

LocSSIP for Minor Oral Surgery (MOS) Clinic

V2.0

June 2025

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Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Patients booked to the Oral Surgery Department requiring a procedure under sedation (IV SED) or general anesthetic (GA) and the procedure is carried out in the department's oral surgery theatre (OPGA), then the standards applied are those defined in the RCH Theatre practice standards.
- 1.2. This Local Safety Standards clinical guideline (LocSSIPs) for the Minor Oral Surgery (MOS) clinic, is written for members of the RCHT Oral Surgery Department, who are responsible for managing and caring for patients undergoing a minor oral surgical procedure as an outpatient appointment being treated in the MOS clinic. This applies to procedures carried out having local anesthetic (LA) or conscious sedation (CS) procedures.
- 1.3. 'Surgical procedures' within the MOS clinic have been Specialty agreed (as per below).
- 1.4. This version supersedes any previous versions of this document.

Name of Procedure / intervention	WHO or alternative safety check completed for this procedure?	Is this a single operator procedure:
OPGA - Dental extraction(s) under LA / GA / IV SED	Covered under RCH theatre standards as carried out in the OPGA theatres.	N
OPGA - Biopsies under LA / GA / IV SED	Covered under RCH theatre standards as carried out in the OPGA theatres.	N
OPGA - Excisions LA / GA / IV SED	Covered under RCH theatre standards as carried out in the OPGA theatres.	N
OPGA - Orthodontic pre-treatment procedures under GA	covered under RCH theatre standards as carried out in the OPGA theatres.	N
Wound debridement	Y	N
Tooth extraction(s)	Y	N
Dental clearance (Full / partial)	Y	N
Surgery on apex of tooth	Y	N
Surgical exposure of tooth	Y	N

Name of Procedure / intervention	WHO or alternative safety check completed for this procedure?	Is this a single operator procedure:
Nerve blocks	Y	N
Removal of jaw fixation	Y	N
Division of tongue tie	Y	N
Excision lesion (mouth / mandible)	Y	N
Excision skin	Y	N
Biopsy lesion	Y	N
Shave excision	Y	N
Excision biopsy	Y	N
Punch biopsy	Y	N
Curettage and cautery lesion	Y	N
Excision / removal of cyst	Y	N
FNA biopsy of mouth	Y	N
Excision and drainage of abscess	Y	N
Open removal of salivary calculus	Y	N
Surgical removal of impacted tooth	Y	N
Therapeutic jaw injection	Yes - Stop, Pause and agree site with the patient.	Y
Botox injection	Yes - Stop, Pause and agree site with the patient.	Y
SC injection steroid	Yes - Stop, Pause and agree site with the patient.	Y
Acupuncture	Yes - Stop, Pause and agree site with the patient.	Y

1.5. This document also aims to standardise the practice for managing patients having procedures from the time they enter MOS clinic, until they leave.

- 1.6. This version supersedes any previous versions of this document.
- 1.7. This guideline should be read in conjunction with the following documents:
 - 1.7.1. Oral Surgery Department practice standards clinical guideline [Link](#)
 - 1.7.2. Patient inclusion criteria for Outpatient General Anaesthetic Procedures (OPGA) in the Oral Surgery Department at RCHT V1 (care group approved, waiting ratification) [Link](#).
 - 1.7.3. Oral Surgery Department – SOP for the safe administration of conscious sedation in the MOS clinic RCHT V1 [Link](#).
 - 1.7.4. RCHT Five steps to safer surgery [Link](#).
 - 1.7.5. RCHT Consent Policy [Link](#).
 - 1.7.6. RCHT Theatre standards [Link](#).
 - 1.7.7. RCH Infection, Prevention and control policies [Link](#).
 - 1.7.8. Dental Faculties Guide Line - [Link](#).
 - 1.7.9. Anticoagulants Guidance - [Link](#).

2. Background

2.1. Staffing Levels

- 2.1.1. The minimum safe staffing levels for carrying out procedures in the MOS clinic, where a WHO safety checklist is required is:
 - One competent Oral Surgery Clinician and one Allied Healthcare Professional (AHP), a Registered Staff Nurse (RN), a Dental Nurse (DN), or an operating department practitioner (ODP).
- 2.1.2. If these minimum levels of experience and staff numbers cannot be met for any reason, a procedure should not be performed.

2.2. Team Pre-Brief

- 2.2.1. This should take place at the start of the clinical session, before calling the first patient into the procedure room. It is a verbal discussion, led by a designated member of the team and recorded on the 'Oral Surgery LA briefing form'. The form should be stored electronically in the unit leaders shared drive.
- 2.2.2. "Silent cockpit" principles should be observed, and all elements of the form must be considered and recorded against.
- 2.2.3. These elements may include:
 - Staffing levels and any other relevant personnel-related factors.

- Clinical (patient) list.
- Available equipment.
- As procedures are not always predictable prior to attendance for the appointment, a summary of the clinic type should be provided in the briefing to enable staff to ensure they are adequately prepared i.e., ‘this morning’s clinic will be all minor oral surgery procedures.
- Laterality will be identified with each patient following their assessment.
- Marking will then be completed where appropriate with patient involvement and agreement.
- Once the procedure has been agreed with the patient, the skin marked and all other risk factors considered, then consenting is obtained according to the RCHT consent policy.
- Any specific equipment or patient-related requirements should be discussed.
- All staff are given the opportunity to raise concerns of any nature.
- Any changes or alterations to the patient clinic order should be agreed and a new list printed once these have been confirmed by the team.
- The list should not proceed until any concerns have been addressed to the satisfaction of the whole team.

2.3. Pre-procedure Preparation

- 2.3.1. All patients should receive pre-procedure instructions prior to attending for their appointment where this is possible.
- 2.3.2. Patients will ideally have existing e-consent from clinic available on Concentric. The surgeon will confirm this with the patient on the day. Where unavailable electronic consent can be completed on Concentric if appropriate or alternatively a paper form completed (RCH standard Consent form 3 or a procedure specific form).

2.4. Sign-in

- 2.4.1. All members of the team must introduce themselves and observe “silent cockpit,” whilst a designated member of the team performs the WHO “sign in.” This is prior to administration of any local anaesthetic and includes:
 - Team introductions.
 - Patient identity check, site, procedure and consent.
 - Local anaesthetic prepared and checked.

- Questions regarding allergy status.
- Risk factors for bleeding, including any anticoagulation medication.
- Presence of a cardiac pacemaker.
- Mouthwash administration.
- Imaging displayed and any further required.
- Equipment availability and date checked.
- Instrument sterility checked.
- Patients' history of radiotherapy / antiresorptive / antiangiogenic medication and associated risks.

2.4.2. Following confirmation of the patient's details, these should be added to the procedure room white board.

2.5. Verification of surgical site(s) and procedure(s)

2.5.1. The operator must review the patients' electronic and paper-based medical records, specifically:

- The referral letter from the GP or Dentist.
- The clinician's consultation notes.

2.5.2. Once satisfied with the intended site and procedure, this should be confirmed with the patient and the other member of the procedure room staff. The patient should be asked to confirm the site visually, with the aid of a mirror where appropriate. If appropriate, the discussion regarding site and nature of procedure should also involve the patient's carer or relative.

2.6. Change to intended booked procedure

If there is any doubt in the operating clinician's mind as to the correct procedure to perform and the referring clinician is not available to discuss the case, the procedure should be cancelled, and an urgent letter dictated to the referring clinician.

2.7. Marking of surgical site

- 2.7.1. Where laterality is a concern then the skin marked with an arrow, inked on the patient with a semi-permanent surgical marker pen.
- 2.7.2. Wherever possible, marking must take place with the patient involved.
- 2.7.3. Family members/significant others should be involved wherever possible and especially in the case of incapacitated or vulnerable adults.

2.8. Patients with an implanted cardiac device

- 2.7.4. Patients with an implanted cardiac device should be identified during the initial clinical assessment process.
- 2.7.5. It is essential to note that bipolar electrocautery is the only form of electrocautery that should be used on these patients.

2.9. Patients taking anticoagulants and antiplatelet medication

Anticoagulant and anti-thrombotic medication increases the risk of peri and postoperative bleeding, however the risk of vascular events on stopping these medications usually outweigh this. The operator needs to consider these risks on the day of their procedure and amend or postpone the procedure if they feel that there is an unacceptable bleeding risk. Patients on warfarin, with an INR >4.0, or those without an INR performed within the 24hrs (or 72 hours if usually stable) may need to be postponed. This decision should be made by the operator on the day, following an open discussion with the patient.

2.10. Consent

Once the surgical plan has been agreed with the patient and procedure room staff, the skin marked (if appropriate) and all other risk factors considered, then informed consent must be obtained according to the RCHT consent policy. Once the procedure has been agreed and the patient consented, the procedure to be performed should be clearly stated on the procedure room whiteboard (exactly as articulated on the consent form).

2.11. Antiseptic skin preparation and draping

The following should be used for antiseptic skin preparation when an incision into the skin is made:

- Chloraprep or Betadine solution.
- Sterile drapes should be used to exclude all but the surgical field.

To note – Chloraprep is an irritant to eyes and mucous membranes. It should therefore be kept away from these areas.

2.12. Local anaesthetic

2.12.1. The clinician may opt to use a variety of local anaesthetic agents plus/minus other medications but will identify this prior to commencing the procedure. The preferred local anaesthetic agent of choice for minor oral procedures is Lidocaine Hydrochloride / Adrenaline – ‘Lignospan’ cartridges.

2.12.2. Additional medications may be required in an emergency.

2.13. Sterile trolley preparation

- 2.13.1. The trolley must be cleaned thoroughly from top to bottom and cleaning must include every part of the trolley, using Clinell Universal detergent wipes.
- 2.13.2. The assisting Nurse / AHP opens the outer wrapper of the instrument set onto a clean trolley and sets up the trolley.
- 2.13.3. Any tracing labels should be removed and applied to Oral Max Fax headed paper placed in the patient's paper records.
- 2.13.4. Instruments are counted into the sterile field by both individuals visually and verbally and the Nurse / AHP ticks them off on the set list. Additional items such as blades, sutures, additional swabs, surgical marker pen are added to the trolley and recorded on the Procedure room white board. The Nurse / AHP and operator should always be aware of the location of all items within the sterile field during the procedure. Counts should be recorded as complete on the WHO Safety Checklist Sign out.

2.14. Specimen Processing

At the time of specimen retrieval, the specimen will be placed into an appropriate specimen pot by the operating surgeon. It is the responsibility of the Nurse / AHP to accurately label the pot. Before the specimen is placed in the pot, patient details must be confirmed verbally with the patient and a patient identifier label placed on the pot. The Nurse / AHP must handwrite the nature and site of the specimen on the pot immediately. These details should be dictated to the Nurse / AHP by the operator.

2.15. Removing swabs/Instruments during the procedure

Anything removed from the sterile field during the procedure (e.g., used swabs) must be placed in a designated area, within sight of the AHP, to facilitate accurate counts.

2.16. Final Counts

Further counts of all the items named on the instrument list and the procedure room white board are made at the commencement of wound closure (where appropriate) and at the end of the procedure, before "sign out." If an item is missing from the count, this must be clearly vocalised by the assisting Nurse / AHP. Wound closure where appropriate must pause until the wound is checked and a thorough search of the surroundings is made. If an item is still missing, the patient must be informed, and an incident report completed.

2.17. Histology

- 2.17.1. The histology request form should be completed by the operator before "sign out." The pot should be marked with the site and laterality of the lesion and whether it is a biopsy or excision.

2.17.2. The specimen pot details should be checked against the form before the patient leaves the procedure room.

2.18. **Post-Procedure Information**

Post-procedure care should be agreed with the Operator and nursing staff and communicated clearly to the patient, checking that they understand the information and aftercare required. Verbal advice should be supplemented with a written information leaflet where this is available. If community nurse input is required, a referral document should be completed and given to the patient. A nominated individual close to the patient can be invited to be part of this discussion, if appropriate.

2.19. **Procedure Note**

This should be recorded on the RCH green operating sheet and placed in the patient record **before** the next case begins and should include, at a minimum, the following information:

- Patient identifiers (e.g., patient label).
- Name of Operator.
- Name and site of procedure.
- Type, concentration and volume of local anaesthetic used.
- Method of removal and surgical margin (where appropriate).
- Relevant intra-operative findings.
- Type of wound closure.
- Type of sutures used for deep layers.
- Type of sutures used for superficial layers.
- Salient post-operative instructions, including proposed timeframe for removal of sutures.
- Type, and dose of perioperative or postoperative antibiotic prophylaxis.

2.20. **Discharge Summary**

In addition to the green operating sheet, an electronic discharge summary will be populated, and a copy forwarded to the patient's GP. This should include:

- Date and type of admission (usually day-case).
- Indication for the procedure.
- Nature of procedure.
- Type of closure.

- Postoperative instructions, with reference to suture removal or wound management in primary care.
- If further lesions are listed or relisted for treatment at a future date, this should be noted.

2.21. Antibiotic prophylaxis

Antibiotic prophylaxis is not warranted routinely for patients undergoing minor surgical procedures in the Minor Oral Surgery clinic. Patients with high risk factors may be considered for perioperative parenteral or postoperative oral antibiotic prophylaxis on an individual basis. Any antibiotics must be prescribed on the electronic patient record and recorded on the procedure note and GP summary.

2.22. Hand decontamination and Personal Protective Equipment (PPE)

2.22.1. Effective decontamination of hands prior to donning and doffing PPE is essential. Within the Minor Oral Surgery clinic, it is acceptable practice to decontaminate the hands using soap and water using the Ayliffe technique.

2.22.2. Minimum PPE for “minor” procedures, should include:

- Fluid resistant surgical mask.
- Sterile gloves.
- Eye protection.
- Non-sterile plastic apron.

2.23. “Sign out”

2.23.1. This final part of the WHO checklist should be performed by a designated member of the procedure room team at the **end** of the procedure before the patient or any of the team leaves the procedure room. “Silent cockpit” must be observed.

2.23.2. Sign out includes:

- Verbal confirmation that the name and site of the procedure have been accurately recorded.
- That any specimens have been labelled correctly.
- That instrument and swab counts are correct.
- Postoperative instructions have been given and understood by the patient.

2.24. Post-List Briefing

This should take place at the **end** of the session before any member of staff leaves the procedure room and recorded on the relevant paper or electronic WHO briefing form. "Silent cockpit" should be observed. All members of the procedure room team should be involved in the discussion, which aims to identify factors which went well during the session and any safety or efficiency issues which came to light which might require attention.

3. Definitions

All terms and abbreviations used in this document have been detailed within the document.

4. Governance and Audit

- 4.1. The RCH WHO audits process will monitor the implementation of this guideline See Section 3 and Appendix 5.
- 4.2. Any failures with compliance with the standards expected will be incident reported and fed back at specialty Business and Governance meetings.

5. Documentation

- 5.1. All documentation is completed patient *specifically* in the patient records.
- 5.2. Documentation relating to the procedure list and WHO process is documented in the Galaxy system.

6. Workforce

Minimum workforce requirements for these invasive procedures are as follows:

The minimum safe staffing levels for carrying out procedures in the MOS clinic, where a WHO safety checklist is required is:

- One competent Oral Surgery Clinician and one Allied Healthcare Professional (a Registered Staff Nurse (RN), a Dental Nurse (DN), or an operating department practitioner (ODP)).
- If these minimum levels of experience and staff numbers cannot be met for any reason, a procedure should not be performed.

7. Scheduling and List Management

- 7.1. These procedures will be performed as necessary when safe to do so in an appropriate environment. Which will be in the Oral surgery department minor oral surgery dedicated clinic rooms where appropriate air exchange is assured.
- 7.2. All MOS lists are detailed and listed on the RCH galaxy system.

8. Handovers and Information Transfer

8.1. The department has a daily safety huddle for handing over departmental information.

8.2. Specific MOS list information sharing, transfer and discussion is completed at list pre-brief and de-brief as per trust standard for the WHO checklist process.

9. Procedural Verification and Site Marking

The team involved in the procedure will participate in the combined safety check as per the relevant checklist in the appendices. The following information should be confirmed and agreed by the team with the involvement of the patient where possible.

10. Safety Briefing

If any issues have arisen or problems such as equipment difficulties, this will be highlighted in the debrief. This will be recorded by the responsible practitioner in the patient record (if appropriate), and a Datix completed (if appropriate).

11. Sign In

See section 2.4.

12. Time Out

See section 2.0.

13. Prevention of Retained Foreign Objects

See section 2.15 – 2.16.

14. Sign Out

See section 2.23.

15. Debriefing

See section 2.24.

16. Dissemination and Implementation

16.1. The document is available on the document library. Significant updates will be communicated via Trust wide email.

16.2. Implementation of the policy will be via Trust wide communication and supported by appropriate training for the relevant members of staff.

17. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Minor Oral Surgery (MOS) Clinic.
Lead	Oral Surgery Sister and Oral Surgery Governance Lead.
Tool	Trust wide WHO audits tool.
Frequency	Monthly Audit.
Reporting arrangements	WHO auditing feeds into the safer surgery committee, that informs the care group.
Acting on recommendations and Lead(s)	Oral surgery Sister and clinical Lead. Required actions will be identified and completed in a specified timeframe.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within appropriate. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

18. Updating and Review

18.1. The document review process is managed via the document library. Document review will be every three years unless best practice dictates otherwise. The author remains responsible for the policy document review. Should they no longer work in the organisation or in the relevant practice area then an appropriate practitioner will be nominated to undertake the document review by the designed director.

18.2. Revision activity will be recorded in the versions control table to ensure robust document control measures are maintained.

19. Equality and Diversity

19.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the '[Equality, Inclusion and Human Rights Policy](#)' or the [Equality and Diversity website](#).

19.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	LocSSIP for Minor Oral Surgery (MOS) Clinic V2.0
This document replaces (exact title of previous version):	Local Safety Standards LocSSIPs for the Minor Oral Surgery MOS Clinic Clinical Guideline V1.0
Date Issued/Approved:	February 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate/Department responsible (author/owner):	Suzy Thala, OMF Service Manager, Lucy Baker, OMF Sister - Oral/Maxillofacial (OMF) Surgery, Specialist Services and Surgery (SSS).
Contact details:	07917215004
Brief summary of contents:	Minor oral surgery (MOS) procedure room standards.
Suggested Keywords:	Oral Surgery procedure room standards, dental, MOS.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	OMF Business and Governance Meeting. SSS Senior Team Management Meeting. Care Board Meeting. Policy Review Group Meeting.
General Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming approval by specialty and care group management meetings:	Michele Reed, Governance Manager.
Links to key external standards:	None.

Information Category	Detailed Information
Related Documents:	Oral Surgery Department Practice Standards Clinical Guideline V1.0. - Link
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Oral.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2022	V1.0	Initial issue.	Lucie Baker, Unit Sister.
June 2025	V2.0	Minimal changes – new template adherence and noting consent to include concentric (e-consent system).	Suzy Thalha, Service Manager, Oral/Maxillofacial (OMF) Surgery.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	LocSSIP for Minor Oral Surgery (MOS) Clinic V2.0
Directorate and service area:	Specialist Services and Surgery (SSS)
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Suzy Thalha, Service Manager, Oral/Maxillofacial (OMF) Surgery.
Contact details:	07917 215004.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline is written for members of the RCHT Oral Surgery Department who are responsible for managing patients undergoing a minor oral surgery procedure as an outpatient appointment.
2. Policy Objectives	To standardise practice.
3. Policy Intended Outcomes	All staff to reflect the policy standards in practice.
4. How will you measure each outcome?	WHO audit.
5. Who intends to benefit from the policy?	Staff and patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: Safer surgery group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist with your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Suzy Thalha, Service Manager, Oral/Maxillofacial (OMF) Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)