**NEBDN NATIONAL DIPLOMA IN DENTAL NURSING**

**PRACTICAL EXPERIENCE RECORD SHEET**

Unit 1.1: Preparing & Maintaining the Clinical Area

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| Student Dental Nurse Name: | |  | | | | |
| Date of Activity: | | Click here to enter a date. | | | | |
| Range: | | Extraction | | | | |
| 1. Clinical area details | | | | | | |
| *Guidance Notes:*   * *Students should state the procedure to be carried out.* * *Students should detail the clinical area, the equipment switched on, and the preparation of the area for the procedure.* * *Students should state the particular instruments and materials (where relevant) set out, as well as the relevant patient records* | | | | | | |
| I changed into my clinical uniform which includes my tunic and trousers which are washed daily on a 60 degree wash and clinically approved wipeable, closed toe shoes. My hair is tied back away from my face.  I entered the decontamination room and began setting up by turning on the light switches, extractor fan, illuminated magnifying glass, I then filled the ultrasonic baths and auto claves with reverse osmosis water and then switched them on. In our decontamination room we use N and B type autoclaves. I then ran our Bowie-Dick Test, placing a TST (Temp, Steam, Temperature) strip into the chamber of the autoclave. I then filled the ultrasonic bath with an enzymatic solution (10ml of enzymatic solution to every 990ml of reverse osmosis water) once filled I turned this onto a 10 minute cycle for degassing. The temperature of the ultrasonic baths should not exceed 45 degrees.  Before entering the surgery, I washed my hands as per HTM 01-05 guidelines with antibacterial soap using the hand washing sink which is clearly labelled within each surgery and as per our hand washing technique posters for 15-30 seconds.  When entering the surgery, I switched on all the switches including the lights, computer, chair, suction pump, compressor, amalgam/GIC mixing unit, switches for charging for example the curing light. I ensured all work surfaces, dental chair and spittoon had been disinfected using spray and virucidal disinfectant wipes. I then filled up the water bottle with reverse osmosis water and ran the lines for 2 minutes.  Instruments on the tray:  Mirror  Probe  Tweezers  Flat Plastic  3 in 1 tip  Gaws  Syringe with citanest and a short needle.  On my clean side:  Patients protective safety glasses and bib  Post Op Instructions  Pouched Gaws (for the patient to take home)  Placed under a clean bib:  Luxators (large and small)  Forceps | | | | | | |
| 2. Details of how clinical procedure managed after procedure | | | | | | |
| *Guidance Notes:*   * *Students should explain how instruments, sharps, equipment, surfaces were decontaminated and sterilised after the procedure.* * *Students should give details of all relevant waste disposal techniques used.* | | | | | | |
| While the dentist was talking to the patient, I collected the dirty pouches and bib and placed into the clinical waste bin. I asked the patient to remove the safety glasses and I removed the dirty bib and placed this into the clinical waste bin. I removed the tray and placed it in the dirty zone. I safely removed the needle and placed it into the sharps bin along with the empty cartridge. The instruments were then placed safely into the non-sterile red lidded, rigid, punch proof box. I removed the suction tips and placed them into the clinical waste bin and the used cup in the dirty zone.  I changed into a clean pair of gloves and opened the waste amalgam pot and placed the extracted tooth inside, I wiped down the tray and placed that inside the non-sterile punch proof box to take into the decontamination room to be autoclaved.  I changed into another pair of clean pair of gloves and then proceeded to wipe down with virucidal wipes and clean the work top, safety glasses, dental chair, handles, light, tray table, hand piece tubes, aspiration unit and spittoon area from the outside in to maintain cross infection control. Once the last area had been wiped, I would dispose of the wipes and gloves in the clinical waste bin. Once I had completed the disinfection process I set up for the next patient before heading to the decontamination room with the dirty instruments, transported in the lidded, rigid, punch proof box. I placed this onto the dirty side of the decontamination room. I would then put on my protective eye wear (visor) and gloves. I then rinsed my extraction instruments in the scrub sink to remove any blood or residue from the instruments before placing them into the ultrasonic bath for 10 minutes, checking the forceps were open before placing them into the bath, checking all instruments are fully submerged and the lid is on properly. The ultrasonic bath removes debris from items by vibrating at an ultrasonic frequency and transmitting that vibration onto the instruments loaded into the bath on the tray.  Once my instruments had finished, I lifted them out, giving them enough time to drain and placed them into the rinse sink filled with reverse osmosis water.  I inspected each instrument under the illuminated magnifying glass to check if there was any remaining residue or debris, checking the serrated handles on the forceps. If there had been any remaining debris, I would have placed them back into the ultrasonic for another 10 minutes. Once finished I would inspect them again under the illuminated magnifying glass to check for any debris, if this was still present I would proceed to scrub them by hand in a separate sink under water wearing full PPE (visor, apron, gloves and heavy duty gloves.) Once scrubbed, checked and clear of residue I would place onto a perforated tray and place into the autoclave which was set on a flash cycle. This heats to a 134**°** and holds for approximately 3 minutes at 2.2 bar pressure, the cycle can last for 15-20 minutes. On this occasion it was only required to be in the ultrasonic for 1 cycle. Once the autoclave has finished the sterilisation process I removed the instruments from the chamber and placed them into the blue clean sterilisation lockable box and would take these back into the surgery to be used for further treatment within the day. I pouched and dated the luxators and forceps and placed back into the surgery draws. | | | | | | |
| 3. Reflective Account | | | | | | |
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| *Guidance Notes:*  *Students should identify their strengths and weaknesses during the procedure and describe any action they would take to address weaknesses in the future, if required.* | | | | | | |
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| 4. Witness assessment | | | | | | |
| *This Section should be completed by the GDC (or other) registrant who witnessed the activity of the student and is assessing their competence. Constructive feedback will help the student to develop their performance in the workplace* | | | | | | |
| **Criteria** | | | | **Competent** | | **Not Yet Competent** |
| **Surgery Preparation** | | | | | | |
| Student turned on all equipment required for the procedure | | | |  | |  |
| Student donned appropriate PPE (gloves, mask, eye protection, clinical dress) | | | |  | |  |
| Student cleaned work surface using viricidal disinfectant or detergent solution | | | |  | |  |
| Student flushed through all water lines | | | |  | |  |
| Student applied disposable covers to required areas of the dental surgery e.g. light handles, control panel etc. | | | |  | |  |
| Student made all required patient records and radiographs available | | | |  | |  |
| Student identified the planned procedure and confirmed with the clinician | | | |  | |  |
| Student prepared all instruments, materials and equipment for the procedure in their order of use | | | |  | |  |
| **Clearing Away** | | | | | | |
| Student removed all sharps safely from the clinical area | | | |  | |  |
| Student disposed of all sharps appropriately | | | |  | |  |
| Student disposed of all clinical waste appropriately | | | |  | |  |
| Student disposed of all special waste appropriately | | | |  | |  |
| Student transferred dirty instruments to the decontamination zone safely | | | |  | |  |
| Student carried out effective instrument decontamination procedures | | | |  | |  |
| Student carried out effective decontamination procedures on the surgery equipment e.g. work surface, dental chair, spittoon dental chair, spittoon | | | |  | |  |
| Student carried out procedure with consideration for the patient’s condition e.g. latex allergy | | | |  | |  |
| **Professionalism** | | | | | | |
| Student demonstrated professionalism throughout the procedure | | | |  | |  |
| Student demonstrated effective team working throughout the procedure | | | |  | |  |
| Student demonstrated effective clinical decision making throughout the procedure | | | |  | |  |
| Student managed themselves and the clinical environment in line with current standards and guidelines: | | | |  | |  |
| 5. Witness feedback | | | | | | |
|  | | | | | | |
| I confirm that the performance of the student demonstrated competence as indicated in the table above. | | | | | | |
| Witness Name: | | |  | | | |
| Date: | | | Click here to enter a date. | | | |
| GDC Number: | | |  | | | |
| 6. Tutor feedback | | | | | | |
| *This section should be completed by the GDC registrant who is assessing all sections of the completed PER and is normally based at the Training Centre. Constructive feedback will help the student to develop their performance in the workplace.* | | | | | | |
|  | | | | | | |
| **Satisfactory** |  | | **Not Yet Satisfactory** | |  | |
| Tutor Name: | | |  | | | |
| Date: | | | Click here to enter a date. | | | |
| GDC Number: | | |  | | | |

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| **Internal Moderation** | | | | |
| Internal Moderator Name: |  | | | |
| Date Sampled: | Click here to enter a date. | | | |
| GDC Number: |  | | | |
| Meets NEBDN Requirements: | Yes |  | No |  |