying with the Data Protection Act 1998 by collecting, holding, maintaining and accessing data in an open and fair way.

The practice will only keep relevant information about employees for the purposes of employment, or about patients to provide them with safe and appropriate dental care. The practice will not process any relevant 'sensitive personal data' without prior informed consent. As defined by the Act 'sensitive personal data' is that related to political opinion, racial or ethnic origin, membership of a trade union, physical or mental health or condition, religious or other beliefs of a similar nature. Sickness and accidents records will also be kept confidential.

All manual and computerised records will be kept in a secure place; they will be regularly reviewed, updated and destroyed in a confidential manner when no longer required. Personnel records will only be seen by appropriate management.

Patients' records will only be seen by appropriate team members. To facilitate patients' health care the personal information about them may be disclosed to a doctor, health care professional, hospital, NHS authorities, the Inland Revenue, the Benefits Agency (when claiming exemption or remission from NHS charges) or private dental schemes of which the patient is a member. In all cases the information shared will be only that which is relevant to the situation. In very limited cases, such as for identification purposes, or if required by law, information may have to be shared with a party not involved in the patient's health care. In all other cases, information will not be disclosed to such a third party without the patient's written authority.

### **Disability**

Dr Alexandra Fivey and Associates at Benhill Dental Practice recognises that discrimination on the grounds of disability is illegal. Through this policy, through training and by example, the practice wishes to demonstrate that it does not tolerate discrimination by anyone working at the practice.

### **Patients**

The practice and its staff will not treat a disabled person less favourably than another person because of a disability. Less favourable treatment includes:

- Refusing to treat a disabled patient
- Giving a disabled patient a lower standard of service or treating him or her in a worse manner than an able-bodied patient
- Offering a disabled patient less favourable terms.

The following exceptions may occur when, in the dentist's opinion

- Health and safety reasons exist where either the patient or someone else would come to some harm if the dentist did not refuse treatment
- A disabled patient is unable to understand that treatment must be paid for, where appropriate
- The situation would mean negating or no longer providing the service

The practice will do its best to change or remove policies, practices and procedures, provide auxiliary aids and overcome physical features that make it very difficult or impossible for a disabled patient to use the practice.

### **Employees**

The practice

- Will not unjustifiably treat a disabled employee less favourably for a reason that relates to a disability.
- Will comply with a duty of reasonable adjustment to any physical feature of the premises or to working arrangements unless the adjustment would be of no substantial benefit.

The practice will not discriminate against a disabled person

- In the arrangements made for determining who should be offered employment
- In the terms on which the disabled person is offered employment
- By refusing to offer or deliberately not offering the disabled person employment
- In the opportunities that are afforded to an employee for promotion, a transfer, training or receiving any other benefits
- By refusing to afford, or deliberately not affording, any such opportunity

- By dismissal or any other detriment.

The practice will undertake to provide support, assistance and, if necessary, counselling to members of the practice who are victims of violence and aggression in the course of their work. In appropriate cases, a discretionary period of sick leave on full pay will be granted.

### **Evidence-based Dentistry**

The practice is committed to complying with the current guidelines on using an evidence-based approach. We endeavour to keep our knowledge and skills current by:

- Following and keeping up-to-date with evidence-based guidance
- Using relevant local referral protocols
- Using standard care pathways, where appropriate
- Applying the principles of research governance
- Sharing information, skills and clinical experience at regular practice meetings

### **Equality & Diversity Statement**

The practice is committed in the care we provide to all our patients. We ensure that all those using our services receive the highest possible standard of service irrespective of ethnicity, race, marital status, gender, sexual orientation, age, disability, religion, beliefs, civil partnership status or chronic illness.

The staff at Dr Alexandra Fivey and Associates at Benhill Dental Practice are fully committed in providing equality in all of our services and our equal opportunities policy has been developed to ensure this. We continue to monitor and apply our equal opportunities policy to ensure it meets and reflects our diverse patient base.

We ensure that these same standards will be received by all those employed by Dr Alexandra Fivey and Associates at Benhill Dental Practice.

### **Equipment**

Dr Alexandra Fivey and Associates at Benhill Dental Practice makes sure that equipment:

- Is suitable for its purpose
- Is available
- Is properly maintained
- Is used correctly and safely

- is validated, tested and inspected as required

### **Appointment times**

Please arrive on time for your appointment. A common reason for us running late is that some patients do not attend on time and unforeseen circumstances such as a patient requiring emergency attention.

Please avoid booking any other appointments on the same day as your dental appointment.

If you are using pay and display, please ensure your ticket is valid for the full duration of your appointment and at least 30 minutes after your appointment.

This is to avoid you having to leave the surgery which can cause stress for all parties and it may not be safe to stop mid treatment.

### **Arriving late for your appointment**

If you are late for your appointment we reserve the right to rearrange your appointment for another day. This is to ensure we run our appointments on time.

### **NHS patients**

- If you are more than 10 minutes late for your appointment this will be noted late attendance.
- If you have a history of failing to attend on time, we reserve the right to discharge you from our practice.

### **Private Patients and NHS patients undergoing Private treatments;**

- If you arrive late for your appointment you will be charged a "Late fee" which is the same as the private FTA fee (£1 for every minute lost).
- Time depending, we will still try to see you but your appointment time will not be extending as this means we will run late for the next patient.

### **Hygienist appointments;**

- If you arrive late for your hygienist appointment, you will still be charged the full fee for your appointment and any lost time will not be made up.

### **If we run late for your appointment**

We respect your time and do our best to keep to appointment times but sometimes our clinicians can run late due to unforeseen circumstances.



Reasons for us running late include; previous patients running late for their appointment, a patient emergency dental attention or a treatment running longer than expected. We ask patients to be please be understanding, it could be you one day that might need to be seen, or your treatment may overrun which in turn, may leave the next patient waiting. We have to prioritise patient welling and safety in these situations.

In the event we do keep you waiting, we are sincerely sorry and our staff will keep you updated of your expected waiting time and will give you the option to rebook.

### **Fee's, Payment and Refund**

This policy is to clarify and outline details in respect of payments and deposits taken by Dr Alexandra Fivey and Associates at Benhill Dental Practice.

The prompt collection of fees is crucial to maintaining cash flow and keeping the practice operational. All members of the dental team are responsible for ensuring that patients are fully informed about the fees that they are likely to pay and when those payments will be due.

### **Information on fees**

We are committed to ensuring that patients are given sufficient information about the costs associated with their care to allow them to make informed decisions. Where changes to treatment are agreed with a patient, we ensure that any cost implications are explained. An indicative price list of treatments available at the practice is displayed in reception area, practice leaflet and published on the practice website.

### **Estimates and bills**

Before any treatment is undertaken, the treatment options and associated costs are explained in full to the patient in a way that the patient understands. The patient is allowed time to consider the information provided and to ask questions. A written treatment plan and estimate of the costs are provided for all dental treatment. Details of any fees incurred and payments made are recorded in the patient's clinical records and checked at each visit. Payments that remain outstanding are also recorded. Where appropriate, patients are given an itemised bill.

### **Payments**

All payment must be made on the day of treatment unless stipulated otherwise by the dental treatment plan. Payment can be made by cash, credit/debit card or finance if approved.

We do not accept cheque payments.

### **Deposits**

Deposit paid for appointment booking confirmation will remain in credit on accounts and will be deducted from the treatment value. We take a minimum of £20 deposit for our hygiene appointments. If you have a history of late cancellations or failure to attend (1 or more appointments) we may ask you to pay the full amount before booking your next appointment which will not be refunded if you fail to attend again.

Non-refundable deposit cannot be refunded due to payments being made in advance to suppliers, laboratories and other such parties.

When booking your appointment, we will normally seek a deposit from you, payment of which is your confirmation of your commitment to attend your appointment. Our deposits are normally fully refundable providing sufficient notice of cancellation is given (48 hours).

NHS practices in England and Wales: NHS patients who are not exempt from fees can be asked to pay the Band 1 fee when they book the appointment. If they subsequently fail to attend the payment must be refunded in full.

#### **Cancellation or late cancellation by the Patient**

You may cancel a course of treatment for which you have booked an appointment and be fully refunded all fees for treatment not yet performed; provided you give Dr Alexandra Fivey and Associates at Benhill Dental Practice a minimum of 48 hours prior notice. If 48 hours prior notice is not received, Dr Alexandra Fivey and Associates at Benhill Dental Practice reserves the right to withhold a proportionate amount of money, based upon the length of the appointment, to cover overheads for the Private consultation or Private treatment.

For private consultations or treatments, even if you are usually an NHS patient, the cost is £1 per minute of the appointment and any scheduled follow time for an aerosol generating procedures. You will also be charged for any other costs incurred e.g. lab fees/specialist materials that were required specifically for you.

#### **Refunds**

Dr Alexandra Fivey and Associates at Benhill Dental Practice will refund the money to patients who wish to discontinue treatment or require a refund. Refunds will be processed either by direct debit, BACs or cheque by the second week of each month. It can take up to 10 working days to receive the refund.

This may occur in additional administration charges.

#### **Outstanding payments**

A regular check of the treatments provided against the payments received is undertaken by the Dentist/Reception and reminders sent to patients who have missed payments.

If no payment is received within seven days a reminder will be sent inviting the patient to contact the practice regarding payment options.

If, following the second reminder, no payment is received, a final reminder letter will be sent and the patient advised that further failure to make a payment may result in the practice instructing a debt collection agency or taking legal proceedings. Details of the agency will be provided to ensure that the patient knows who may contact them at a later date.

If, following the final reminder, no payment is received the Practice Principal will consider how to progress the matter. Action may include the engagement of a reputable debt collection agency or formal legal action.

In extreme circumstances and at the sole discretion of the practice owner and/or practice manager the debt may be written off.

The patient will be informed that, for the purposes of collecting the debt, their details may be passed to a third party.

#### **Missed appointments, late cancelations, arriving late overview**

We aim to provide all of our patients with the best possible service and to achieve this we need your co-operation. **If you are unable to keep your appointment, please make every effort to cancel it 48 hours in advance so that it may be offered to someone else. This will avoid you receiving a Failure to Attend or cancellation letter, in some cases, a late cancellation or FTA fee.**

Please tell us if your contact details (address, telephone numbers, email) change so that we can keep our records up to date and ensure that we are able to contact you. If you do not alert us of your change in contact details and fail to attend as a result of missing a reminder, the FTA and discharge procedure will apply. It is the patients responsibility to contact us to make sure these details are updated.

#### **FTA and deregistration policy for NHS patients and NHS treatments**

Non-attendance and cancellations at short notice without a valid reason deprives other patients of essential dental services. In addition, our practice runs the risk of failing to hit our NHS targets and losing our NHS contract, this would mean we could no longer provide NHS dentistry.

We have a 2 year cycle, if an existing NHS patient does not attend our surgery for a routine check-up within 2 years of their last visit they will be automatically deregistered from our NHS list. The reason for this is to encourage our patients to take responsibility for their oral health and to give other the

opportunity to access our NHS services. We have a set NHS contract and do not have infinite ability to accept new NHS patients.

New NHS patients who fail to attend their first appointment will be automatically deregistered from the practice.

The first time an NHS patient fails to attend a booked appointment, they will be sent an FTA letter, email or receive a phone call to remind them that have failed to attend and that they must contact us to cancel their appointment in advance. The details for this can be found on our website [www.benhill-dental-practice.co.uk](http://www.benhill-dental-practice.co.uk). Any future appointments the patient already has booked in will automatically be cancelled. It is the responsibility of the patient to rebook their appointments.

Any future appointments the patient already has booked in, will automatically be cancelled. It is the responsibility of the patient to rebook their appointments.

The second time an NHS patient fails to attend a booked appointment they will be deregistered from our practice and will be advised to register with another surgery. If a patient is need of a new NHS dentist then we advise they go onto the NHS Choices website to see if anyone is accepting new patients.

If a patient wishes to continue to be seen at the practice they can be seen on a private basis only and they will have to pay a deposit for all future booked appointments.

This policy does not affect your ability to seek NHS care at other NHS practices

#### **FTA and discharge policy for Private patients and NHS patients who have chosen Private treatments with the dentist or dental therapist**

The first time patient fails to attend a booked appointment, they will be sent an FTA letter, email or receive a phone call reminding them that in future they must cancel appointments if they are unable to attend. Any future appointments the patient already has booked in, will automatically be cancelled. It is the responsibility of the patient to rebook their appointments.

The second time an patient fails to attend a booked appointment they will be may be advised to register with another surgery and be removed from our register.

#### **Exceptions**

Only in very exceptional circumstance do the above rules not apply, for example if there is an incidence where a patient has been violent or verbally abusive to members of staff. This is at the discretion of the Practice Principal. This is to ensure fairness, safety and wellbeing of our patients & staff.

### **Voice records, video recording and photography in the practice**

Please do not record or take photos within the practice unless given verbal or written consent to do so by our management or your clinician. Patients or chaperones seen to do so without consent may be discharged from the practice.

### **Fitness to Practice**

Healthcare professionals within this Practice are required to maintain their levels of competence within all aspects of their appointed role. This is achieved through continued professional development, private study, attending conferences/seminars, taking part in shared learning initiatives within the Practice or through an independent provider. The performance of the professional is reviewed on a regular basis – through performance review or appraisal and patient or co-worker feedback. Where the standard of performance is called into question or is seen to have fallen below acceptable levels, for example as a direct result of a patient complaint, that professional may face professional body intervention and investigation in addition to practice investigation. The professional body may provide advice or guidance for that professional or place practicing restrictions on him/her. As a final resort it could lead to de-registration. No action is taken by the professional body before a full and thorough investigation is conducted.

### **Infection Prevention and Control Policy**

#### **Statement of intent**

Infection control is of prime importance in this practice. Every member of staff will receive training in all aspects of infection control, including decontamination of dental instruments and equipment, as part of their induction programme and through regular update training, at least annually.

#### **Decontamination of instruments and equipment**

Single use instruments and equipment must be identified and disposed of safely, never reused. All re-usable instruments must be decontaminated after use to ensure they are safe for reuse. Gloves and eye protection must be worn when handling and cleaning used instruments.

Before being used, all new dental instruments must be decontaminated fully according to the manufacturer's instructions and within the limits of the facilities available at the practice. Those that require manual cleaning must be identified. Wherever possible, the practice will purchase instruments that can withstand automated cleaning processes using an autoclave.

At the end of each patient treatment, instruments should be transferred to the decontamination area for reprocessing. Used instruments should be only transferred between surgery and decontamination room in a closed container labelled 'Used instrument'.

Staff will be appropriately trained to ensure they are competent to decontaminate existing and new reusable dental instruments. Records of this training are kept. To see the full policy on our decontamination and sterilisation procedure please contact the practice.

### **Cleaning**

Used instruments should be cleaned (unless this is incompatible with the instrument by immersing the instruments in water (with detergent) before cleaning in the autoclave. Where instruments are cleaned manually, you must follow the practice policy for manual cleaning.

### **Inspection**

After cleaning, inspect instruments for residual debris and check for any wear or damage using task lighting and a magnifying device. If present, residual debris should be removed by hand and the instrument re-cleaned. Thoroughly rinse instruments prior to sterilization.

### **Sterilisation**

Where instruments are to be stored for use at a later date, they should be wrapped or put in pouches prior to being sterilised in the autoclave, following manufacturer's instructions for use. Storage should not exceed 365 days, after this, instruments must be reprocessed. Instruments for same-day use do not require wrapping.

### **Work surfaces and equipment**

The patient treatment area should be cleaned after every patient using Continue Disinfectant wipes/spray even if the area appears uncontaminated.

Between patient treatments, the local working area and items of equipment must be cleaned using Continue Disinfection wipe/spray. This will include work surfaces, dental chair, inspection light and handles, hand controls, delivery units, spittoons, aspirators and, if used, x-ray units and controls. Other equipment that may have become contaminated must also be cleaned.

In addition, cupboard doors, other exposed surfaces (such as dental inspection light fittings) and floor surfaces within the surgery should be cleaned daily.

### **Impressions and laboratory work**

Dental impressions must be rinsed until visibly clean and disinfected by spraying using Impressive spray and labelled as 'disinfected' before being sent to the laboratory. Technical work being returned to or received from the laboratory must also be disinfected and labelled.

### **Hand hygiene**

The practice policy on hand hygiene must be followed routinely. The full policy is in practice policy folder; a summary is included here.

Nails must be short and clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish. Nails can be cleaned using a blunt 'orange' stick.

Wash hands using liquid soap or hand disinfection lotion between each patient treatment and before donning and after removal of gloves. Follow the hand washing techniques displayed at each hand wash sink. Scrub or nail brushes must not be used; they can cause abrasion of the skin where micro-organisms can reside. Ensure that paper towels and drying techniques do not damage the skin.

Antibacterial-based hand-rubs/gels can be used instead of hand-washing between patients during surgery sessions if the hands appear visibly clean. They should be applied using the same techniques as for hand washing. The product recommendations for the maximum number of applications should not be exceeded. If hands become 'sticky', they must be washed using liquid soap.

At the end of each session and following hand washing, apply the hand cream provided to counteract dryness. Do not use hand cream under gloves; it can encourage the growth of micro-organisms.

### **Personal Protective Equipment**

Training in the correct use of PPE is included in the staff induction programmes, which can be found in induction program. All staff receives updates in its use and when new PPE is introduced into the practice.

PPE includes protective clothing, disposable clinical gloves, plastic disposable aprons, face masks, and eye protection. In addition, household gloves must be worn when handling and manually cleaning contaminated instruments Footwear must be fully enclosed and in good order.

### **Immunization**

Staff involved in decontamination and clinical work have evidence of current immunization for Hepatitis B

Items sent to the laboratory and equipment sent for repair

All items dispatched to the laboratory are washed and disinfected after removal from the mouth and items received from the laboratory are washed and disinfected prior to fitting. Equipment is decontaminated before being sent for repair

### **Legionella control**

The practice takes all reasonable measures to minimize the risk of exposure of staff, patients and visitors to legionella in accordance with existing guidance. The practice carries out regular legionella risk assessment, water tests and audits. Flushing of hot and cold water outlets is routinely undertaken

by the practice. Records of all legionella control activities are maintained and reviewed at the Annual Management Review

### **Spillage**

Clinical staff are trained in how to manage an accidental spillage of a hazardous substance and how to follow our emergency arrangements

### **Waste**

Waste is carefully handled and disposed of by appropriate carriers according to current regulations

### **Water quality**

Dental unit waterlines undergo disinfection, flushing and maintenance to minimize the risk of bio contamination. Practice water is inspected and tested as necessary to maintain water quality

### **Training**

Each member of the team undergoes regular training and review and has a responsibility to ensure a safe working environment for all. Training includes the principles of infection prevention, the use of decontamination equipment and materials, the daily inspection and testing of equipment and the maintenance of records

### **Audit**

We audit and review infection prevention procedures every year with the aim of a continual improvement in standards and to update this policy and procedures as necessary

### **Medical Emergencies**

People who use our services receive care, treatment and support and we ensure that equipment required for resuscitation or other medical emergencies is available and accessible for use as quickly as possible. Dr Alexandra Fivey and Associates at Benhill Dental Practice has a defibrillator and all clinical staff are trained in its use.

### **No-smoking**

The practice is committed to complying with the Health Act 2006 and to protecting all team members, patients and visitors from exposure to second-hand smoke. Smoking is prohibited at practice premises. In addition, team members are not allowed to smoke whilst wearing their clinical attire or in the immediate vicinity of the practice. Team members are expected to follow this policy and to support its implementation.

### **Notification of other incidents**

People who use services can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken. This is because providers who comply with the regulations will notify the Care Quality Commission about incidents that affect the health, safety and welfare of people who use services, including:



- Injuries to people
- Making an application to depriving someone of their liberty
- Events which stop the registered person from running the service as well as they should
- Allegations of abuse
- A police investigation.

### **Patient Care**

The practice is committed to offer high standards of care and service to our patients, we:

- Operate a quality assurance programme to ensure
- Effectiveness of our infection control
- Consistent quality of provided treatment
- Compliance with health and safety legal requirements
- Safe use of x-ray equipment
- Compliance with the GDC requirements for the Continuing Professional Development of our team members
- Ensure that all of our treatments are evidence based and follow NICE intervention procedures guidance
- Have a policy of minimum intervention, this means we do the least treatment possible to achieve the best results for our patients
- Do not refuse treatment on the grounds of race, gender, age, disability, sexual orientation or religious beliefs

Our private fees are designed to be fair and to enable us to offer patients the freedom of choice to have advanced treatments. We operate a robust patient complaints procedure. All comments and suggestions are welcomed and taken very seriously because they help us to continually improve our services to patients. Contemporaneous records are maintained on Computer records. Patient Consent The practice follows the GDC guidelines 'Principles of Patient Consent'. All clinical team members providing treatment requiring consent are adequately trained and ensure that the patient has:

- Enough information to make a decision (informed consent)
- Made a decision (voluntary decision-making)
- The ability to make an informed decision (ability)

The nature of treatment (NHS or private) and all charges are clarified to the patient before it commences and s/he is provided with a written treatment plan and cost estimate. All team members are aware that once the consent has been given it may be withdrawn at any time and they will respect the patient's decision. If the team member is uncertain about the patient's ability to give informed consent, they will consult their dental defence organisation for advice.

No person may provide consent for treatment of another adult and all healthcare professionals, including dentists, must have regard to the Mental Capacity Act Code. There is always a legal presumption of capacity and in order to give consent a person must be able:

- To understand relevant information
- To retain that information
- To use/weigh it up in decision-making process
- To communicate decision (speech, sign language or any other means)

### **Personal Development and Training**

The practice is committed to providing planned training and development opportunities for team members to enable them to realise their potential and so make the best possible contribution towards delivering a high standard of treatment and service to patients. Each employee has a Training Record, which is reviewed during the annual staff appraisal meeting. During the meeting further training needs are established based on the GDC guidelines, individual's aspirations, performance and the development plan for the practice as a whole.

### **Recalls**

When treating patients, the practice follows the National Institute for Health and Clinical Excellence (NICE) intervention guidance. Patient recall periods are documented and individually designed.

### **Referral**

There are processes for referral of patients to other providers if it is in the best interests of the patients. All practitioners fully explain the reasons for and implications of a referral. A referral is made when the practitioner is unable to undertake treatment. Practitioners only carry out treatment if they have been trained and are competent to do it.

Requests for treatment are always clear and the referral colleague is provided with all of the appropriate information.

Staff are trained in its use and the implementation of the policy is monitored. There are processes in place to accept patients from referring practitioners.

There are robust arrangements to make sure that information sharing systems comply with the Data Protection Act 1998. See Data Protection.

The following treatments may be referred to outside specialists when required:

Complicated endodontic treatment/orthodontic treatment/oral surgery/periodontal surgery/patients who need to be treated under general anaesthesia, inhalation and intravenous conscious sedation and implants.

### **Risk Management**

The practice is committed to ensuring the safety of our patients and all team members. To this effect we have introduced this policy to identify all risks to them. All enquiries regarding this policy must be addressed to the Health and Safety Manager. We make best endeavour to remove risk and when this is not possible to reduce the risk to its minimum with appropriate control measures. Our risk management includes but is not limited to:

- Health and safety
- COSHH
- Infection control
- Clinical waste
- Water regulations
- Staff training and development
- Continuing professional development
- The safe use of x-ray equipment
- Clinical audit
- Financial risks such as controlling cash flow and private fee levels
- Violence and aggression at work

- Welfare at the workplace
- Employment conditions, contracts and documentation
- Patient complaints

### **Safe Use of X-ray Equipment**

The practice is committed to ensuring the safety of our patients and all team members and to complying with all current regulations including IRME(R) 2000 and IRR99 for the safe use of radiographic equipment. All enquiries regarding this policy must be addressed to the Health and Safety Manager. Team members only operate x-ray equipment if properly trained and authorised to do so.

### **Statement of Purpose**

#### **Aims and Objectives**

As a practice we will:

- Wherever possible, see patients on time and give an apology and an explanation if we run late by more than ten minutes
- Use good quality modern materials and techniques
- Support continuing staff training and development
- Spend sufficient time with patients
- Charge fair and reasonable prices and offer a choice of payment methods
- Promote a culture of good and open communication with patients so they can help shape our service provision.

Patients can help us achieve these aims by:

- Attending for appointments on time and giving adequate notification of cancellation
- Understanding the need for change to sustain a good quality service
- Attending the practice regularly and listening to the professional advice given
- Paying fees promptly
- Providing feedback on all aspects of the service in a friendly and courteous manner.

**This practice is registered with the Care Quality Commission for the provision of general dental care.**

### **Legal Status**

Practice Owner Dr Alexandra Fivey

All professional members of staff who are providing dental advice/treatment to patients will maintain full registration under the GDC guidelines to include medical indemnity insurance. All clinical and nonclinical staff will have up to date DBS checks & photographic identification i.e. passport/driving licence.

### **Sustainable development**

The practice is committed to promoting the conservation, sustainable management and improvement of the environment and to minimising the environmental impact of its activities. The practice aims to achieve this by:

- Taking sustainable development into account in its policies, plans and decisions
- Encouraging its staff to work in an environmentally responsible manner and to play a full part in developing new ideas and initiatives
- Encouraging its visitors and patients to take responsible action in terms of environmentally sustainable best practice
- Minimising its consumption of natural resources.
- Reduce carbon emissions where possible such as using low energy ways in which to interact with its partners
- Seeking to reduce reliance on the private car
- Choosing sustainable goods and services

The practice, working with its staff and suppliers, will:

- Reduce emissions from its buildings through energy management such as turning off lights and equipment, reducing the temperature of the heating and using good standards of insulation
- Maximise recycling arrangements
- Minimise waste by reducing and reusing non-clinical products where appropriate
- Reduce where possible clinical waste

- Raise awareness of sustainable development at the practice
- Reduce the printing of paper forms and records
- Reduce business travel by promotion of and telephone consultation
- Reduce water consumption
- Comply with all environmental legislation and codes of practice

#### **Other resources**

The practice aims to minimise its consumption of other resources, including dental materials, gas, paper, tissues, paper towels and other consumables.

#### **Recycling**

The practice will encourage its staff members to use the appropriate internal and external recycling facilities provided for paper, cardboard, glass and plastics.

#### **Mercury Management**

The practice will ensure that all water from dental equipment passes through an efficient mercury trap.

#### **Suppliers**

The practice will prefer suppliers who have sustainable policies and procedures.

#### **Zero Tolerance Policy**

##### **Abusive or Violent Behaviour**

Please note that this dental practice operates a “Zero Tolerance” policy and any patient who commit an act of violence against any member of staff or other patient, or behaves in such a way that any such person fears for their safety. Any such incidents will be reported to the police immediately, the patient’s treatment will be terminated and if applicable the Primary Care Trust will be informed.

##### **Expected Standards of Behaviour**

Dr Alexandra Fivey and Associates at Benhill Dental Practice has a duty to provide a safe and secure environment for staff, patients and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors.

The following are examples of unacceptable behaviour on Practice Premises or through social media or over the phone could lead to a patient being discharged from our practice. In some cases we may have to alert local authorities such as the local area team and the police:

- Violence
- Excessive noise, e.g. recurrent loud or intrusive conversation or shouting

- Threatening or abusive language involving swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors
- Taking alcohol or drugs on practice premises
- Drug dealing on practice premises
- Wilful damage to practice property
- Theft
- Threats or threatening behaviour

### **Patient Complaints**

#### **Practice Policy for Complaints**

In this practice we take complaints very seriously indeed and try to ensure that all our patients are pleased with their experience of our service. When patients complain, they are dealt with courteously and promptly so that the matter is resolved as quickly as possible. This procedure is based on these objectives.

Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and we respond to customers' concerns in a caring and sensitive way.

- The person responsible for dealing with any complaint about the service which is provided is Regional Manager.
- If a patient complains on the telephone or at the reception desk, we will listen to their complaint and try to resolve it immediately.
- if complaint can not be resolved over the phone or at reception desk we will ask you to make a written complaint that will be passed on to the Dentist or Practice Principal.
- If the Practice Principal is not available at the time, then the patient will be told when they will be able to talk to the dentist and arrangements will be made for this to happen. The member of staff will take brief details of the complaint and pass them on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to discuss the matter, arrangements will be made for someone else to deal with it.
- If the patient complains in writing the letter will be passed on immediately to the Practice Principal.

- If a complaint is about any aspect of clinical care or associated charges it will normally be referred to the dentist, unless the patient does not want this to happen.

We will acknowledge the patient's complaint in writing and enclose a copy of this code of practice as soon as possible, normally within three working days. We will seek to investigate the complaint within ten working days of receipt to give an explanation of the circumstances which led to the complaint. If the patient does not wish to meet us, then we will attempt to talk to them on the telephone. If we are unable to investigate the complaint within ten working days, we will notify the patient, giving reasons for the delay and a likely period within which the investigation will be completed. The patient will be sent an update on the on-going investigation every 10 days until it has been completed.

- We will confirm the decision about the complaint in writing immediately after completing our investigation.
- Proper and comprehensive records are kept of any complaint received.
- If patients are not satisfied with the result of our procedure then a complaint may be made to: The Dental Complaints Service (08456 120 540) for complaints about private treatment. The General Dental Council, 37 Wimpole Street, London, W1M 8DQ (the dentists' registration body)

**Policies in full version are available at Dr Alexandra Fivey and Associates at Benhill Dental Practice. Please contact a member or staff if you wish to see them or be sent a copy.**