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.
- Fulford M. Combating contamination. Vital 2009;
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- 3. Fulford M. Vital guide to infection control. *Vital* 2006; 3: 23-24
- 4. Walls N. Radiography update. Vital 2012; 9: 31.
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Do we need a defibrillator?



t 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.