# Managing Medical Emergencies Policy and Procedure

*[Name]* Dental Practice is equipped and team members are trained to deal effectively with medical emergencies.

* All clinical and clerical staff receive annual emergency life support training and are familiar with the equipment and drugs which may be required to manage a medical emergency in the dental practice.
* There will be a minimum of two people available to deal with a medical emergency at any time in the dental practice.
* The emergency equipment and emergency drug box are stored in *[location]*.
* The first aid kit is stored in *[location]*.
* A medical history is taken from each new patient at their first appointment. This is checked at each routine dental appointment to ensure the details are up-to-date.

All medical emergencies are clinically managed as detailed in *[give details e.g. as described in the SDCEP guidance publication ‘Drug Prescribing for Dentistry’. A copy of this publication is available in every surgery]* and following the procedure set out below.

*[Name and deputy]* are responsible for ensuring that the emergency equipment is in good working order and that the first aid kit and emergency drug box are fully stocked and up-to-date.

* Weekly checks of emergency equipment, disposable emergency equipment and emergency drugs are carried out and logged *[see Emergency Drugs and Equipment Weekly Log for details]*, and any discrepancies resolved immediately.
* Emergency drugs are replaced before their expiry date.
* Oxygen cylinders are serviced and replaced in accordance with the manufacturer’s current guidelines.

### Procedure

In the event of a significant medical emergency:

|  |  |  |
| --- | --- | --- |
| **Responsibilities** | **Actions** | **Member of team responsible** |
| Patient care | * Assess the patient * Manage the patient according to agreed emergency clinical procedures and training | *[e.g. Supervising dentist or senior dental nurse]* |
| Equipment and Drugs | * Fetch emergency equipment and emergency drug box | *[e.g. Assisting dental nurse]* |
| Communications | * Inform Practice Manager/ Receptionist | *[e.g. Assisting dental nurse]* |
| * Contact the patient’s emergency contact, if unaccompanied | *[e.g. Practice Manager/ Receptionist]* |
| ..if an ambulance is required | * Call for an ambulance using the 999 procedure (see Appendix 1) | *[e.g. Practice Manager/ Receptionist]* |
| * Wait outside the practice to draw the attention of the ambulance crew | *[e.g. Other team member]* |
| ..if the patient is admitted to hospital | * Complete a medical emergency notification and give to the ambulance staff (see Appendix 2) | *[e.g. Supervising dentist]* |
| * Record details in the patient’s notes | *[e.g. Supervising dentist]* |
| ..if the patient recovers and is not admitted to hospital | * Arrange for the patient to be escorted home by a friend or relative and advise that the patient does not drive. | *[e.g. Practice Manager/ Receptionist]* |
| * Check on the patient later in the day by telephone. | *[e.g. Practice Manager/ Receptionist]* |
| * Record details in the patient’s notes | *[e.g. Supervising dentist]* |
| Equipment and Drugs | * Check emergency equipment and drugs after the incident and replace as necessary | *[e.g. Senior dental nurse]* |
| Other patients | * Inform and reassure other patients and, if necessary, rearrange their appointments | *[e.g. Practice Manager/ Receptionist]* |
| Debriefing | * Have a team meeting to discuss the medical emergency, lessons learned and any changes for the future | *[e.g All members of the practice team]* |

Last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name and/or designation of responsible person]* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following staff have read and understood this policy and procedure *[include all team members]*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental Team Member** | **Position** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

## Appendix 1 999 Procedure

**A copy of this procedure must be kept by the telephone in reception at all times.**

If an ambulance is required:

* Dial 999 and request an ambulance.
* Tell the operator the practice address and telephone number and give directions:
  + *[Name]* Dental Practice
  + *[Address]*
  + *[Postcode]*
  + *[Directions to the practice, including any notable landmarks, e.g. the practice is situated next to the primary school]*
  + *[Telephone number]*
* Tell the operator what type of medical emergency has occurred and how it is being managed.
* Tell the operator that a member of the dental team will stand outside the practice to draw the attention of the ambulance crew.

## Appendix 2 Medical Emergency Notification Form

|  |  |
| --- | --- |
| **Name of Patient** |  |
| **Address & telephone number** |  |
| **Date of Birth** |  |
| **Significant medical history** (including current medications) |  |
| **Known allergies** |  |
| **Name of Dentist** |  |
| **Dental Practice** | *[Name]* Dental Practice  *[Address line 1]*  *[Address line 2]*  *[Address line 3]*  *[Postcode]*  *[Tel number]* |
| **Description of medical emergency** |  |
| **Details of any treatment given prior to medical emergency** |  |
| **Details of treatment given following medical emergency** (including drugs) |  |