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Laser in Dentistry Inspection Checklist- Final

| Name of the Facility: | | | |
|-----------------------|---|---|--|
| Date of Inspection: | / | / | |

| Ref. | Description | Yes | No | N/A | Remarks |
|---------|--|-----|----|-----|---------|
| 6 | STANDARD TWO: HEALTH FACILITY REQUIREMENTS | | | | |
| 6.3. | The treatment room(s) providing laser service shall have a | | | | |
| 0.3. | minimum floor area of twelve (12) square meters. | | | | |
| | The treatment room(s) providing laser service shall | | | | |
| 6.4. | demonstrate physical barriers for safety, like laser controlled | | | | |
| | areas and limited access. | | | | |
| | The entrance to the NHZ must be marked with an appropriate | | | | |
| | laser safety sign labelled as "Warning" Appendix 2. The sign is | | | | |
| 6.6. | normally provided by the manufacturer and also indicates the | | | | |
| | laser classification, wavelength, maximum power and required | | | | |
| | Optical Density (OD). | | | | |
| | If the treatment room(s) providing laser service has an | | | | |
| 6.7. | observation panel, it shall require appropriate window dressing | | | | |
| | with non-reflective and non-transparent material. | | | | |
| 6.8. | Doors and windows should be either supervised or operated by | | | | |
| 0.8. | remote interlocks during the laser procedures. | | | | |
| | Door swing should be oriented to ensure patient privacy. If more | | | | |
| 6.9. | than one door opens into the dental clinic providing laser | | | | |
| 0.9. | services, it should be placed to ensure it does not compromise | | | | |
| | the privacy of the patient. | | | | |
| 6.10. | The following protective measures shall be taken in a treatment | | | | |
| 0.10. | room(s) providing laser dental service: | | | | |
| 6.10.2. | The walls of the room should be painted with a matt colored | | | | |
| 0.10.2. | paint. | | | | |
| 6.10.3. | Avoid having reflective/metallic surfaces or mirrors in the room | | | | |

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| ٠ | Information security code: | Open | ☐ Shared-Confidential | ☐ Shared-Sensitive | ☐ Shared-Secret |

| | where laser service is provided, if not, ensure that | | | |
|----------------------|--|-------|--|--|
| | reflective/metallic surfaces or mirrors are covered when | | | |
| | providing laser services. | | | |
| 6.10.4. | The light used in the room must be non-reflecting. | | | |
| 6105 | Windows shall be kept closed and curtain used shall be made of | | | |
| 6.10.5. | non-reflecting materials. | | | |
| 6.10.6 | Treatment couch shall be white colour or covered with white | | | |
| 6.10.6. | sheet. | | | |
| 6.10.8. | Instruments used should be Carbonized or non-reflective. | | | |
| | The treatment room shall have provision for room suction units | | | |
| | with in-line filters to collect particulate matter to reduce the | | | |
| 6.11. | plume debris and dedicated mechanical smoke exhaust systems | | | |
| | with a high efficiency filter to remove substantial amounts of | | | |
| | laser-plume particles. | | | |
| | The dental clinic shall retain a contract for maintenance of the | | | |
| 7.7. | laser equipment with the manufacturing company or authorized | | | |
| | dealer or agent. | | | |
| 8 | STANDARD FOUR: HEALTHCARE PROFESSIONAL REQUIREM | IENTS | | |
| | | | | |
| 9.10 | The LSO training should be documented for audit purpose and | | | |
| 8.10. | The LSO training should be documented for audit purpose and should be current and updated. | | | |
| | - | | | |
| 8.10. 8.12.17. | should be current and updated. | | | |
| 8.12.17. | should be current and updated. Maintain the following Policies to related to Laser use, but not | | | |
| | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: | | | |
| 8.12.17. a. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical | | | |
| 8.12.17. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. | | | |
| 8.12.17. a. b. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. Informed Consent in accordance to DHA Informed Consent | | | |
| 8.12.17. a. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. Informed Consent in accordance to DHA Informed Consent Policy (for Sample refer to Appendix 3). | | | |
| 8.12.17. a. b. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. Informed Consent in accordance to DHA Informed Consent Policy (for Sample refer to Appendix 3). Incident Reporting Policy/Adverse effects reporting system, to | | | |
| 8.12.17. a. b. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. Informed Consent in accordance to DHA Informed Consent Policy (for Sample refer to Appendix 3). Incident Reporting Policy/Adverse effects reporting system, to record any accidents during laser use. | | | |
| 8.12.17. a. b. | should be current and updated. Maintain the following Policies to related to Laser use, but not limited to: Clinical Privileging Policy in accordance to DHA Clinical Privileging Policy. Informed Consent in accordance to DHA Informed Consent Policy (for Sample refer to Appendix 3). Incident Reporting Policy/Adverse effects reporting system, to record any accidents during laser use. Laser Safety Policy to include establishment of quality | | | |

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| 10.16. | Environmental Controls | | |
|---|--|--|--|
| I. Laser use should be confined to controlled areas with restricted access. | | | |
| | | | |
| | Use of protective laser curtains should be considered to prevent | | |
| II. | accidental exposures to passers-by. | | |
| 11/ | All entrances to the rooms where laser is used should be clearly | | |
| IV. | marked with a warning signs. | | |

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