

PRACTICE ASSESSMENT QUESTIONNAIRE

Complete the following questionnaire carefully while walking around your practice. The questions cover all the major factors which can influence exposure of the dental team to mercury.

When you have completed the questions, use the score sheet to find your overall practice score. This is a percentage score and represents the degree to which the practice places its occupants at risk of mercury exposure.

By using this questionnaire with the text of the booklet, you should be able to identify the contribution made to the overall practice risk by various factors; heating, ventilation, washing and cleaning routines for example.

You will then be able to take appropriate action to manage these risk factors and reduce the overall exposure risk.

It is suggested that senior staff are also instructed to familiarise themselves with the Questionnaire in order to understand more fully the factors affecting overall risk.

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YOURSELF, THE DENTIST

- 1) For how many years have you worked in the practice ?
 - a) 0 to 10
 - b) 11 to 20
 - c) more than 20

- 2) How many hours do you work in the practice each week ?
 - a) 20 or less
 - b) 21 to 40
 - c) more than 40

- 3) How many amalgam restorations do you complete during the week ?
 - a) 25 or fewer
 - b) between 25 and 50
 - c) more than 50

- 4) When did you complete your first dental degree ?
 - a) before 1970
 - b) between 1970 and 1984
 - c) after 1984

YOUR DENTAL PRACTICE

- 5) Does your operating room have a ducted air extraction system ?
 - a) yes
 - b) no

- 6) If no, does it have an extractor fan which is actually used during operating hours ?
 - a) yes
 - b) no

- 7) Is your surgery heated by
 - a) ducted hot air system
 - b) circulating water system
 - c) gas, oil or coal burning
 - d) storage heaters
 - e) recycling air conditioner unit
 - f) underfloor heating

YOURSELF, THE DENTIST

- 8) Are the windows
- a) double glazed
 - b) older type, single glazed
- (if you answered yes to Q5, score b)

BASIC SURGERY HYGIENE

- 9) Does your high level storage consist of
- a) open shelves
 - b) cupboards with doors
- 10) Is the floor of the surgery (in the operating zone)
- a) vinyl, no seams
 - b) vinyl or linoleum, seamed
 - c) carpet
 - d) wood
 - e) concrete/stone finish
- 11) Do you change your uniform
- a) daily
 - b) twice weekly
 - c) weekly
- 12) Do you routinely wear a paper/fibre mask during all operations ?
- a) yes
 - b) no
- 13) Do you and your staff wear latex gloves during all operations involving amalgam restoration and removal ?
- a) dentist only
 - b) dentist and staff
 - c) neither
- 14) When you and your staff wash your hands, do you dry them using
- a) cloth towels
 - b) disposable paper towels
 - c) roller towel
 - d) hot air hand drier
- 15) You may disinfect the immediate work surfaces routinely, but how often do you clean the more distant surfaces of dust etc ?
- a) daily
 - b) twice weekly
 - c) weekly

YOURSELF, THE DENTIST

- 16) Are these work surfaces cleaned using disposable cloths/towels ?
- a) yes
 - b) no
- 17) How often is the floor cleaned ?
- a) daily
 - b) twice weekly
 - c) weekly
- 18) Is the floor cleaned with a mercury vapour suppressant solution
- a) no
 - b) yes

AMALGAM RESTORATIONS

- 19) During the removal of old restorations, the following do you use routinely ?
- a) dry cutting burr, no suction
 - b) dry cutting burr with suction
 - c) wet cutting burr with suction
 - d) wet cutting burr with high volume
- 20) During carving and compaction of new restorations, do you use
- a) hand compactor/carver, no suction
 - b) mechanical compactor (handpiece), no suction
 - c) ultrasonic compactor, no suction
 - d) hand compactor/carver with suction
 - e) mechanical compactor with suction
 - f) ultrasonic compactor with suction

STORAGE AND DISPOSAL OF MERCURY-CONTAINING MATERIALS

- 21) If you use metallic mercury, is it stored
- a) in the surgery
 - b) in an adjacent room
 - c) in an adjacent room with ventilation
- 22) Do you keep your mercury stock bottle
- a) under water
 - b) under potassium permanganate solution
 - c) under old X-ray fixer solution
 - d) none of these
- 23) Do you keep your waste amalgam
- a) under water
 - b) under potassium permanganate solution
 - c) under old X-ray fixer solution
 - d) none of these
- 24) Is the waste amalgam stored
- a) in the surgery
 - b) in an adjacent room
 - c) in an adjacent room with ventilation
- 25) Is your spittoon trap emptied
- a) daily
 - b) twice weekly
 - c) weekly
 - d) less frequently
- 26) Do you treat the contents of the spittoon trap as amalgam waste ?
- a) yes
 - b) no _____
- 27) After completing or removing an amalgam restoration do you store the towels, cotton wool rolls and other absorbent disposables
- a) in a domestic kitchen-type bin
 - b) in a container with an air-tight seal

- 28) Where is your amalgam prepared ?
- a) in the surgery
 - b) in an adjacent room
 - c) in a ventilated area in an adjacent room
- 29) Is the amalgam prepared
- a) by hand
 - b) in a machine using sealed, disposable capsules
 - c) in a machine using reusable capsules
 - d) in a machine with an internal mixing chamber
- 30) Is your amalgamator (or mercury dispenser) within 6 feet (2 metres) of any heat source (eg, radiator, heating duct, steriliser or autoclave) ?
- a) yes b) no
- 31) Is the prepared amalgam carried to the operating zone
- a) in a piece of leather
 - b) in an open container
 - c) in a container with a lid
- 32) How do you sterilise instruments such as amalgam carriers and condensers ?
- a) in a hot-air steriliser
 - b) in an autoclave
 - c) by cold sterilisation bath
 - d) with an alcohol wipe

MANAGEMENT OF RISK - A POSITIVE ATTITUDE

- 33) When new dental assistants join the practice, do you include instruction on the safe handling of mercury in your induction programme ?
- a) always
 - b) depends on whether they are experienced
 - c) not usually

34) When selecting dental equipment or furnishings for a new practice or for upgrading your existing practice, would protection from mercury exposure be part of your decision-making ?

- a) no
- b) a minor aspect
- c) a major factor

35) Do you allow any of these in your surgery ?

- a) smoking
- b) eating or drinking
- c) application of cosmetics
- d) storage of food
- e) none of these

SCORE ASSESSMENT

Q 1	a) 0 b) 1 c) 2	Q 13	a) 1 b) 0 c) 3	Q 24	a) 3 b) 2 c) 1
Q 2	a) 0 b) 1 c) 2	Q 14	a) 3 b) 1 c) 1 d) 2	Q 25	a) 0 b) 1 c) 2 d) 3
Q 3	a) 1 b) 2 c) 3	Q 15	a) 1 b) 2 c) 3	Q 26	a) 0 b) 3
Q 4	a) 2 b) 1 c) 0	Q 16	a) 0 b) 3	Q 27	a) 3 b) 0
Q 5	a) 0 b) 3	Q 17	a) 1 b) 2 c) 3	Q 28	a) 3 b) 1 c) 0
Q 6	a) 0 b) 3	Q 18	a) 3 b) 0	Q 29	a) 3 b) 1 c) 2 d) 2
Q 7	a) 0 b) 2 c) 0 d) 2 e) 3 f) 3	Q 19	a) 3 b) 2 c) 1 d) 0	Q 30	a) 3 b) 0
Q 8	a) 3 b) 1	Q 20	a) 1 b) 2 c) 3 d) 0 e) 1 f) 2	Q 31	a) 3 b) 1 c) 0
Q 9	a) 2 b) 0	Q 21	a) 3 b) 1 c) 0	Q 32	a) 3 b) 3 c) 1 d) 0
Q 10	a) 2 b) 3 c) 3 d) 2 e) 2	Q 22	a) 2 b) 0 c) 0 d) 3	Q 33	a) 0 b) 2 c) 3
Q 11	a) 1 b) 2 c) 3	Q 23	a) 2 b) 0 c) 0 d) 3	Q 34	a) 2 b) 1 c) 0
Q 12	a) 0 b) 3			Q 35	a) 3 b) 3 c) 3 d) 2 e) 0

SCORE ASSESSMENT

Write in your score and the date of

assessment here:

DATE

SCORE

Minimum score (BEST) = 10

Maximum score (WORST) = 100

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