

First-Aid Policy

The Oxford Orthodontic Centre has adopted the following first-aid policy.

All workplaces must have adequate first-aid provisions, the extent of which depends upon the hazards present and the number of people working (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)

Everyone should have reasonably quick access to first-aid. Those who work outside the practice (domiciliary visits, for example) must also 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 may be necessary to cover for absences.

Practices with fewer than five workers should have an 'appointed person' on the premises. This person does not need formal training but will take charge of first-aid arrangements. Although there are no hard and fast rules on exact numbers, practices with 5 or more workers are advised to have at least one person trained in basic 'emergency first-aid at work' (the EFAW one-day course). Large practices may wish to have more than one person trained in this way and may consider having someone trained in 'first-aid at work' (three-day course). Dentists are not qualified in first-aid unless they have undertaken appropriate training. If your assessment shows that first-aiders are needed in your practice, they should attend a course leading to a certificate of competence from a training organisation approved by the HSE.

First-aid at work courses provide at least 24 hours of training, usually over four days or several weeks. First-aid certificates are valid for three years and re-qualification 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. On completion of EFAW training, successful candidates should be able to:

- Understand the role of the first-aider including reference to the use of available equipment and the need for recording incidents and actions
- Understand the importance of basic hygiene in first-aid procedures
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- Administer first-aid to a casualty who is unconscious and/or in seizure
- Administer cardiopulmonary resuscitation
- Administer first-aid to a casualty who is wounded or bleeding and/or in shock
- Administer first-aid to a casualty who is choking
- Provide appropriate first-aid for minor injuries

First-aid box

The Oxford Orthodontic Centre has one first-aid box clearly marked with a white cross on green background stored in the office filing cabinet. 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. GDC guidelines state that 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. BDA Training Essentials courses offer training on the management of medical emergencies for the whole dental team.

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 who attend. The Resuscitation Council (UK) and the Scottish Dental Clinical Effectiveness Programme (SDCEP) provide guidance on the management of the more common medical emergencies that may arise in dental practice and the medicines that should be administered. Guidance is also available from British National Formulary.

If your emergency equipment includes a defibrillator, you must ensure members of staff are fully trained in its use and that it 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.

Adopted: 1 June 2013

Reviewed: