

DENTAL PRACTITIONER CONTROLLED DRUGS DECLARATION AND SELF-ASSESSMENT

DECLARATIONS:

All Dentists:

I declare that to the best of my knowledge and belief, the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations

Practitioners who use IV sedation:

I declare that I comply with recommended best practice with regard to the use of IV sedation as described in the document "*Conscious Sedation in The Provision of Dental Care*" This document can be accessed through www.advisorybodies.doh.gov.uk/sdac/conscious_sedationdec03.PDF

Practitioner First & Last Name (Please print)	Signature	Practice Address	DS Number	GDC Number	Date

ALL QUESTIONS MUST BE ANSWERED

A copy of this form must be completed by each dental practitioner

1. Type of Primary Dental Care Service provided		
Health Service Dentistry	Y/N	
Private Dentistry	Y/N	
2. Drugs used in normal practice (not IV conscious sedation)		Details/Other comments
2.1 What Controlled Drugs do you hold in your practice? <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Temazepam (any strength) Diazepam (any strength) Midazolam for emergency use Midazolam for conscious sedation Others (please state) </div> <div style="width: 15%;"> Y/N Y/N Y/N Y/N Y/N </div> </div>		
2.2 Do you comply with recommended best practice and ensure that you only use the low strength Midazolam (1mg/ml in 2ml or 5ml ampoules) for emergency use?	Y/N	
3. Procedures		Details/Other comments
3.1 Do you have written standard operating procedures (SOPs) or policies covering the complete area of handling and management of controlled drugs (CDs) appropriate to the activities carried out within your practice, and as required by the Accountable Officer regulations?, i.e.		
<ul style="list-style-type: none"> • Access to Controlled Drugs 	Y/N	

<ul style="list-style-type: none"> • Storage • Security • Disposal and destruction • Who should be alerted if complications arise • Record keeping 	Y/N	
<p>3.2 Do you have in place a local procedure for identifying, dealing with and learning from adverse incidents involving controlled drugs?</p>	Y/N	
<p>3.3 Do you have appropriate procedures for the initial and continuing training and development of all staff who are involved in the prescribing, handling, supply, storage, administration and disposal of Controlled Drugs?</p>	Y/N	
<p>3.4 Do you carry out regular stock checks on all strengths of controlled drugs that you stock? e.g. expiry dates</p>	Y/N	
<p>3.5 Do you have a prescription security protocol in place?</p>	Y/N	
<p>4. Complaints/Concerns/Incidents regarding prescribing, supply and/or administration of Controlled Drugs</p>		Details/Other comments
<p>4.1 Have there been any patient or carer complaints* involving Controlled Drugs within the last two years?</p>	Y/N	
<p>4.2 Do you have any concerns about particular patients' or practitioners' use of CDs?</p>	Y/N	

<p>4.3 Have you identified any discrepancies in relation to CD stocks in the last 2 years?</p>	Y/N	
<p>4.4 Have there been any adverse incidents involving CDs within the last 2 years?</p>	Y/N	
<p>5. Conscious Sedation Service (IV only)</p>		Details/Other comments
<p>5.1 Do you provide a conscious sedation service? <i>If No go to Question 6</i> <i>If Yes please answer the remainder of the questions in section 5</i></p>	Y/N	
<p>5.2 Do you have an organisational policy that covers sedation and is overall responsibility assigned to a senior clinician, which in most cases will be the practice principal?</p>	Y/N	
<p>5.3 Do you review therapeutic protocols to ensure that guidance on use of midazolam is clear and the risks, particularly for the elderly or frail, are fully assessed?</p>	Y/N	
<p>5.4 Do you have the necessary knowledge, skills and competencies required when involved directly or when participating in sedation techniques?</p>	Y/N	
<p>5.5 Does your assistant/nurse have recognized training and experience in IV sedation?</p>	Y/N	
<p>5.6 Do you comply with recommended best practice and ensure that you only use the low strength Midazolam (1mg/ml in 2ml or 5ml ampoules)?</p>	Y/N	

<p>5.7 Have you ensured that stocks of flumazenil are available where midazolam is used and that the use of flumazenil is regularly audited as a marker of excessive dosing of midazolam?</p>	Y/N	
<p>5.8 Are there any special factors which influence your use of Midazolam? i.e. related to your area of clinical expertise or post graduate training</p>	Y/N	
<p>5.9 Where do you obtain your supplies of IV Midazolam? Please include name and address of supplier</p>		
<p>5.10 Do you record stock received and used?</p>	Y/N	
<p>5.11 Do you carry out regular stock checks on all medication that you use for IV conscious sedation? e.g. expiry dates</p>	Y/N	
<p>5.12 I have undertaken an evaluation into the practice compliance with the Rapid Response Report on midazolam issued to you in 2009 (Summary attached), and that the outcome includes</p> <ul style="list-style-type: none"> • Checking staff and patient awareness • Audit of procedures in practice i.e. check of clinical areas relating to storage and use of low strength Midazolam is available • Review of incidents where the safe system has not operated 	Y/N	
<p>5.13 Have you participated in a peer review/clinical audit relating to IV conscious sedation in the past?</p> <p>If yes, please provide details including method, date and outcome.</p>	Y/N	

<p>5.14 What peer review/clinical audit activities have you planned for the future in relation to IV conscious sedation? (<i>It is recommended that if you carry out conscious sedation you should take part in a clinical audit/peer review relating to this subject</i>)</p>		
<p>6. Private Prescribing</p>		<p>Details/Other comments</p>
<p>Do you use private prescriptions to prescribe CDs? If yes, do you use PCD1 forms?</p>	<p>Y/N Y/N</p>	
<p>*This includes complaints about prescribing inappropriate doses and/or appropriate medicines.</p>		