First-aid and medical emergencies Risk assessment and Practice Policy

Background

All workplaces must have adequate first-aid provisions, the extent of which depends upon the hazards present and the number of people employed (including associates and self-employed hygienists). Access to first-aid facilities must be available for all employees during working hours, even when shifts are worked.

The Health and Safety (First-Aid) Regulations 1981 require you to assess the first-aid requirements of the practice taking the following factors into account:

- the hazards and risks associated with the work - your practice risk assessment will help
- the number of people at the practice and where they work
- previous accidents (recorded in the accident book)
- access to emergency facilities and services
- arrangements for covering planned and unplanned absences
- patients - although there is no legal requirement to provide first-aid treatment and facilities to non-employees.

You must ensure that everyone has reasonably quick access to first-aid. Those who work outside the practice (domiciliary visits, for example) must still be provided with adequate first-aid cover.

Qualified personnel

The number of first-aiders or appointed persons required will depend on the individual circumstances of each practice. Special circumstances, such as remoteness from emergency medical services, shift work, domiciliary visits or practices with several separate buildings, may require more first-aid personnel to be available. Increased provision will be necessary to cover for absences.

Practices with fewer than 20 workers should have an appointed person on the premises at all times the practice is open. The basic ‘emergency first-aid’ course for appointed persons is recommended and should include emergency actions, cardiopulmonary resuscitation (CPR), control of bleeding, treatment of wounds and treatment of the unconscious patient.

A practice with more than 20 workers or where the working environment is assessed as hazardous, will need to have qualified ‘first-aiders’ on the premises at all times.

Training for ‘first-aiders’ includes:

- dealing with emergencies at work
- administering CPR
- administering first-aid to unconscious casualties
- administering first-aid to bleeding or wounded casualties,
- administering first-aid for burns/scalds, bone/muscle/joint injuries, shock, eye injuries, poisonings, casualties overcome by gas or fumes
- safe transport of casualties
- recognition of, and appropriate procedures for dealing with, common illnesses
- competent record keeping and effective communication or information to doctors etc.
If your assessment shows that first-aiders are needed in your practice, they will need to attend a course leading to a certificate of competence from a training organization approved by the HSE. These courses provide at least 24 hours of training, usually over four days or several weeks. First-aid certificates are valid for three years and requalification requires a further 12 hours of training, usually over two days. Dentists are not qualified as first-aiders unless they have undertaken appropriate training. First-aid courses are arranged by a number of organisations, including St John Ambulance and the British Red Cross.

First-aid box
All dental practices must have at least one first-aid box clearly marked with a white cross on green background. First-aid boxes should contain sufficient quantities of suitable first-aid materials and nothing else. Minimum quantities for a low risk workplace may be considered as:

- a general guidance leaflet on first-aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate for the work environment
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings (approx 12cm x 12cm)
- 2 large sterile individually wrapped unmedicated wound dressings (approx 18cm x 18cm)
- 1 pair of disposable gloves.
- Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should be provided. Once opened they should not be re-used.

Medical emergencies
Medical emergencies can happen at any time in dental practice. If you employ, manage or lead a team, you should make sure that:

- there are arrangements for at least two people available to deal with medical emergencies when treatment is planned to take place
- all members of staff, not just the registered team members, know their role if a patient collapses or there is another kind of emergency
- all members of staff who might be involved in dealing with a medical emergency are trained and prepared to deal with such an emergency at any time, and practice together regularly in a simulated emergency so they know exactly what to do.

Training should include the preparation and use of emergency drugs (where appropriate) and resuscitation routines in a simulated emergency. This training should occur at least annually.

Emergency drugs and equipment
There is no statutory list of emergency drugs required for dental practices - you need to decide what drugs to hold considering the treatments you provide and the patients you attend. The British National Formulary contains useful guidelines on the management of the more common medical emergencies that may arise in dental practice and the medicines that should be administered. It is a useful reference when deciding which emergency drugs to keep.

Guidance on emergency equipment is also available from the Resuscitation Council (UK) at www.resus.org.uk/pages/MEdental.pdf. If you decide to include defibrillators as part of your emergency equipment, you must ensure staff are fully trained in their use and the equipment is properly maintained.

If you undertake domiciliary visits, you will need to decide which emergency equipment and drugs should be taken, bearing in mind that a medical emergency may occur during the visit.
Injury at Work (First Aid)

Those at risk

All staff and visitors

Existing Controls and any additional actions now implemented

1. One member of Staff to have a current First Aid at work Certificate (Marcus Gilmartin)
2. The First Aider to check the first Aid Kit every week
3. The First Aider to check the oxygen cylinders every week
4. The First Aider to check the Fire policy is implemented every week
5. The First Aider to ensure that all members of staff have up to date knowledge and skills to handle basic medical emergencies and accidents.
6. The First Aider to make sure that all staff has attended resuscitation training in the previous 2 years.
7. The First Aider every week to make sure that the accident book is available and that we comply with RIDDOR regulations
8. The First Aider every week to make sure that all safety alert bulletins are made available to all staff as and when they arrive.
9. The First Aider every week to make sure that the emergency kit, equipment and drugs are all up to date and accounted for.
10. The First Aider to make sure that the drugs are kept in a locked cupboard.
11. We have a Policy for usage and storage of medicines.
12. All medicines to be kept in a secure cupboard.
13. A record of all the drugs held, their purchase should be maintained

Risk assessment carried out by Dr D Gilmartin 01/01/2011

First Aid and Medical Emergencies Policy

Introduction

We have a qualified first aider and several related policies. First aid and an ability to respond to medical emergencies is a critically important area in the practice. It requires not only an awareness of the problems but audited training certification.

1. Every morning before the first patient arrives the dental nurse must check that the Oxygen cylinder is full and working (this is outlined in the her daily duties list)
2. Every week the dental nurse must check that the spare Oxygen cylinder are full and working (this is outlined in the her weekly duties list)
3. The emergency drugs should be kept up to date and this is achieved by the monthly audit of legislative compliance.

In the event of a Medical Emergency

a. We expect in the event of a medical emergency that the person who discovers it alerts all members of staff straight away.
b. We expect that all members of staff respond immediately by going to the medical emergency.
c. We would expect each trained member of staff to be able take charge.
d. Where the medical emergency is deemed to require outside help (ambulance) one person does this.
e. The medical emergency must be logged

We ask all staff to sign this policy to show how important we feel it is. By doing so they agree to

1. Keep their training up to date and logged
2. Make sure that any untoward incidents are reported and known to all members of staff.
3. Follow the correct procedures when an untoward incident occurs

I have read this risk assessment as well as the other risk assessments referred to in this document, understood the hazards, and understand my responsibilities and duties relating to health and safety. I have read, understood and work under the policy outlined above and agree to work to it

Signature
Name       Date

Last Updated 01/01/2011    Next Review of Policy Due 01/01/2013