

Workbook to support the development of a Controlled Drugs* Standard Operating Procedure for Dental Practices in Primary Care

It is important that all staff involved in the prescribing process participate in the completion of this workbook, e.g. General Dental Practitioners (GDPs), practice manager and reception staff.

The workbook should be completed using the Guidance book for the development of a Standard Operating Procedure for Controlled Drugs in Dental Practices as a reference. All questions should be answered as fully and honestly as possible and the responses used as a basis to review current prescribing processes in the practice. The completed workbook should inform the basis of the practice's SOP. One SOP should be developed for each practice and this should be adhered to by all GDPs and relevant staff as referred to in the guidance

**This guidance applies to all schedules of controlled drugs*

Section 1 Ordering CD Stock

a) Do GDPs order CD stock items using the CDRF1 requisition form?

Y/N

b) Does each GDP write and sign their own CDRF1 requisition form (and not other staff members)?

Y/N

c) If ordering from a wholesaler are complete records kept?

Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 2 Receipt of CDs

a) Do GDPs order and collect their own CDs from the pharmacy?

Y/N

b) If messengers are used, is there a procedure in place which is followed? Y/N

c) If the pharmacy delivers the CDs is there a procedure in place to accept the drugs? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 3 Entering stock CDs into Dental Practice Sock

- a) Are details of stock ordered recorded?
Y/N

- b) If a principle orders stock that is shared for use by other GDPs within the practice, are records maintained to ensure accountability for all the CDs? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 4 Storage of CDs

- a) Are all CDs stored securely immediately upon receipt?
Y/N

- b) Can a full audit trail be maintained of who has access to the CDs kept in a CD cabinet? Y/N

- c) Are the keys to the CD cabinet kept under the personal supervision of a named practitioner? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 5 Checks of CD stock

- a) Is there a procedure for carrying out monthly stock checks ?
Y/N
- b) Is there a procedure for carrying out weekly stock checks ?
Y/N
- c) Are balance checks done in the presence of, and countersigned by, another appropriately trained member of staff?
Y/N
- d) Do the balance checks include checking the expiry date of stock?
Y/N
- e) Is there a procedure on how to deal with stock discrepancies?
Y/N
- f) Are appropriate records kept of the action taken when discrepancies arise? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 6 Destruction of CDs

a) Is there a procedure for how part used portions of ampoules, syringes are managed? Y/N

b) Is there a procedure for how out-of-date / obsolete stock is managed? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 7 Security

- a) Does the practice have a prescription security policy? Y/N

- b) Are all CD related stationery such as prescription pads and CD record books kept locked away when not in immediate use and treated in line with the practice's normal prescription security policy? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 8 Prescribing of Controlled Drugs

- a) Are prescriptions for CDs written in line with legislation? Y/N

- b) Does the practice have a policy for private prescribing of CDs including use of PCD1 forms for Schedule 2 and 3 CDs? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

9. Administration of Controlled Drugs

- a) Is a valid authorisation from an authorised prescriber always in place for the administration of a CD to a patient?

Y/N

- b) Is there a process in place to ensure accountability for all CDs used from central practice stock?

Y/N

- c) Is a record of each administration made in the relevant section of the patient's clinical notes which contains all the required details? Y/N

- d) Does the practice have a procedure for the emergency treatment of any potential drug overdose ?

Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

10. Staff Training

a) Are all staff involved with the prescribing or handling of CDs trained to do so and are aware of the contents of all relevant SOPs? Y/N

b) Are the education and training standards of all members of the dental team providing conscious sedation those that are outlined in Conscious Sedation in the Provision of Dental Care report? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required

Section 11 Self-assessment and CD Declaration Statement

a) Is the Dental Practice aware that it is required to complete a Controlled Drugs Self Assurance declaration when requested by HSC? Y/N

Is this satisfactory?

Yes / No

If No what changes should be made?

Action Required