

Thyme Dental

Health & Safety Policy

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Statement of Intent

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 the 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. The allocation of duties for safety matters and the arrangements that we will make to implement this 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.

Sally Harvey-Hendley is responsible with regards to 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 cooperate and accept their duties under this health and safety policy. Disciplinary action may be taken against any employee who fails to follow safety rules or carry out duties under this policy.

Legal and Regulatory Compliance

- Health and Safety at Work Act 1974 (HASAWA)

- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) 2002
- RIDDOR 2013 – Reporting of Injuries, Diseases and Dangerous Occurrences
- Ionising Radiation Regulations (IRR17 & IR(ME)R)

Responsibilities

Overall and final responsibility for health and safety matters within the practice lies with Sally Harvey-Hendley.

The following are responsible for safety areas:

- Infection control: {Infection Control Lead}
- Radiation safety: {Radiation Supervisor} &
- Mercury hygiene: Sally Harvey-Hendley
- Risk assessments: Sally Harvey-Hendley
- COSHH: Sally Harvey-Hendley
- Manual handling: Sally Harvey-Hendley
- Display screen equipment: Sally Harvey-Hendley
- Emergency Drugs: Sally Harvey-Hendley
- RIDDOR: Sally Harvey-Hendley
- Major incidents: Sally Harvey-Hendley
- Immunisation: Sally Harvey-Hendley
- Adult and Child Protection: {Safeguarding Lead}
- Safety training: Sally Harvey-Hendley
- Investigating accidents: Sally Harvey-Hendley
- Monitoring maintenance of equipment: Sally Harvey-Hendley

All employees have the responsibility to co-operate with supervisors and managers to achieve a healthy and safe workplace and to take reasonable care of themselves and others.

All accidents and hazardous incidents (such as spills of mercury and inoculation injuries) must be entered in the accident report book and reported to {First Aider 1}, 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 2013.

PUWER

The Provision and Use of Work Equipment Regulations 1998, often abbreviated to PUWER, place duties on people and companies who own, operate, or have control over work equipment. PUWER also places responsibilities on businesses and organisations whose employees use work equipment, whether they own it or not.

PUWER requires that equipment provided for use at work is:

- suitable for the intended use
- safe for use

- maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate
- Used only by people who have received adequate information, instruction and training accompanied by suitable health and safety measures, such as protective devices and controls.
 - These will typically include emergency stop devices, adequate means of isolation from sources of energy, clearly visible markings and warning devices used in accordance with specific requirements, for mobile work equipment and power presses.

For further information, please speak to Sally Harvey-Hendley. Additional guidance can be found on the HSE website at; <https://www.hse.gov.uk/work-equipment-machinery/power.htm>

Display Screen Equipment

Display screen equipment (DSE) includes computers, laptops, tablets and mobile phones.

A DSE user uses the above for a significant part of their job (daily, for continuous periods of an hour or more).

Employers must comply with the Health and Safety (Display Screen Equipment) Regulations 1992 if they have any DSE users. They must complete a DSE assessment, provide information and training and provide eyesight tests as required.

A footrest and wrist pad are provided if required by the user.

At this practice, the protocol to follow when requesting an eye test is as follows.

- Speak to the Practice Manager regarding booking an eye test; it is up to the practice how this is organised, and which Opticians can be accessed for the tests.
- Ensure the process for paying/being reimbursed for the eye test and any follow-up requirements is understood.
- Submit any receipts in a timely manner to the Practice Manager.

The practice will pay for glasses for DSE work if the test shows an employee needs special glasses prescribed for the distance the screen is viewed at. If an ordinary prescription is suitable, employers do not have to pay for glasses.

Workplace Environment

The practice is committed to providing a safe, clean and comfortable working environment for staff, patients and visitors.

Suitable arrangements will be maintained to ensure:

- Adequate lighting throughout the premises.
- Appropriate heating and ventilation.
- Clean and hygienic working conditions.
- Safe access to welfare facilities.

- Safe access and exit routes.
- Good housekeeping standards throughout the practice.

Staff are expected to help maintain a safe working environment by keeping work areas clean and tidy, reporting defects promptly and ensuring that walkways, exits and workspaces remain free from obstruction.

Any concerns relating to lighting, ventilation, temperature, water supply, building defects or other environmental conditions should be reported to the Practice Manager as soon as possible.

Regular inspections of the premises will be carried out to identify and address any issues that may affect the health, safety or welfare of staff, patients or visitors.

Electrical Safety

Sally Harvey-Hendley conducts regular visual inspections (12 monthly) on all portable electrical equipment at the practice. A portable electrical equipment test is carried out at least every 3 years, and the fixed electrical supply test (EICR) is carried out at least every 5 years. Records of these inspections and tests are maintained and kept in the Maintenance Matrix on the DCME portal.

A template for the visual inspection can be found on the DCME Compliance Portal: ***Compliance Suite>Practice logs & checklists>Additional Checklists>PAT test internal visual checklist.***

Portable Appliance Testing (PAT)

This procedure ensures the Practice meets its legal duty to keep electrical equipment safe and well-maintained, protecting staff and visitors from electric shock, burns and fire risks.

Electricity can cause serious injury or death

- Damaged or poorly maintained equipment can start fires
- Everyone has a role in keeping equipment safe.

Scope

This guidance applies to all portable electrical equipment used in the Practice, including:

- Equipment purchased through routine procurement
- Personal equipment used for business purposes
- Personal equipment used for personal reasons (requires prior approval).

Responsibilities

Managers

- Ensure all electrical equipment is inspected and maintained.
- Make sure staff are aware of electrical hazards and safety procedures

Staff

- Inform their manager of any electrical equipment brought into the Practice
- Perform a quick visual check before using any equipment.

Before First Use

All new equipment must be visually inspected before its first use, even if brand new.

Check for:

- Damage to the plug or power cable
- Correct fuse rating
- Cracks or defects in the casing
- Suitability for the environment

User Checks

Before each use, staff should carry out a simple visual check. No formal training is needed.

Look for:

- Damage to the plug or cable
- Signs of overheating
- Taped or loose joints
- Cracks or damage to the casing.

If any damage is found, do not use the equipment. These checks do not need to be recorded, but are essential for safety.

Testing Frequency

- No fixed legal schedule: frequency should be based on risk assessment:
 - Low-risk (e.g., offices): Every 2–3 years

Fire Safety

General fire safety within the practice is the responsibility of {Fire Marshall 1} & {Fire Marshall 2}.

All staff in the practice have been informed of the action to be taken in the event of a fire, the evacuation procedure, and the arrangements for calling the fire brigade. Escape routes must always be free from obstruction and adequately signposted. Fire alarms and smoke detectors are tested weekly. Fire extinguishers are inspected and serviced annually.

If a smoke detector or fire alarm sounds, staff members 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. Fire drills are conducted every 6-12 months, and records are kept.

Assistance should be requested from the team or others within the practice. There is a separate Fire Policy available.

Fire Extinguishers are visually inspected on a weekly basis and recorded.

A Fire Risk Assessment has been completed and will be reviewed on an annual basis.

Personal Protective Equipment (PPE)

Personal protective equipment is provided when 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

Sally Harvey-Hendley ensures 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 autoclave for the sterilisation of instruments
- Decontamination of equipment before 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 (except for patients) should be referred to the receptionist to ensure that they are made aware of the hazards present and what precautions might be required. They must also be made to sign a visitor's book on arrival and when leaving.

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 staff member mishandle, tamper with, or attempt to repair an autoclave. If an autoclave requires attention, it should be reported to Sally Harvey-Hendley who will arrange its repair. Autoclaves in the practice are serviced every year, and an annual inspection is carried out on all autoclaves according to the written scheme of examination.

Waste Disposal

All waste generated at the practice is segregated into hazardous, clinical, offensive and non-clinical waste for appropriate disposal. Waste is collected in appropriate containers and stored in a locked, secure place away from public access prior to collection.

Particular attention is paid to the safe disposal of sharps waste, and designated containers are provided for this purpose.

More information on clinical waste can be obtained from the DCME Infection Control Manual and practices should be familiar with HTM 0701.

COSHH (Control of Substances Hazardous to Health)

The law requires employers to control exposure to hazardous substances to prevent ill health (carry out a COSHH assessment). In dentistry, we come into contact with several substances that are hazardous.

These range from household bleach and acid-etch to oxygen and microorganisms. COSHH requires the use, handling, storage, disposal, and transportation of substances to be assessed.

COSHH is outlined in the following steps:

- Obtain the safety data sheets for all products and materials used in the practice, including cleaning products
- If the safety data sheet shows no hazardous properties, keeping the data sheet is sufficient
- If the safety data sheet does indicate the product is hazardous, a COSHH assessment should be completed.
- Consider the risks these substances present to people's health.
- Decide what precautions are needed.
- Ensure that the exposure of your employees to substances hazardous to health is either prevented, or where this is not reasonably practicable, adequately controlled.
- Ensure that control measures are properly used and maintained.
- Prepare an action plan and procedure for accidents and emergencies involving hazardous substances.
- Monitor exposure to hazardous substance/s if considered necessary.
- Ensure that the employees are under health surveillance where appropriate.
- Provide information, instruction and training for persons who may be exposed to substances hazardous to health.
- Record and review the assessment and set a date for the following review

To control substances hazardous to health

Contact your dental supplier/s to obtain the safety data sheets, which will identify any hazardous substances.

A substance is hazardous if:

- It is listed as 'very toxic', 'toxic', 'harmful', 'corrosive' or an 'irritant'
- There is an Occupational Exposure Limit (OEL) specified.
- It contains certain micro-organisms.
- It has substantial airborne concentrations (e.g., dust, vapour)

COSHH does not apply to the following hazardous substances:

- Asbestos and lead – separate regulations
- Biological agents outside the employer's control e.g., infection caught from a colleague.

Damage to health can occur through inhalation, contact, inoculation, and ingestion. Hazardous substances bought retail, such as Tippex, household bleach or cleaning materials, will have all the required information on the label. If the label doesn't say the product is hazardous, you don't need to include it in your assessment.

The main key categories of consumables in practice that require COSHH assessment are:

- Acid Etch
- Amalgam
- Aerosols
- Alginates
- Biological Agents
- Bleach
- Bond
- Disinfectants
- Ethyl Chloride
- Fix Adhesives
- Hydrogen Peroxide
- Latex
- Methyl Methacrylate
- X-ray Developer and Fixer (If applicable)

Blood and other infectious materials must be considered as part of COSHH.

The cleaner should be included in your COSHH training because they will encounter many substances in the surgery and should be aware of the potential risks. It is recommended that any COSHH assessment forms for cleaning products be kept in the cleaning cupboard so they can be quickly accessed in an emergency.

If you identify significant risks, then you should decide upon actions necessary to eliminate them or reduce them to a minimum acceptable level.

Precautions and Control Measures

Safety Data Sheets provided by suppliers should be used to identify the necessary precautions and ensure appropriate safety measures are built into practice protocols and procedures. The aim is to prevent exposure to substances hazardous to health, or, where prevention is not practicable, to ensure exposure is adequately controlled. The hierarchy of control measures must be applied in situations where prevention is not possible.

All control measures must be correctly used and maintained, including ventilation, safe storage and handling, and suitable personal protective equipment (e.g., eye and hand protection). Wherever possible, substitute hazardous substances with safer alternatives—for example, using glutaraldehyde-free disinfectants or replacing ethyl chloride spray with a less hazardous cold-spray.

Where substitution or removal is not reasonably practicable, every effort must be made to reduce risk to staff and patients. This includes providing training, ensuring adequate ventilation, and requiring protective clothing. Where necessary, exposure monitoring and health surveillance should be carried out (e.g., mercury testing).

Emergency procedures, including first aid and spillage response, must be documented within the COSHH assessment form to ensure quick access in the event of an incident. Any incident involving hazardous substances must also be recorded as a significant event.

Health Surveillance

Employees must undergo health surveillance where appropriate. Health surveillance is required when exposure to a hazardous substance could result in an identifiable disease or adverse health effect. For example, if an employee has a known allergy (such as a latex allergy), medical advice should be sought and appropriate records maintained.

Conditions should be assessed regularly. This may include monitoring X-ray exposure in pregnant staff using a dosimeter or conducting mercury testing for all staff. Records of all health surveillance must be retained for 40 years. Immunisation may also be used as a form of health surveillance where relevant.

Provide information, instruction and training for persons who may be exposed to substances hazardous to health.

Ensure that your employees are adequately informed, trained and supervised. The information provided should include:

- The substances in use, which could cause a significant risk to health, require access to safety data sheets.
- The risks arising from use.
- The precautions (control measures) which must be taken to reduce the risk of exposure, including personal protective equipment use
- Emergency procedures
- The results of any exposure monitoring and/or practice health surveillance

Information, training, and instruction should be updated and adapted to consider any significant changes in the type of work, work methods or substances used.

Record and review the assessments and set a date for the following review. This should be done as new products arrive at the practice or at maximum 12 monthly.

The practice is not required to sign every COSHH assessment upon review; a front cover “review” sheet, made up of a basic table, can be used to evidence reviews and updates of the COSHH assessments.

Further guidance and details are available from:

- Control of Substances Hazardous to Health Regulations 2002
- COSHH a brief guide to the regulations – HSE, INDG136 (rev 5)
- The Control of Lead at Work Regulations 2002
- The Ionising Radiations Regulations 2017 (IRR17)
- The Ionising Radiation (Medical Exposure) Regulations 2017 (IR (ME)R17)

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

Who should report an incident?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), places a legal duty on all employers, employees, and self-employed staff.

The easiest way to do this is by completing the online form via:

[Make a RIDDOR report - Overview - HSE](#)

Alternatively, call the Incident Contact Centre (ICC) on 0345 300 99 23.

This should only be used for reporting fatalities/specified incidents.

You will be sent a copy of the information recorded, and you will be able to correct any errors or omissions. Copies of submitted RIDDOR forms are sent to the employer/duty holder regardless of who has submitted the report. You will be able to request amendments to the record if you feel the report is not correct.

Why should I report?

Reporting accidents and ill health at work is a legal requirement. The information enables the Health and Safety Executive (HSE) and local authorities to identify where and how risks arise, and to investigate serious accidents. They can then help you and provide advice on how to reduce injury and ill health in your workplace.

For most businesses, a reportable accident, dangerous occurrence, or case of disease is a comparatively rare event. However, if it does happen, please let the relevant bodies know.

What must I report?

As an employer, a self-employed person, or someone in control of work premises, you have legal duties under RIDDOR that require you to report and record some work-related accidents by the quickest means possible.

You must report:

- The death of any person
- Specified injuries to workers, which includes:
 - Fractures (not including fingers or toes)
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injuries to the head or torso, causing damage to the brain or other internal organs
 - Severe burns (including scalding) which:
 - Covers more than 10% of the body
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - Requires resuscitation or admittance to hospital for more than 24 hours.
- Over 7-day incapacitation of a worker
- Non-fatal accidents requiring hospital treatments for non-workers
- Occupational diseases such as:

- Carpal tunnel syndrome
- Occupational dermatitis
- Hand-arm vibration syndrome
- Any occupational cancer
- Dangerous occurrences such as:
 - The accidental release of any substance which could cause harm to a person
- Gas incidents

Accidents causing incapacitation of over 3 days should be recorded but not reported.

Further information regarding what is a reportable incident can be found at:

[Reportable incidents - HSE](#)

When do I need to make a report?

In cases of death, major injury, or dangerous occurrences, you must notify the enforcing authority without delay. For accidents resulting in the over-seven-day incapacitation of a worker, you must notify the enforcing authority within 15 days of the incident, using the appropriate online form.

Cases of disease should be reported as soon as a doctor notifies you that your employee suffers from a reportable work-related disease.

What records do I need to keep?

You must keep a record of any reportable injury, disease, or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the event or disease.

Risk is defined as the possibility that an event could occur that could adversely affect the achievement of a successful outcome.

While it's impossible to eliminate the inherent risks of providing dental treatment, it is in everyone's best interests that dental professionals carry out effective risk management to identify, prioritise and manage all significant threats to patient safety.

At the same time, adverse incidents should be investigated to see what lessons can be learned in order to improve the quality and safety of patient care.

The purpose of this policy is to ensure that risks to Thyme Dental are understood and managed so that they are maintained.

The practice is committed to ensuring the safety of its patients, team members, contractors and other visitors. We aim to ensure that the premises is fit for purpose at all times. Risk assessments are only ever performed by trained and competent team members or external experts.

Latex Policy

This practice has a policy of using latex-free gloves and products wherever possible, to minimise exposure to natural latex rubber (NRL) for both patients and staff, recognising that allergies may be

known or unknown. Where latex-free alternatives are not available, this policy must be implemented in conjunction with the risk assessment provided at the end of this document.

Natural latex rubber contains proteins that may trigger allergic reactions. These reactions range from mild (e.g., skin rashes, hay-fever-like symptoms, asthma) to severe, including anaphylaxis, which can be life-threatening. Latex allergy is therefore a concern for both staff (through occupational exposure) and patients (through clinical treatment).

The purpose of this protocol is to define staff responsibilities in managing NRL risks and to ensure clinicians appropriately manage NRL-sensitive patients in their care. A template risk assessment for latex is available on the DCME portal.

Types of Allergy

Type IV (delayed reaction): Occurs 6–48 hours after exposure. Symptoms include a red, itchy, scaly rash, often localised to the wrists or forearms, but may spread.

Type I (immediate reaction): Rapid onset and potentially life-threatening. Symptoms include urticaria (hives), hay-fever-like symptoms, asthma, and, in severe cases, anaphylaxis.

Prevention of Allergies in Staff

All new staff will receive instruction on the risks of NRL gloves.

The provision of NRL gloves will be subject to a specific risk assessment, considering their necessity, alternatives available, and justification for use.

Latex-free gloves will be supplied wherever possible.

Management of Allergies in Staff

Refer staff for medical review if symptoms suggest NRL allergy.

If NRL sensitivity is suspected, remove exposure immediately.

Replace NRL gloves with suitable alternatives and ensure colleagues do not use powdered NRL gloves in the same environment.

Consider a Medic-Alert bracelet for affected staff.

Where prescribed, staff may carry self-administered adrenaline; colleagues must be trained to assist if required.

For Type IV allergy, provide non-chemical gloves.

Prevention of Allergies in Patients

Before using NRL gloves, staff should ask whether patients:

- Have ever reacted to balloons, condoms, household gloves, or medical/dental procedures.
- Have food allergies (e.g., banana, kiwi, avocado, chestnut).
- Have experienced hives, asthma, or hay fever related to NRL exposure.

If NRL allergy is suspected, refer the patient to a dermatologist.

If confirmed:

- Advise the use of a Medic-Alert bracelet.
- Record the allergy clearly in patient notes and in any referrals to secondary care.
- Use synthetic gloves for treatment where suitable.

Management of Allergies in Patients

Ensure latex-free emergency equipment is available for treating anaphylaxis.

Staff must be trained in resuscitation procedures.

Type I allergy: avoidance is the only effective management. Diagnosis is usually based on clinical history, specific blood testing, or skin-prick/glove challenge testing.

Type IV allergy: diagnosis is confirmed by standard patch testing.

Contacts and Resources

Health and Safety Executive – www.hse.gov.uk/skin/employ/latex.htm

Latex Allergy Support Group – Tel: 07734 176426, www.lasg.org.uk

National Patient Safety Agency – www.npsa.nhs.uk

Rubber Dam

All dentists working at Thyme Dental must adhere to the quality guidelines for endodontic treatment, consensus report of the European Society of Endodontology which states:

Isolation of tooth or teeth

Root canal treatment procedures should be carried out only when the tooth is isolated by rubber dam to:

- prevent salivary and bacterial contamination.
- prevent inhalation and ingestion of root canal instruments.
- prevent irrigating solutions escaping into the oral cavity.

If dentists do not follow these guidelines when carrying out root canal treatment and a patient swallows or inhales a root canal instrument or irritant such as bleach, then the dentist is in an indefensible position from a medico-legal point of view.

In the event of a complaint being reported to the General Dental Council, this could bring into question a dentist's fitness to practice. This could ultimately lead to erasure from the dentist's register.

In the rare event of not being able to place a rubber dam, the dentist must use other methods to prevent accidents, such as inhalation or ingestion of root canal instruments and irrigating solutions, from occurring. This could include tying a length of dental floss to the handle of the root canal file or attaching the file to a 'parachute' chain device if carrying out hand instrumentation and the use of high-volume suction to prevent ingestion of irrigating solutions.

The dentist should also indicate in the treatment record when a rubber dam has been placed, of course. The reasons why a rubber dam cannot be placed and the alternative methods of protecting the airway must be recorded in the treatment record.

Mercury

Mercury vaporises at room temperature and can be absorbed into the body through inhalation, absorption or contact with the skin. The surgery must be well-ventilated and protective gloves worn to reduce skin contact. Mercury spillages must be cleaned up immediately.

All practices using materials containing mercury (including those using encapsulated amalgam) must have a mercury spillage kit.

Waste amalgam and waste mercury are stored in special containers, collected by the waste management provider. Waste amalgam must never be sent through the post.

The use of encapsulated amalgam provides a consistent quality of amalgam. Never eat or drink in a room where mercury is handled. Avoid inhaling the air escaping from the autoclave when opening after a sterilising cycle. Waste amalgam must be stored in the containers provided in each surgery.

Use of Amalgam

In 2013, the Minamata Convention was agreed by the United Nations which aims to reduce pollution from mercury, this includes from the use of dental amalgam.

The 2017 EU Regulations on mercury are now UK Law. These regulations were introduced because of the Minamata Convention.

They state that dental amalgam must now be used in encapsulated form and include restrictions on when amalgam should not be used.

Amalgam must not be placed on:

- deciduous teeth of patients under 15 years old
- on pregnant or breastfeeding mothers,

Alternatives should be used except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.

Amalgam Separators

Dental practices must have amalgam separators, and these must retain 95% of amalgam particles.

Practices that have centrally fitted amalgam separators must be able to evidence that wastewater from all chairs is going through the separator.

Amalgam separators must be maintained as per the manufacturer's instructions to ensure that they are retaining as much amalgam as possible.

Pregnant Team Members and Mercury

The risks involved today in dentistry concerning pregnant team members are very low. This is due to the reduced usage of amalgam in patients since the EU Regulation changes in 2018, and the use

of only encapsulated Amalgam when used. It is still recommended that a pregnancy risk assessment be undertaken, which includes assessing the safety of use around encapsulated amalgam.

Safe removal of Amalgam

Safety measures should be taken to mitigate mercury exposures to dentists, dental professionals, dental students, and other staff members, as well as patients, during removal of amalgam fillings.

Based on up-to-date science, the IAOMT has developed rigorous recommendations for amalgam removal known as [the Safe Mercury Amalgam Removal Technique \(SMART\)](#). The recommendations build upon traditional safe amalgam removal techniques such as the use of masks, water irrigation, and high-volume suction by supplementing these conventional strategies with several additional protective measures. Specific aspects of SMART address occupational risks for dentists and other dental staff members related to the use of dental amalgam mercury.

This guidance was developed in America but is widely being used as best practice in the UK.

Mercury spillage

Mercury spillage is very unlikely when using capsulated amalgam. Spillage can occur when a capsule fails. The platform directly below the arm on the mixing machine that holds the capsule should be examined each day for any microspillage of tiny drops of mercury.

If you are clearing up a mercury spillage:

- Never vacuum mercury.
- Wear protective gloves.
- If spillage is into equipment, unplug it immediately, cover it with a leak-proof container (e.g., plastic bag), seal it and place it in a cardboard box and label it very clearly – ‘Danger – loose mercury’
- For small spillages on surfaces, scoop or brush it together, aspirate the mercury into a bulb syringe and dispense it into bottles under liquid using the mercury spillage kit. Seal the bottle and label ‘Danger – mercury for disposal.’ If necessary, while you are getting these items, cover the spillage to prevent evaporation (e.g., with a towel)
- For large spillages on surfaces, cover the area with a neutralising agent, such as flowers of sulphur or a paste of calcium-hydrochloride with sulphur and water, then scoop into sealable containers and label ‘Danger – mercury for disposal.’ Make sure the room is well ventilated afterwards and wash the surface thoroughly with warm water, then dry it.
- Inform the Practice Manager, record the spillage and make an entry into the accident book.

Manual Handling

Where there is a significant risk of injury, manual handling operations should be avoided. Where it is impossible to avoid manual handling, apply the following advice.

- Think before lifting the item. Seek help if you think it will be needed. If possible, use a handling aid (e.g., trolley).
- Start in a stable position with your feet apart and one leg slightly forward to maintain balance (alongside the load if it is on the ground). Be prepared to move your feet during the

lift to maintain stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.

- Start in a good posture. Grab the item firmly and securely and slide it towards the body before attempting to lift. At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).
- Keep the load close to the waist. Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body.
- Don't flex the back any further while lifting. This can happen if the legs begin to straighten before starting to raise the load.
- Avoid twisting the back or leaning sideways, especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.
- Keep your head up when handling and move smoothly. The load should not be jerked or snatched, as this can make it harder to keep control and can increase the risk of injury.
- Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.
- Put the item down then adjust its position by sliding

Slips, Trips and Falls

The practice is committed to reducing the risk of slips, trips and falls for staff, patients, contractors and visitors.

Common causes include:

- Wet floors following cleaning procedures.
- Spillages of water, disinfectants or other liquids.
- Trailing cables.
- Damaged flooring.
- Poor lighting.
- Obstructed walkways.
- Uneven external surfaces.

Control measures include:

- Keeping walkways and fire exits free from obstruction.
- Cleaning spillages immediately.
- Using warning signs when floors are wet.
- Ensuring adequate lighting throughout the premises.
- Maintaining flooring in a safe condition.
- Keeping cables secured and away from walkways.
- Ensuring suitable footwear is worn by staff.
- Reporting hazards immediately to the Practice Manager.

All slip, trip and fall incidents must be recorded in the accident book and investigated where appropriate.

Working at Height

Working at height remains one of the biggest causes of fatalities and major injuries. Common cases include falls from ladders and using improvised equipment i.e., chairs, stools etc.

'Work at height' means work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury (for example over stretching). It should be noted that working from height should only be executed by a contractor or work person who supplies their own stepladders/ladders or equipment, and they are solely responsible for the serviceability of their own work equipment.

Employers are responsible for the Health, Safety and Welfare at work of all their workers. They also have responsibility for the Health and Safety of any contractors or self-employed people doing work for them.

Arrangements

When deciding if it is safe to carry out a particular task on a stepladder or even a "kick step" where you cannot maintain a handhold (e.g., to put a box on or off a shelf), the Practice Manager needs to take into account:

- A visual inspection of the ladder should be completed before any task is undertaken (e.g., the height of the task).
- Whether a handhold is still available to steady yourself before and after the task.
- Whether it is light work.
- Whether it avoids side loading.
- Whether it avoids overreaching.
- On clean, solid surfaces. These need to be clean and free of loose material so the feet of the stepladder can have ample grip. Care should be taken though that some floor surfaces can still be slippery even without any contamination.

Monitoring

Practice Manager and those in control of any work at height activity must make sure work is properly planned, supervised and carried out by competent people. (Contractors, decorators, service engineers etc). This includes using the right type of equipment for working at height. Low-risk, relatively straightforward tasks will require less effort when it comes to planning. Practice Managers and those in control must first assess the risks.

Take a sensible, pragmatic approach when considering precautions for working at height. Factors to weigh up include the height of the task, the duration and frequency, and the condition of the surface being worked on. There will also be certain low-risk situations where common sense says no particular precautions are necessary.

Control Measures

Where two hands need to be free for a brief period for light work, keep two feet on the same step and the body (knees or chest) supported by the stepladder to maintain three points of contact. Make sure a safe handhold is available.

For tasks of low risk and short duration, ladders and stepladders can be a sensible and practical option. If your risk assessment determines it is correct to use a ladder, you should further MINIMISE the risk by making sure workers:

- Ensure a full and in-depth Risk Assessment is carried out, and only trained personnel carry out the task/Job and competent personnel.
- Use the right type of ladder for the job.
- Are competent (you can provide adequate training and/or supervision to help).
- Use the equipment provided safely and follows a safe system of work, employees and members of the public are made aware of the work being carried out, to make sure that the “worker” is not toppled over with anyone walking into the ladders.
- We are fully aware of the risks and measures to help control them.

Home Working

Where employees are authorised to work from home, the practice remains committed to ensuring their health, safety and wellbeing so far as is reasonably practicable.

Home working arrangements should be discussed and agreed with the Practice Manager. Staff working from home are responsible for ensuring that their workspace is suitable, safe and free from unnecessary hazards.

Employees should:

- Maintain a safe and tidy working environment.
- Ensure adequate lighting, ventilation and workspace.
- Use display screen equipment (DSE) in accordance with the Display Screen Equipment section of this policy.
- Take regular breaks from screen-based work.
- Report any work-related accidents, injuries or health concerns to the Practice Manager.
- Ensure confidential information and patient data are protected in accordance with the practice's Information Governance and Data Protection policies.

The practice may request that a home-working risk assessment is completed where home working forms a regular part of an employee's role.

Any equipment provided by the practice for home working must be used in accordance with the manufacturer's instructions and reported if damaged or defective.

Lone Working

The practice recognises that some employees may occasionally work alone, for example when opening or closing the premises, undertaking administrative duties outside normal working hours, or carrying out tasks in isolated areas of the practice.

The practice will take reasonable steps to ensure the safety of employees who work alone.

Employees who are lone working should:

- Ensure they are familiar with emergency procedures.
- Keep access doors secure where appropriate.
- Maintain communication with colleagues where possible.
- Report any concerns regarding personal safety to the Practice Manager.

- Avoid undertaking tasks that may place them at increased risk without appropriate support or assistance.
- Seek assistance if dealing with situations involving aggressive, threatening or abusive behaviour.

Where lone working arrangements are identified as presenting a significant risk, a risk assessment will be completed, and appropriate control measures implemented.

All accidents, incidents or near misses occurring during lone working must be reported in accordance with practice procedures.

New Equipment

It is the responsibility of Sally Harvey-Hendley to select and purchase appropriate equipment when required.

We will ensure that:

- Equipment bears appropriate CE marking where necessary.
- Where possible, single-use items are introduced as an alternative to reusable items (for example, 3 in 1 tips).
- Where possible, equipment can withstand automated cleaning processes, such as ultrasonic and autoclave cleaning; otherwise, that the recommended decontamination processes can be carried out within the practice.
- Where the manufacturer recommends specific cleaning agents, that these are adequately covered by our COSHH procedures and are compatible with other instruments already in use and with ultrasonic baths, autoclaves etc.
- When selecting new hand instruments, we avoid serrated handles and hinge mechanisms that are difficult to clean and that where instruments need to be dismantled before cleaning, the manufacturer supplies instructions on how this is to be done.
- In the case of the dental chair and work surface coverings, that these can be regularly decontaminated without deterioration.
- Where relevant, the new equipment is compatible with existing equipment.
- The equipment is easy to use and maintain.
- When routine maintenance is required for a device, that this is added to the Service & Maintenance Schedule.
- Wherever possible, electrical devices for use in the surgery have foot controls.
- Where a device has a limited life cycle specified by the manufacturer, this is identified and added to the Service & Maintenance Schedule (e.g., the defibrillator power pack).
- Where training is required, this will be provided by the supplier or manufacturer where it cannot be satisfactorily carried out within the practice.
- That commissioning and validation requirements, where necessary, are complied with (e.g. new x-ray equipment - refer to Radiography Risk Assessment).
- Where specialist repair, servicing and testing is required, that response times are acceptable.

Records of equipment purchased (in the form of invoices, delivery notes and other purchase documents) are kept in the office. These records should be retained for a minimum of 6 years in accordance with the Limitation Act 1980.

Sally Harvey-Hendley must review the instructions that accompany new equipment, ensure that important matters are drawn to the attention of the team members who will be using the

equipment, ensure that training is provided (if necessary) and that, where appropriate, the equipment is installed by suitably qualified persons.

Lithium-Ion Batteries

The practice recognises the increasing use of lithium-ion batteries within laptops, tablets, cordless dental equipment, mobile phones and other rechargeable devices.

To reduce the risk of fire:

- Only manufacturer-approved chargers should be used.
- Devices should not be charged on escape routes.
- Charging should take place away from combustible materials.
- Damaged, swollen or overheating batteries must be removed from use immediately.
- Staff must report any battery concerns to the Practice Manager.
- Batteries must be disposed of using approved recycling arrangements and never placed in general waste.

Where possible, rechargeable devices should not be left charging unattended overnight.

The Dangerous Substances and Explosive Atmosphere Regulations 2002 (DSEAR)

The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) require employers to control the risks to safety from fire, explosions and substances corrosive to metals.

Dangerous substances can put people's safety at risk from fire, explosion, and metal corrosion. DSEAR imposes duties on employers and the self-employed to protect people from these risks to their safety in the workplace and on members of the public who may be put at risk by work activity.

What are dangerous substances?

Dangerous substances are any substances used or present at work that could, if not properly controlled, cause harm to people due to a fire or explosion or corrosion of metal. They can be found in nearly all workplaces and include such things as solvents, paints, varnishes, flammable gases, such as liquid petroleum gas (LPG), dusts from machining and sanding operations, dusts from foodstuffs, pressurised gases and substances corrosive to metal.

What does DSEAR require?

Employers must:

- Find out what dangerous substances are in their workplace and what the risks are
- Put control measures in place to either remove those risks or, where this is not possible, control them
- Put controls in place to reduce the effects of any incidents involving dangerous substances
- prepare plans and procedures to deal with accidents, incidents and emergencies involving dangerous substances
- Make sure employees are properly informed about and trained to control or deal with the risks from the dangerous substances

- Identify and classify areas of the workplace where explosive atmospheres may occur and avoid ignition sources (from unprotected equipment, for example) in those areas

DSEAR in dental practices covers the following activities:

- storage and use of flammable liquid-based paints and inks;
- storage and use of oxygen;
- handling and storage of flammable waste solvents;
- use of flammable solvents in laboratories;

We complete a DSEAR risk assessment and review it annually to identify and mitigate associated risks.

A copy of this risk assessment can be found on our compliance portal- **Compliance Suite>Risk Assessments>Additional Risk Assessments>DSEAR Risk Assessment**.

Asbestos

Asbestos, when left alone, is relatively low-risk. However, if damaged or disturbed, it can become a serious danger to health.

Under the Control of Asbestos Regulations 2012, any owner (or those responsible for the maintenance) of a non-domestic building has a responsibility to:

- Find out if there is asbestos present (buildings built after 2000 are unlikely to have any asbestos present)
- Keep a log of any locations where asbestos is present
- Have a plan for how these areas will be managed
- Ensure that anyone working in areas containing asbestos is aware.

It is vital that if any premises contain asbestos, the registered Manager shares the information with the rest of the team.

As long as the asbestos is not damaged or located somewhere where it can be easily damaged, it won't be a risk to you.

Lasers

Lasers used in dentistry present risks including eye and skin injury, fire and the generation of hazardous plumes. The practice takes its obligations seriously under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Control of Artificial Optical Radiation at Work Regulations 2010 (AOR Regulations), and will ensure that all laser equipment is used safely and in accordance with current MHRA guidance and BS EN 60825-1.

Roles and Responsibilities

A **Laser Protection Adviser (LPA)** will be appointed. The LPA is an external expert who provides independent advice on all matters relating to laser safety, including assessment of the practice

environment, review of local rules, and guidance on appropriate protective measures.

A **Laser Protection Supervisor (LPS)** will be appointed from within the practice. The LPS is responsible for the day-to-day supervision of laser use, ensuring that local rules are followed, that appropriate PPE is available and used, and that any incidents or concerns are reported promptly.

Only staff who have received appropriate training and have been assessed as competent may operate laser equipment. A record of all trained operators will be maintained.

Personal Protective Equipment

Appropriate laser safety eyewear must be worn by the operator, assisting staff and the patient during all laser procedures. Eyewear must be matched to the specific wavelength and optical density required for the laser in use – general safety glasses are not sufficient. The LPA will advise on the correct specification. Eyewear will be inspected regularly and replaced if damaged.

Appropriate masks (ideally high-filtration surgical or laser-specific masks) must be worn during procedures that generate a laser plume, to reduce the risk of inhalation of potentially hazardous particles and biological material.

Training and Competency

All staff authorised to operate laser equipment must receive training before first use and at appropriate intervals thereafter. Training will cover the safe operation of the specific device, the risks associated with laser use, PPE requirements, emergency procedures and the contents of the Local Rules. Records of training will be maintained.

Maintenance and Servicing

Laser equipment will be maintained and serviced in accordance with the manufacturer's instructions. A log of all servicing, repairs and safety checks will be kept. Any fault, damage or unexpected behaviour must be reported to the LPS immediately and the device taken out of use until assessed as safe.

Incidents

Any laser-related incident – including near-misses, eye or skin exposure, or fire – must be reported immediately to the LPS and Practice Manager, recorded in the accident book and investigated. Where appropriate, the incident will be reported under RIDDOR and to the MHRA via the Yellow Card/device adverse incident reporting scheme. Serious incidents will also be reviewed as a significant event.

Document Control

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Change History				
Version	Status	Date	Author / Editor	Details of Change (Brief detailed summary of all updates/changes)
0.1	Draft	18/04/22	PG	Original document created
0.2	Draft	25/07/22	PG	Updated and finalised
0.3	Final	11/11/22	PG	Final draft
0.4	Final	20/07/23	HD/PG	Final review before launch
0.5	Final	02.11.23	HD	Expanded information on Mercury, including the Minamata Convention and EU Regulations.
0.6	Final	13.09.24	PG	Removed Risk Management section as singular policy available, added DSEAR information. Expanded information on COSHH assessments.
0.7	Final	SEPT 25	PG	Removed the yellow card scheme as this is covered in the MHRA Policy. Added legal and regulatory compliance. Updated

				external links. Reformatted some sections for easier reading.
0.8	Final	June 2026	DCME	Added section for slips trips and falls, ION Battery safety, Working environment, lone working, home working & Workplace Ventilation. Updated laser section.

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