Reviewing your health and safety **RISKS**

Lynn Woods explains how to go about reviewing your dental practice to ensure it is a safe environment for staff and patients.

Changes to the practice?

If a dental practice has extended or changed the layout of its premises, set up a separate decontamination area or introduced new equipment and procedures, practice health and safety risk assessments should be reviewed. To do so, you should first look through the existing health and safety risk assessments to check if the changes have introduced significant new hazards. Do not over-complicate but do involve other members of staff to help you decide if there are enough sensible precautions already in place.

The most straightforward way is to work area by area (or room by room). Begin at the entrance and reception area and move through the building. Think about the activities that take place in each area to: identify the hazards; decide who might be harmed and how; and evaluate the risks and decide on sensible precautions. If you have an employee with a disability, consider any risks that might affect them especially because of their disability. Then record your findings, implement them, review your assessment and update if necessary.

Chemical products

Assessing chemical products under the Control of Substances Hazardous to Health (COSHH) should be easier now because of clearer labelling and material safety data sheet (MSDS) information, which you should keep for reference and as a source of information when doing a COSHH assessment. The MSDS will tell you the dangers of the product and about first aid, fire-fighting, accidental release (spillage), handling and storage, exposure controls and the personal protective equipment (PPE) you need to provide.

Make sure relevant staff are aware of the risks and the precautions they need to take: in particular, the risks from products they work with daily, such as cleaning and disinfectant

products. Provided the products are used in accordance with the directions for use and the relevant controls and PPE are in place, the overall risk should be low.

Display-screen equipment

Use of display-screen equipment has been linked to upper-limb disorders, headaches and eye-strain. Such workstations (including equipment and the environment) should be assessed, taking into account the work being done and the needs of individual staff. Adjustable chairs and suitable lighting should be provided.

Expectant mothers

The risks to female employees of childbearing age should have already been covered in your overall practice risk assessment so you should not have to carry out a separate risk assessment when a member of staff notifies you she is pregnant. It would, however, be appropriate to review the assessment with the woman, taking into account her work activities and checking throughout the pregnancy to ensure her comfort and safety.

Fire safety

If you have extended or altered the layout of your practice, think again about your fire-risk assessment and fire-evacuation plan. Remember to ensure flammable stock is stored safely away from sources of ignition. Do not ignore the possibility of fires being caused deliberately, so store waste (including 'empty' flammable-product containers) appropriately.

Inoculation injuries

Sharps and inoculation injuries are always a risk and their prevention should be considered during all clinical and decontamination procedures. Appropriate eye protection should be worn by staff and patients whenever necessary during operative dentistry and/or decontamination work. The practice risk assessment should refer directly to the practice infection control policy for further details on measures to prevent infection. If your principal is a member of the British Dental Association (BDA), detailed advice on infection control can be found on the BDA website at www.bda.org/infectioncontrol. You can also read articles on infection control on *Vital's* online archive.¹⁻³

Young people and trainees

Induction training for all staff should include telling them how to work safely. Young people and trainees in particular may be unfamiliar with the everyday risks at the practice, so thorough training and initial supervision is particularly important for them. Those involved in decontamination (trainee dental nurses and decontamination assistants) will need training in inoculation prevention as soon as possible after they begin employment.

An experienced dental nurse or the practice's decontamination lead should be able to help with this.

Radiation

A suitable risk assessment should be carried out in consultation with your radiation protection adviser if you have introduced new X-ray equipment or new procedures. Regular maintenance and testing of X-ray equipment (mechanical and electrical) is important. An update on radiation protection will be published in the winter issue of *Vital*; you can read past articles on this topic in the *Vital* archive.⁴⁻⁶

Stress

The Health and Safety Executive believes stress at work to be a major health issue. It can affect any member of the team. Staff should feel able to voice concerns about stress at work and put forward ideas that could help alleviate stressful situations.

Working alone

It is a myth that staff cannot work alone for

health and safety reasons: it depends on the risks involved. For clinical staff treating patients, there must be another person (preferably a registered team member) available who is trained to deal with medical emergencies. When treating a patient in an out-of-hours emergency or on a home visit, the treating dentist is responsible for assessing the possible risk to the patient of continuing with treatment in the absence of a second trained person. Do not forget to include

cleaning and occasional staff in the practice risk assessment as they may work alone.

1. Shah R, Collins J M, Hodge T M, Laing E R. Are we clean enough? *Vital* 2010; 7: 40-46.
2. Fulford M. Combating contamination. *Vital* 2009; 6: 50-51.
3. Fulford M. Vital guide to infection control. *Vital* 2006; 3: 23-24.
4. Walls N. Radiography update. *Vital* 2012; 9: 31.
5. Lamb B. Radiography and responsibility. *Vital* 2011; 8: 34-36.
6. Grange S. Vital guide to radiography and radiation protection. *Vital* 2009; 7: 43-46.

DO WE NEED A defibrillator?

By Allan Reid

It is not just medically compromised and elderly people who are at increased risk of a cardiac emergency. Sudden cardiac arrest in seemingly fit young people has received extra attention since the dramatic collapse of footballer Fabrice Muamba during a televised FA Cup quarter-final match in March this year.

This prompted a wave of media stories about similar cases in young people and highlighted that cardiac arrest can, and does, affect anyone, young and old, at any time, and in any place. Such cases have led to campaigners demanding that more automatic external defibrillators (AEDs) should be available in public places. This, they claim, could save dozens of lives each year because the more AEDs that are available, the greater the chance of survival.

So the availability of a portable AED and suitably trained staff in the dental setting would be of potential benefit not only to the patients of the practice, but also to anyone in the vicinity outside who needs help.

Guidance from the Resuscitation Council (UK) has recently been updated to support wider availability of AEDs, including the dental surgery. 'Every clinical area should have immediate access to an automated external defibrillator,' it says.

The guidance also points out that AEDs are increasingly found in public places such as supermarkets, shopping centres and railway stations as well as in ambulances. The public not only increasingly expects such wide availability, but also expects dental practice staff to be able to deal promptly and effectively with medical emergencies, it says.

The Resuscitation Council (UK) guidance represents a contemporary and respected body of medical opinion on the management

of medical emergencies in dental practice and, although its recommendations are not mandatory, the General Dental Council (GDC), healthcare regulators and NHS authorities expect all practitioners to be aware of the guidance and to follow it. If individual practitioners choose not to, they should be prepared to justify their decision. The standard by which such a decision will be judged is whether or not a reasonable, respected and competent body of opinion would support the approach to treatment and the facilities available to support it.

Cardiac arrests in dental practices are very rare. A survey of 300 dentists in England, reported in the *British Dental Journal*, found only one cardiac arrest in 12 months. But the national charity, Arrhythmia Alliance, claims that 250 people in the UK die from sudden cardiac arrest every year; and a 2011 study published in the *Journal of Emergency Medicine* reported about 60,000 UK out-of-hospital cardiac arrests each year. Survival rates from out-of-hospital cardiac arrests are low. This has prompted recent media campaigns to raise public awareness of cardiopulmonary resuscitation (CPR) techniques to try to improve this.

More people are living longer with heart disease managed by surgical and drug interventions. The UK's Faculty of Public Health reports that obesity and diabetes rates are rising dramatically; both conditions are directly linked to heart disease and the risk of sudden cardiac arrest.

Be aware of patients' vulnerability

With more people with such complex medical histories routinely seeking and receiving dental care in general practice, the dental team needs

to be aware of their vulnerability and take appropriate precautions to protect them. Some patients get very worried about dental treatment and this anxiety can be increased by any medication and dental treatment they are given.

Both the public and the GDC expect members of the dental team to be able to recognise and manage cardiac and other medical emergencies appropriately and promptly and be trained, equipped and rehearsed to do so.

With the increase in media coverage, public expectations, and the number of people potentially at risk, any decision not to have an AED will need to be carefully considered.

The Resuscitation Council guidance also provides up-to-date recommendations on emergency drugs for use in dental practice and advice on staff training in the management of medical emergencies. If a practice chooses to have an AED on site, it is a requirement that all staff members are given regular training on how to use it. The guidance recommends all dental staff should have hands-on training in CPR and in using an AED at least annually.

Useful reading

Resuscitation Council UK. *Medical emergencies and resuscitation - standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice*. London: Resuscitation Council UK, 2006, revised and updated February 2012. www.resus.org.uk/pages/MEdental.htm (accessed 14 August 2012).

Read about how one dental team saved the life of a local child using their medical emergencies training in the news pages of this issue of *Vital*.