

Medical Emergency, Resuscitation & Collapse Policy

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Introduction

At Pav Dental, staff will receive hands-on Basic Life Support (BLS) training annually, which includes the use of AEDs, how CPR is performed, the recovery position, and understanding the most common medical emergencies such as choking, breathing difficulties, cardiac arrest, anaphylaxis and more.

As practice owners, we have assessed first aid needs that are appropriate to our circumstances (hazards and risks). First aid aims to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First aid provisions must be 'adequate and appropriate in the circumstances'. This means that sufficient first-aid equipment, facilities, and personnel should always be available to immediately assist casualties with common injuries or illnesses and those likely to arise from the specific hazards at work, summon an ambulance or receive other professional help.

If the dental practice has five workers or fewer, an appointed person should look after the first-aid equipment and facilities and call the emergency services when necessary. An appointed person does not need first-aid training.

With more than five workers, we need to consider having at least one person trained in basic 'emergency first aid at work' (EFAW), which is a one-day course. Larger practices with more than 50 workers must have at least one first aider who has completed the first aid at work (FAW), which is a 3-day course. The Health & Safety Executive recommends that the first aiders undertake annual refresher training, which can be completed using an online refresher course.

The minimum first aid provision on any work site is a suitably stocked first aid kit, an appointed person to take charge of first aid arrangements and inform the employees of the arrangements. The first aid kit should be checked regularly to ensure all items are present and in date. A white cross on a green background is a mandatory sign for the location of the first aid kit.

First aid training is conducted every 3 years via a face-to-face Emergency First Aid at Work (EFAW) course for the appointed first aiders.

Hassan Bhojani

Waleed Javed

The following steps are taken to ensure the practice is prepared for a first aid or medical emergency:

- The oxygen cylinder is stored in a location accessible to all staff and is checked weekly to ensure the cylinder is full (within the green marker). This is logged in the weekly medical emergency checklists.
- The medical emergency drugs are stored in a location accessible to all staff and will be checked weekly to ensure all medicines are kept up to date and held within their expiry date and quantities. This is logged in the weekly medical emergency checklists.
- The first aid box is stored in a location accessible to all staff and will be checked weekly to ensure all contents are kept updated and within expiry dates. This is logged in the weekly medical emergency checklists.
- The practice defibrillator is stored in a location accessible to all staff and is checked weekly to assess battery life and whether the machinery is functioning. This is logged in the weekly medical emergency checklists.

Risk Management

Risk management can be critical in reducing the risk of medical emergencies in the dental practice. Therefore, all primary care dental facilities should have a process for medical risk assessment of their patients. Anticipation of potential medical emergencies should be highlighted by taking a thorough medical history, which is revised, updated and checked each time the patient presents for treatment. It has been suggested that an updated medical history may help minimise the risk of a medical emergency.

Location of Medical Emergency Equipment & Drugs:

- Oxygen Cylinder -
- Defibrillator-
- Emergency Drugs Kit-
- First Aid Kit-
- Accident Book-

In the event of a Medical Emergency

- We expect that in the event of a medical emergency, the person who discovers it will immediately alert all staff members by shouting for help.
- We expect that all relevant staff members respond immediately by going to the medical emergency, we advise that there is no more than four people present in the event of a medical or first aid emergency. This ensures it is not chaotic and all instructions can be heard clearly.
- One person out of the attendees must take the lead role; we usually recommend the Dentist or the most qualified/senior staff member. Each other person will then have a role to play.
- One person must access the emergency drugs, equipment and/ or first aid box.
- One person must call the ambulance (if applicable) and go and wait for the ambulance to arrive so that they are not delayed in finding the practice.
- One person must be taking notes/ recording symptoms, drugs administered, times, and treatment carried out and checking the patient's medical history ready for when the crew arrive so that they have as much detail as possible on arrival.
- If the medical emergency develops into resuscitation, this will require two to three people. If this is the case then the note taker can be freed up to provide assistance, in this instance the lead person will retain as much information and deliver to the crew when they arrive.
- Once the medical emergency has recovered or been taken to the hospital, the lead staff member must compose a report to be saved to the patient's file. A copy must also be placed with the accident forms.

Signage is essential to alert individuals where the emergency kit is stored; medical emergency signage is advisable to display.

- Emergency Drugs in the Dental Practice - BDA Poster
- Medical Emergencies in the Dental Practice - BDA Poster
- Named first aider sticker
- Defibrillator sticker
- Eye bath sticker
- Oxygen cylinder sticker
- Glucagon sign (if kept separate from the main kit)

To help us remember the steps we should take, we will use the following "DRS-ABCDE" Approach:

- 'D' – Check for DANGERS – to you, your colleagues or the patient
- 'R' – RECLINE the patient if in the dental chair and check if they are RESPONSIVE
- 'S' – SHOUT for help to alert others of the situation or get someone to call 999
- 'A' – Open the AIRWAY (using suction if necessary)
- 'B' – Is the patient BREATHING normally, check for 10 seconds, if not get the defibrillator and follow instructions.
- 'C' – Does the patient show signs of an adequate CIRCULATION (normal skin colour or pulse)
- 'D' – Does the patient have any medical DISABILITIES, such as low blood sugar or hypoxia.
- 'E' – The patient's chest will need to be EXPOSED to apply the defibrillator pads

Transfer of Patients

1. In the event of cardiorespiratory arrest, emergency services should be summoned immediately by calling 999. A local protocol should include clear directions on how to find the

dental care facility and whether there may be a difficult access point. Primary dental care practices should clearly identify all access points and patient removal routes.

2. Ambulance personnel will provide equipment, expertise, practical help, and various treatments supplementary to those available in the dental surgery.
3. Written documentation containing details of the dental procedure (if any), medical emergency, any treatment given, and the name of the Dental Practitioner should all accompany the patient to the hospital.
4. Relatives or carers should be informed about the transfer of a patient but should not expect to travel with the patient in the ambulance. Contact details should be obtained by the ambulance personnel.

What is ReSPECT?

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest but are not limited to those events. The process is intended to respect both patient preferences and clinical judgment. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.

To browse the supportive resources for health and social care professionals, please visit the ReSPECT resources page (<https://www.resus.org.uk/respect/respect-resources>).

Minimum Equipment Requirements for Dental Practices

- PPE
- Pocket Mask with Oxygen port
- Portable Suction, i.e. Res-o-vac or Yankaur
- Oropharyngeal Airways Sizes 0,1,2,3,4
- Self-inflating bag with reservoir (adult) Also known as Ambu Bag
- Self-inflating bag with reservoir (paediatric) Also known as Ambu bag.
- Clear Valve face masks for Self-Inflating Bag in sizes 0,1,2,3,4
- Oxygen Cylinder (CD size)
- Oxygen Masks with reservoir (Adult & Paediatric)
- Oxygen Tubing Automated external defibrillator (AED)
- Defibrillator pads (Spare Pads recommended)
- Razor
- Scissors
- Syringes for Adrenaline Ampoules.
- Needles for Adrenaline – Blue 23g x 25mm & Green 21g x 40mm (for drawing up)
- Snap-it Devices (optional)
- Spacer device for Inhaler

Minimum drugs that should be available:

- Adrenaline Injection (1:1,000, 1mg/ml)
- Aspirin dispersible 300mg Glucagon Injection 1mg
- Glyceryl trinitrate (GTN) spray
- Oral Glucose in the form of powder/tablets or Gel
- Salbutamol Inhaler

- Midazolam Oromucosal solution

How often should you be checking the kit?

The kits are checked and logged at least weekly to ensure a high-quality service.

You should also visually check your Defibrillator and Oxygen tanks daily to ensure they are fit for use; you are not required to log this every day, only once per week.

Should you keep your emergency kit locked away?

Emergency kits should be in an easily accessible, non-locked area of the practice to ensure quick and easy access in the event of an emergency.

Storing Glucagon

GlucaGen HypoKit can be stored:

- At a temperature of 2-8°C (in a refrigerator), it must not be frozen. The expiry date is written on the container (typically up to 36-month shelf life).
- Outside the refrigerator at a temperature not exceeding 25°C for 18 months, providing the original expiry date is not exceeded. It should be stored in the original container and protected from light.

Practices should record the temperature of the fridge at least once daily to ensure the range is maintained.

This is standard practice as ***it needs to be easily accessible for emergency use.** We must demonstrate that it has not exceeded 18 months of being stored outside the refrigerator by having a written record of when it was taken out of the fridge or a copy of the invoice indicating the date of purchase.

****It is essential that when Glucagon is stored in a refrigerator, we conduct a risk assessment and roleplay training to ensure that it does not delay a potential medical emergency by being stored too far away from the main emergency kit.***

Shortages of Drug Requirements

In general, medicine shortages have doubled since 2022. The first to be deemed in short supply was Epi-pens, which was replaced using adrenaline ampules. When there is an issue, we check stock from as many suppliers as possible and record evidence of doing this. If national guidance has allowed for an alternative drug or method, such as keeping the expired stock, we will follow that guidance and keep evidence of that authorisation. We should only follow national guidance, and if we are not instructed to keep the expired drug, we will discard it as per the guidelines.

Midazolam - which one do we need?

In accordance with the NICE guidelines for Prescribing in Dental Practice, Midazolam Oromucosal Solution is the appropriate drug to obtain. This comes in several forms, such as Epistatus and pre-filled buccolam syringes. Midazolam ampules are NOT compliant to use as an alternative for the emergency kit but are used in practices that provide sedation services.

Midazolam must be ordered using the Department of Health CD Requisition Form (Schedule 2&3) from FP10CDG.

Our Medicines Management Policy provides information on ordering and disposing of drugs in the dental practice.

Medical Emergency Roleplay

Regularly conducting emergency medical scenarios with the team can improve their familiarisation with the emergency equipment and improve their confidence in a live situation. Conducting roleplay also allows you to identify gaps in the current layout/set up of your emergency kit, is it positioned in the right place? Is it easy to carry? Do the team remember to bring all the relevant equipment quickly?

Write-ups and learning from these will mean, as practice, you are fully prepared and confident to handle any situation.

In the event of a cardiopulmonary resuscitation

An audit should be conducted after any cardiorespiratory arrest. This allows the team to fully reflect on what treatment was given at the event and opens up a discussion on whether anything could have been done differently. You can use a significant event form to record the audit findings.

Where an audit defines improvements that could have been made, an action plan will be created outlining how we plan to make these improvements.

Document Control

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0.1	Final	29.3.23	PG	<p>Original policy put into new format and additional useful topics such as:</p> <ul style="list-style-type: none"> • Transfer of Patients – Page 2 • ReSPECT guidance – Page 3 • Minimum drugs and equipment requirements Pages - 3-4 • Information on the frequency of checking kits – Page 4 • Information on storage of equipment – page 4 • Medical Roleplay Guidance – Page 4 • Cardiopulmonary Resus – Page 5
0.2	Final	21.03.24	PG	<ul style="list-style-type: none"> • Glucagon storage guidance added. • Risk assessing guidance added. • Guidance on signage/posters added. • Guidance on midazolam was added. • Additional information regarding first aider requirements and BLS training requirements was added.
		10/5/24		Approved policy to go live

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