

Being prepared for a medical emergency

Every day is unpredictable, so it is important to take the time to invest in your own health as well as that of your patients, writes **Dentists' Provident**.¹

A Dentists' Provident member in 2015 who was in their 40s had an accident involving a chemical that splashed into their eye and as a result had to have surgery. They were off work for over a year and received almost £26,000 from Dentists' Provident during that time.

While every dental practice has a duty of care to ensure patients are in a safe environment when undergoing dental care, this case highlights the need to look after your own health and your fellow team members' health too. The care of patients is the very foundation of good practice and, as we know, is regulated by both the General Dental Council (GDC) and Care Quality Commission (CQC). These bodies' written regulations set out their expectations regarding equipment, resuscitation training, clinical governance, risk management and the regularity of clinical audits, as well as the aforementioned standards of care.¹

The GDC's *Scope of practice* 2013 reminds us that: 'A patient could collapse on any premises at any time, whether they have received treatment or not. It is therefore essential that all registrants are trained in dealing with medical emergencies, including resuscitation, and possess up-to-date evidence of capability.'²

An (un)likely victim?

Essentially, it is important to be prepared for anyone – be it a patient, a member of your team or, indeed, yourself – to be the victim of a medical emergency, with the latter two potentially having a major impact on the smooth running of any practice.

If the medical emergency of a team member leads to a longer term sickness absence, it can

have a marked impact on the team. According to the Resuscitation Council, dental teams should therefore be well versed in emergency procedures and health and safety training should be updated regularly. Resuscitation equipment should be checked every week and other health and safety concerns, such as handling of equipment, should be checked at regular intervals also.³

Medical emergencies in your practice

We all hope we never have to face an emergency, but a survey of dentists in England published in the *British Dental Journal* in 2012⁴ demonstrated that medical emergencies do happen more often than you may think. It showed that some 300 respondents said they had encountered the following, over a 12-month period:

- Vasovagal syncope [the most common type of fainting] (63%) – 596 patients affected
- Angina (12%) – 53 patients affected
- Hypoglycaemia (10%) – 54 patients affected
- Epileptic fit (10%) – 42 patients affected
- Choking (5%) – 27 patients affected
- Asthma (5%) – 20 patients affected.

These are also conditions that can affect a dentist as well, impacting their ability to work. Our 2016 claims statistics include headaches and migraines with claims paid of over £9,000, vertigo and blurred vision of over £5,000 and over £110,000 for cardiovascular conditions including heart attacks and over £45,000 for strokes alone.⁵

More than half of all employees have either been made redundant or suffered long term illness during their working life, research by MetLife Employee Benefits indicates. The nationwide study showed that 23% of employees questioned had been off work for periods longer than four weeks.⁶

The welfare of your team

Increased financial pressures on workers and the risk of long-term ill health during a working life are issues that employees and employers need to be aware of, and to guard against where possible, particularly as research shows that 41% of workers admit they could not afford to live on statutory sick pay,⁶ which is a weekly rate of £88.45.⁷ Dentists' Provident's claims statistics also demonstrate that conditions that dentists have experienced could potentially cause long-term sickness absence. In 2016 we paid claims for conditions such as myocardial infarction for over £13,000, over £64,000 for fractures, over £80,000 for Parkinson's disease and over £123,000 for road traffic accidents.⁵

The standards for CQC practice inspections also looks at health and safety measures, in relation to the preparation – and equipment – for medical emergencies. This guidance⁸ states that 'it is a practitioner's responsibility to ensure that medicines required for resuscitation or medical emergencies are easily accessible in tamper evident packaging'. The CQC also addresses the need for adequate medical emergency training, outlining that 'all staff involved in using the equipment have the competency and skills needed and have appropriate training'.

Former dental nurse Wendy Berridge is a CPR, first aid, medical emergencies and defibrillator trainer at Berridge Medical Training based in Yorkshire. She is passionate about the necessity for the whole dental team to have the knowledge and skills to cope in a medical emergency.

She explains: 'I cannot stress enough how important it is for every member of the dental team to receive the relevant training, in order for all staff to work together should a medical emergency happen at work. Training will ensure that everyone has the confidence and capability to quickly and efficiently deal with the situation, and to administer the correct first aid to the casualty. Medical emergency training should be undertaken on a yearly basis as recommended by the Resuscitation Council (UK).'⁹

Resuscitation Council guidelines

Although, for example, cardiorespiratory arrest is rare in primary dental practice, there is, as the Resuscitation Council outlines,³

¹ *Dentists' Provident is the market leading provider of income protection insurance to dentists.*

an expectation that dental teams should be competent in treating cardiorespiratory arrest. It states that: 'All primary care dental facilities should have a process for medical risk-assessment of their patients' and 'specific resuscitation equipment should be available immediately in all primary care dental premises. This equipment list should be standardised throughout the UK'.



staff training sessions must be available to the CQC. Practices are advised to hold training sessions and simulation exercises at least quarterly. There must be written practice protocols for dealing with collapsed patients, with which all staff should be familiar. European Resuscitation Council guidelines should be printed off, laminated, and kept with the emergency drug kit. Signs and directions should be displayed in the practice to show where the emergency drug kit is kept. This must not be kept locked, or in a locked cupboard or room, whilst the premises are occupied. If the practice has an automatic external defibrillator (AED) staff should be trained in its use and a record kept. Internal signage should be used to indicate the whereabouts of this machine. It is also desirable to have a sign outside the building to indicate that an AED is kept inside.'

'THERE MUST BE WRITTEN PRACTICE PROTOCOLS FOR DEALING WITH COLLAPSED PATIENTS, WITH WHICH ALL STAFF SHOULD BE FAMILIAR'

affect dentists as well as patients and it is essential to consider your own financial and personal health protection and prevention.'

1. General Dental Council. *Standards for the dental team*. Updated 3 January 2017. Available at: <https://gdc-uk.org/professionals/standards/team> (accessed April 2017).
2. General Dental Council. *Scope of practice*. Updated 20 March 2017. Available at: <https://gdc-uk.org/professionals/standards/st-scope-of-practice> (accessed April 2017).
3. Resuscitation Council (UK). *Quality standards for cardiopulmonary resuscitation practice and training*. November 2013. Available at: <https://www.resus.org.uk/quality-standards/> (accessed April 2017). An earlier version was called *Medical*

emergencies and resuscitation - Standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice.

4. Jevon P. Updated guidance on medical emergencies and resuscitation in the dental practice. *Br Dent J* 2012; **212**: 41-43.
5. Dentists' Provident 2015 Claims stats.
6. Watermark Wealth Management. *Protecting your income*. 16 January 2014. Available at: <http://www.welcome2watermark.com/20140116/protecting-your-income/> (accessed April 2017).
7. UK Government. *Statutory Sick Pay (SSP): employer guide*. Available at: <https://www.gov.uk/employers-sick-pay/overview> (accessed April 2017).
8. Care Quality Commission. Information available at <https://www.cqc.org.uk/> (accessed April 2017).
9. Resuscitation Council (UK). *Quality standards for cardiopulmonary resuscitation practice and training. Primary dental care - Quality standards*. November 2013. Available at: <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/> (accessed April 2017).

The old adage of 'practice makes perfect' is key here; according to the Resuscitation Council, dental staff knowledge and skills in resuscitation should be updated at least annually.³

Expectations for dealing with medical emergencies

Dental Protection Limited is a defence organisation that protects the whole dental team. When it comes to medical emergencies, they maintain that: 'The records of all

So, when putting all of these systems and plans in place for dealing with patient medical emergencies, make sure you protect your own health and income too.

Bryan Gross, head of claims and underwriting at Dentists' Provident, summarises by saying: 'It's important for all dental professionals to make sure they are protected. When members call us they often express their concern about the impact their injury or illness has on their lives. It's worth remembering that medical emergencies can

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