



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Medical Emergencies:** **Protocols for the Dental Team and the Drugs Kit**

**Aims:** To describe the General Dental guidance for medical emergencies for the dental team. To discuss the equipment and drugs required in dental practice as recommended by the Resuscitation Council UK and the British National formulary.

**Learning Outcomes:** On completion of this verifiable CPD article, the participant will be able to demonstrate, through the completion of a questionnaire, the ability to:

- Identify key points on the requirements of dental practices to meet the General Dental Council standards in relation to medical emergencies.
- Know the requirements of your role in the event of a medical emergency in dental practice.
- Know the requirements of your practice protocol to deal with medical emergencies.
- Identify the recommended equipment and drugs that are the minimum requirement to deal with a medical emergency in dental practice.

### **Introduction**

The term emergency can be defined as a serious, unexpected, and often dangerous situation requiring immediate action.<sup>1</sup> In dentistry this may mean a situation where a patient's life is in immediate danger. A Cross-sectional survey, targeting dentists, dental hygienists and dental therapists across the UK working within primary dental care found that dental professionals will encounter medical emergencies in primary dental care every 1-2 years and are therefore not uncommon.<sup>2</sup>

It is relatively easy to be skilful in techniques that are repeated on a daily basis such as routine dental treatment; however, as we know, emergency care is performed only occasionally and, instances that involve life saving measures, may be performed once in many years. It is therefore important that we keep updating our knowledge on medical emergencies so that we can ensure we are ready to take immediate action should an emergency arise.<sup>3</sup>

## General Dental Council Standards and Guidance

All members of the dental team must follow the guidance on medical emergencies and training updates issued by the Resuscitation Council (UK). The Resuscitation Council's document '*Quality standards for cardiopulmonary resuscitation practice and training*' Quality Standards Primary Dental Care is its main medical guidance document for dental professionals. The General Dental Council (GDC) endorse this document and expects registrants to apply this guidance in practice.<sup>4</sup>

### Equipment Requirements

#### **Defibrillators**

The GDC endorse the Resuscitation Council's guidance that all clinical areas should have immediate access to an automated external defibrillator (AED).

This means that premises in which patients are seen clinically should have a defibrillator. This includes practices in which patients are seen by:

- A dentist only.
- A clinical dental technician only.
- A dental hygienist or dental therapist only.
- A combination of members of the dental team.

If an AED is not held on site, the Care Quality Commission (CQC) expects a documented local risk assessment to be undertaken to demonstrate how an AED will be accessed rapidly in an emergency.<sup>4</sup>

#### **Emergency drugs**

The GDC endorse the Resuscitation Council's guidance that clinical dental settings staffed by dentists, hygienists, and therapists, are to have an emergency drugs kit.

Clinical Dental Technicians (CDTs) - The GDC recognise that the Human Medicines Regulations 2012 prohibit clinical dental technicians from purchasing or holding the prescription-only medicines contained within an emergency drugs kit. They do not therefore expect a clinical dental technician to have an emergency drugs kit or be trained in the use of an emergency drugs kit. They are aware that CDTs who work independently will not have an emergency drugs kit on their premises.

Dental hygienists and therapists - the Human Medicines Regulations 2012 permit dental hygienists and therapists to hold emergency drugs on their premises, but not to purchase the medicines directly. A dental hygienist / therapist practice needs to ensure that they hold emergency drugs on site. Hygienist / therapist practices without an on-site dentist can obtain an emergency kit through a prescribing dentist or doctor under a Patient Group Direction.<sup>5</sup>

However, Midazolam is a controlled drug and cannot be supplied or administered under a patient-group directive. It requires a Patient Specific Direction (a prescription

from a dentist or doctor). The prescribing dentist must be assured that the dental hygienist or therapist has been trained and is competent to administer midazolam.<sup>5</sup>

### **Staff skills requirements**

A patient could collapse on any premises at any time, whether they have received treatment or not. It is therefore essential that all registrants must be trained in dealing with medical emergencies, including resuscitation, and possess up to date evidence of capability.

The GDC state that registrants must know their role in the event of a medical emergency and ensure they are sufficiently trained and competent to carry out that role.

If the setting in which a registrant works changes, their role in the event of a medical emergency may change as well. They must ensure that they are suitably trained and competent to carry out their new medical emergency role. This might be the case for:

- A dental hygienist moving to independent practice under direct access.
- A clinical dental technician moving from a dentist's premises to independent premises.
- A dental nurse working in a school.
- A dental nurse assisting with domiciliary visits.<sup>4</sup>

### **Practice Protocol and Training**

Every practice should have a protocol in place for dealing with a medical emergency. The General Dental Council standards state that:

**6.2.6** Medical emergencies can happen at any time. You must make sure that there is at least one other person available within the working environment to deal with medical emergencies when you are treating patients. In exceptional circumstances the second person could be a receptionist or a person accompanying the patient.<sup>4</sup>

**6.6.6** Medical emergencies can happen at any time in a dental practice. You must make sure that:

- there are arrangements for at least two people to be available within the working environment to deal with medical emergencies when treatment is planned to take place;
- all members of staff, including those not registered with the GDC, know their role if there is a medical emergency; and
- all members of staff who might be involved in dealing with a medical emergency are trained and prepared to

do so at any time, and practise together regularly in a simulated emergency so they know exactly what to do.<sup>4</sup>

Maintaining an accurate medical history for every patient helps identify patients at risk of medical emergencies. Dental practitioners and dental care professionals must be trained in CPR so they can promptly recognise cardiorespiratory arrest, call emergency services, and begin effective CPR. (including compressions which may be performed in a reclined dental chair), use ventilation devices with oxygen, perform defibrillation within 3 minutes if appropriate, and provide advanced life support if they are competent and trained to do so.<sup>6</sup>

Those working with children must learn paediatric CPR and practice on child manikins. All staff must update resuscitation training at least annually, and systems should exist to ensure appropriate training is completed for specialist equipment like AEDs and airway devices. New staff must receive CPR training during their induction.<sup>6</sup>

Staff training records should be recorded. Training and retraining is a mandatory requirement for Continuing Professional Development for the dental team.<sup>6</sup>

### The Drug and Equipment Kit



It is important that all drugs should be stored together in a purposely designed storage bag or container, and all members of the team should know where it is stored.

Even though, as DCPs you may not be the ones to actually administer the emergency drugs, practising as part of a team will allow us to identify roles and responsibilities in terms of getting the drug kit, phoning for an ambulance, assisting with CPR etc.

**The Resuscitation Council UK recommend the following minimum equipment for the management of cardiorespiratory arrest.<sup>7</sup>**

Item	Suggested Availability	Comments
<b>Protective equipment - gloves, aprons, eye protection</b>	Immediate	
<b>Pocket mask with oxygen port</b>	Immediate	

<b>Portable suction e.g., Yankauer</b>	Immediate	Airway suction equipment. NPSA Signal. Reference number 1309. February 2011
<b>Oropharyngeal airways sizes 0,1,2,3,4</b>	Immediate	
<b>Self-inflating bag with reservoir (adult)</b>	Immediate	
<b>Self-inflating bag with reservoir (child)</b>	Immediate	
<b>Clear face masks for self-inflating bag (sizes 0,1,2,3,4)</b>	Immediate	
<b>Oxygen cylinder (CD size) For full details please see paragraph 13 of <a href="https://www.resus.org.uk/quality-standards/primary-dental-care-equipment-list/">https://www.resus.org.uk/quality-standards/primary-dental-care-equipment-list/</a></b>	Immediate	Oxygen cylinders should be of such a size to be portable easily, but must also allow for an adequate flow rate (e.g., 15 l.min-1)
<b>Oxygen masks with reservoir</b>	Immediate	
<b>Oxygen tubing</b>	Immediate	
<b>Automated external defibrillator (AED)</b>	Immediate	Type of AED and location determined by a local risk assessment.  Consider facilities for paediatric use, especially for practices that treat children.
<b>Adhesive defibrillator pads</b>	Immediate	Spare set of pads also recommended.

Razor	Immediate
Scissors	Immediate

### Drugs in the Kit

- ✓ Glyceryl Trinitrate Spray.
- ✓ Salbutamol aerosol inhalation, salbutamol 100 micrograms/metered inhalation.
- ✓ Adrenaline/epinephrine Injection, adrenaline 1:1000, (adrenaline 1mg/ml as acid tartrate), 1 mL amps.

Ensure the emergency kit also contains appropriate syringes and needles to draw up and administer adrenaline ampoules safely.

- ✓ Aspirin Dispersible (300mg).
- ✓ Glucagon injection, glucagon (as hydrochloride), 1 - unit vial (with solvent)

CQC guidance (2024) highlights that GucaGen HypoKit should be stored according to manufacturer's instructions with attention to expiry dates and refrigeration requirements where applicable.<sup>8</sup>

- ✓ Glucose (for administration by mouth).
- ✓ Midazolam oromucosal solution.
- ✓ Medical Oxygen.<sup>8</sup>

Oxygen cylinders should be easily portable but must allow adequate flow rate (for example, 15 L min) for 30 minutes or until the arrival of emergency services. Local policy should dictate the precise size of cylinder and whether a second cylinder is needed in case the first one is at risk of running out.<sup>8</sup>

**The Resuscitation Council advise that training should be given to all healthcare workers on how to draw up adrenaline and give an intramuscular injection of adrenaline.**

### Audit

To ensure a high-quality service, dental practices should audit:

- weekly (as a minimum) checks of the resuscitation equipment.
- other elements of health and safety (e.g. manual handling).

Audit should always include a full 'debriefing' of staff after any cardiorespiratory arrest. This allows them to reflect on the treatment given and permits discussion of whether anything might have been done differently. It is an important learning tool.

Where audit identifies deficiencies, steps must be taken to correct these.<sup>7</sup>

### England, Scotland and Wales

There are no major differences in the core requirements for medical emergencies in dental practices between England and Scotland all of the countries expect dental teams to follow UK-wide professional standards for resuscitation and medical emergency preparedness. However, Scotland has additional inspection expectations and formal documentation requirements that are specific to Scottish practice regulation. A link can be found to them under further reading in the blue box below.

### Record Keeping

Following treatment for any medical emergency it is very important that we always record everything accurately, contemporaneously, and comprehensively in the patients notes.

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### **Personal Development Plan and Reflective Learning**

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

#### **C. Maintenance and development of knowledge and skill within your field of practice.**

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now need to answer some reflective learning questions, before your certificate is generated. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

Examples will be provided. Please remember that you need to fill this in on completion of the exam but you can also update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

#### **Further Reading**

<https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

<https://www.gov.scot/publications/national-dental-advisory-committee-emergency-drugs-equipment-primary-dental-care/pages/7/>

## Biography

Jon Andersen of ST4 Training

Jon Andersen is the sole proprietor of ST4 Training and has personally delivered over 2000 courses to a range of organisations. The majority of Jon's training is with GP and dental practices. Previously, Jon was a Paramedic, Operational Station Officer, Aircrew Paramedic (one of the first six in Sussex), Advanced Exercise Referral Instructor, and Phase IV Cardiac Rehabilitation Exercise Specialist.

Jon can be contacted on 07883 703256

## References

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- 3 The General Dental Council Standards Guidance (2014) The Principles of Team Working. General Dental Council: London.
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- 5 GDC (2025) Available from: [https://www.gdc-uk.org/standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/medical-emergencies#:~:text=All%20medicines%20currently%20on%20the,is%20competent%20to%20administer%20midazolam](https://www.gdc-uk.org/standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/medical-emergencies#:~:text=All%20medicines%20currently%20on%20the,is%20competent%20to%20administer%20midazolam.). (Accessed 30/12/2025).
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- 8 Care Quality Commission (2025) Available from: <https://www.cqc.org.uk/guidance-providers/dentists/dental-mythbuster-4-drugs-equipment-medical-emergency> (Accessed 30/12/2025).