DENTAL COUNCIL
Te Kaunihera Tiaki Niho

24 May 2013

Dear practitioner

Consultation on the draft Medical Emergencies in Dental Practice Code of Practice

Dental Council established a Medical Emergencies Code of Practice Review Working Group in 2012, with the responsibility to review the two Medical Emergencies in Dental Practice Codes of Practice, and to advise Council on the changes required to the codes.

Council considered the working group's recommendations at its April 2013 meeting. A draft Medical Emergencies Code of Practice was approved for consultation.

Consultation points

Council invites all stakeholders to comment on the draft Medical Emergencies Code of Practice, in the attached consultation document, by responding to the following questions:

1. Do you agree with Council's proposed changes to the draft Medical Emergencies in Dental Practice Code of Practice? If not, please detail the areas of disagreement, reasons for disagreement and, where relevant, alternative suggestions.
2. Do you have any additional proposed changes to the draft Medical Emergencies in Dental Practice Code of Practice?

In accordance with Council's *Guidelines on Consultation*, the consultation document has been sent to all practitioners, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest in this area. The objective of the consultation is to gather views from the sector to inform Council's decision on the proposed Medical Emergencies Code of Practice. The consultation document will also be published on Council's website, with a similar invitation to comment.

Council seeks any comments on the proposal by the close of business on **19 July 2013**.

Responses should be sent to:

Dental Council
PO Box 10-448
Wellington 6143
Fax: 04 499 1668

Email: consultations@dcnz.org.nz

Yours sincerely

Marie Warner
Chief Executive

Consultation Document

Medical Emergencies in Dental Practice Code of Practice

RELEASED 24 MAY 2013

SUBMISSIONS DUE 19 JULY 2013

1. INTRODUCTION

Dental Council ('Council') agreed to establish a Medical Emergencies Code of Practice Review Working Group ('working group'), with the responsibility to review the two Medical Emergencies in Dental Practice Codes of Practice ('codes'), and to advise Council on the changes required to the codes.

The working group[1] met over recent months and has submitted its recommendations to Council. The working group considered various sources of information in formulating its recommendations, including the New Zealand Resuscitation Council (NZRC) Guidelines; the New Zealand Dental Association Code of Practice – Medical Emergencies in Dental Practice 2012; New Zealand health regulatory authorities' emergency training requirements and statements; the 2010 International Consensus on Treatment Recommendations Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations; an analysis on emergency training courses verified for the purpose of continuing professional development activities, during the period 2009-2012; and, cost comparisons and geographical spread of emergency training courses offered during a similar period.

The working group's recommendations were considered at Council's April 2013 meeting and a draft Medical Emergencies in Dental Practice Code of Practice was approved for consultation.

Council acknowledges the extensive work carried out by the working group on this project and thanks each member of the group for their valued contribution.

2. PROPOSED CHANGES

The following changes to the current Medical Emergencies in Dental Practice Codes of Practice are proposed.

2.1 Single code of practice

It is recommended that a single medical emergencies code of practice for all oral health professions be adopted, rather than having separate codes for dentists/dental specialists and all other oral health professions.

[1] Working group members: Robin Whyman (Chair), Rachel Bridgeman, Michelle Enslin, Kevin Nation, Steve Russell, Darryl Tong.

2.2 Statement on duty of care

A statement on the oral health professionals' duty of care in an emergency has been incorporated into the introduction section of the draft code.

2.3 Specific medical emergency response

It is proposed that the *Medical Emergencies – Information* and *Specific Responses* sections from the current codes be removed.

The purpose of Council's codes of practice is to set minimum practice standards, with the overarching objective to protect the safety of the public. Council is of the view that the information contained in this section fits better within the training material of medical emergencies, rather than in a practice standard document.

The code and Council's website would include the relevant URL and link, respectively, to the NZRC guidelines for practitioners that require medical emergency treatment protocols.

2.4 Training

(a) CORE vs non-CORE courses

During its deliberations both the working group and Council extensively discussed whether NZRC Certificate of Resuscitation (CORE) or non-CORE training courses should be required for emergency training. The accessibility to the courses offered has been investigated as part of the working group's deliberations.

Council is proposing **NZRC CORE courses** for emergency training, for those professions where CORE courses are described. It is, therefore, proposed to remove the current provision for **CORE equivalent** courses to be completed.

Council believes that it is difficult and unfair to expect practitioners to determine course equivalence, and a poor quality course is often only identified after its completion.

CORE courses' content is governed by NZRC, ensuring consistency of content against the NZRC training levels, and regular recertification of CORE Instructors occurs. This would ensure consistent training standards for oral health practitioners.

(b) Training levels

Council is proposing the following NZRC training levels for the oral health professions:

- Dentists/Dental specialists (not performing intravenous sedation) – NZRC CORE Modular Level 4
- Dentists/Dental specialists (performing intravenous sedation) – NZRC CORE Level 6
- Dental therapists – NZRC CORE Modular Level 4
- Dental hygienists – NZRC CORE Modular Level 4
- Orthodontic auxiliaries – NZRC CORE Modular Level 4

- Clinical dental technicians – NZRC CORE Modular Level 4
- Dental technicians undertaking restricted activities – NZRC CORE Modular Level 4
- Dental technicians – NZRC Level 2.

The training level for dental technicians was discussed in detail. It is proposed that basic life support (Level 2) would be appropriate for registered dental technicians except when undertaking restricted activities and therefore interacting directly with patients, when NZRC CORE Modular Level 4 is being recommended.

Council does not have any jurisdiction over non-registered practice staff. However, the code strongly recommends that all non-registered practice staff be trained to Level 2.

(c) Modular CORE courses

It is proposed that the NZRC CORE Modular Level 4 course be required for dentists and dental specialists (not performing intravenous sedation), dental hygienists, dental therapists, orthodontic auxiliaries, clinical dental technicians and dental technicians undertaking restricted activities.

The modular course for NZRC CORE Level 4 must contain the following modules:

- Airway management;
- Adult collapse; and
- Childhood collapse (not required for clinical dental technicians and dental technicians undertaking restricted activities, because of the low prevalence of treating children).

(d) Recertification period of training

There is no international consensus[2] on a specific period of recertification training. However, there is consensus that the evidence confirms there is skill decay from fairly early on after resuscitation training. The evidence indicates the levels of knowledge are comparable without refresher courses, but there is a significant decrease of motor skills for those without frequent practice sessions/training/refresher courses/assessments.

The proposal is that the recertification period of training be changed from the current four years to every two years in conjunction with a strong recommendation for "*role-play training in the practice on a six monthly basis, to try and prevent the decay of skills for practitioners not utilising the skills on a regular basis*".

The objective of the shortened recertification period is to ensure up-to-date skills for practitioners.

[2] 2010 International Consensus on Treatment Recommendations Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Report available on http://circ.ahajournals.org/content/122/16_suppl_2/S539.full.pdf+html as on 15 January 2013.

(e) Intravenous sedation

A higher level of medical emergency training is required for those practitioners performing intravenous sedation due to the risks associated with the procedure.

The recommendation is that the training level of dentists/dental specialists performing intravenous sedation remains at NZRC CORE Level 6. The emergency training level required for dentists/dental specialists performing sedation utilising other routes of administration will be NZRC CORE Modular Level 4, but this should be reviewed when the *Code of Practice: Conscious Sedation for Dental Procedures (2006)* is reviewed in due course.

2.5 Minimum requirements for equipment and emergency

After considering the treatment associated with the various levels of emergency training, it is proposed that the following minimum equipment **must** be available to **all** oral health professions required to train to NZRC CORE Modular Level 4, to manage an emergency situation within their scope of emergency training at Level 4:

- For airway management –
  - Basic airway adjuncts (oro-pharyngeal airways)
  - Laryngeal mask airway
- Oxygen cylinder and regulator suitable for delivering high flow oxygen
- Bag mask device with oxygen reservoir
- Syringes and needles for drawing up and administering drugs
- Spacer device to deliver Salbutamol.

The availability of an automated external defibrillator (AED) remain optional, but a provision is included that practices should familiarise themselves with the nearest AED to their practice.

After considering the current treatment algorithms it is proposed that the following minimum emergency drugs **must** be available for **all** oral health professions required to train to NZRC CORE Modular Level 4, irrespective of practice environment, to manage an emergency situation within their scope of emergency training at Level 4:

- Oxygen
- Adrenaline (1:1000, 1:10 000).

The following additional drugs are required for dentists/dental specialists, in line with their prescribing rights:

- GTN
- Aspirin
- Salbutamol.

It is proposed that the following drugs be removed from the list required for medical emergency management of patients under intravenous sedation, as these are not part of the anaphylaxis algorithm:

- Amiodarone and Atropine
- Haemaccel or other colloid solution
- Midazolam
- Promethazine.

3. CONCLUSION

Council is proposing various changes to the current Medical Emergencies in Dental Practice Codes of Practice, reflected in the draft code in Appendix 1.

The existing codes can be accessed for comparison, if required, on Council's website at *www.dcnz.org.nz/dcStandardsCodes*.

4. CONSULTATION POINTS

The Dental Council invites all stakeholders to comment on the draft Medical Emergencies in Dental Practice Code of Practice by responding to the following questions:

1. Do you agree with Council's proposed changes to the draft Medical Emergencies in Dental Practice Code of Practice? If not, please detail the areas of disagreement, reasons for disagreement and alternative suggestions, where relevant.
2. Do you have any additional proposed changes to the draft Medical Emergencies in Dental Practice Code of Practice?

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Appendix 1

Draft Code of Practice for Medical Emergencies in Dental Practice

Contents

Previous versions:

This document replaces all previous versions of the Medical Emergencies in Dental Practice Code of Practice for Dentists/Dental Specialists [March 2005] and the Generic Medical Emergencies in Dental Practice Code of Practice for the other oral health professions [December 2006; updated January 2008].

1. PURPOSE

Oral health practitioners have a responsibility to put their patients' interests first, and to act to protect those interests through the provision of good care and a safe practice environment. The practitioner's ability to deal with medical emergencies that arise in their practice is a significant aspect of meeting their responsibility to, and the expectations of, their patients.

Medical emergencies can and do occur in dental practices[3]. The early and effective management of a medical emergency significantly improves the outcomes and reduces the adverse effects of such an occurrence. Oral health practitioners need to have appropriate skills, training and equipment available to deal with potentially life threatening conditions[4, 5].

The purpose of the Dental Council Code of Practice for Medical Emergencies ('code') is to set the minimum standards for registered oral health practitioners for the level of resuscitation training; the recertification intervals; and, the equipment and drugs that need to be available in the case of a medical emergency. The standards include recommendations for implementation in dental practices.

2. INTERPRETATION OF REQUIREMENTS

Must – A requirement expressed as "must" is a minimum standard that all oral health practitioners must adhere to and comply with.

Should – A requirement expressed as "should" is a strong recommendation, but compliance will not be monitored.

3. PRACTITIONERS' LEGAL AND ETHICAL RESPONSIBILITY

It is an oral health practitioner's ethical and legal obligation to attend to a medical emergency. Further, it is the public's expectation that a health professional will be in a position to assist them in a medical emergency situation.

Oral health practitioners have a legal and ethical responsibility to provide good care to the public within their level of competence and to put patient safety first at all times.

The Code of Health and Disability Services Consumers' Rights 1996 provides that every consumer has the right to have services provided in a manner that comply with legal, professional, ethical, and other relevant standards (Right 4(2)).

Council expects oral health practitioners to attend to a medical emergency within their competence and skill levels, supported by their current training to the level prescribed in the code.

[3] Broadbent, J.M., Thomson, W.M. The readiness of New Zealand General Dental Practitioners for Medical Emergencies. NZDJ 97: 82-86; 2001.
[4] Zacharias, M., Hunter, K.MacD. Cardiopulmonary Resuscitation in Dental Practice – an update. NZDJ 90: 60-65; 1994.
[5] New Zealand Resuscitation Council. Basic Resuscitation 2002 Resuscitation 2000

Failure to respond to a medical emergency is a significant departure from the standard of care expected of oral health practitioners. If a practitioner chooses not to attend to a medical emergency they may be required to defend that decision, in the event of a charge of professional misconduct or criminal prosecution.

Instant decisions may have to be made in an emergency situation, and would be taken into account when deciding whether there had been a failure to meet the appropriate professional standard.

4. PREPARATION FOR MEDICAL EMERGENCIES

It is not the purpose of the code to advise practitioners on specific medical emergency treatment protocols or algorithms.

The New Zealand Resuscitation Council (NZRC), as the guideline and standard setting body for resuscitation in New Zealand, publishes national guidelines and policy statements to provide all those involved in resuscitation education and practice with treatment recommendations based, where possible, on scientific evidence. These documents are reviewed and amended as new evidence comes to hand.

The guidelines and policy statements are available on the NZRC website at the following link: *http://www.nzrc.org.nz/policies-and-guidelines/*.

A. MEDICAL HISTORY

A comprehensive medical history is fundamental in the prevention and management of a medical emergency, and must be recorded and regularly updated for all patients.

Patients with higher risks of a medical problem occurring or severe medical conditions should be identified. An assessment should be made on any additional precautions that should be taken, or refer the patient to a more suitable qualified practitioner or a more appropriate medical environment, such as a hospital-based dental practice.

The detailed requirements on taking a medical history are contained in the Dental Council *Patient Information and Records Code of Practice*.

B. RESUSCITATION TRAINING

The NZRC developed graduated rescuer levels for resuscitation training. The NZRC Level 4 was developed as the first health professional level.

The NZRC description of this level is[6]:

> *These rescuers should have a practical working knowledge of automated external defibrillator as for level 3 but they may also have practical skills including airway control using a laryngeal mask airway, precordial thump, IV insertion and the preparation of emergency drugs for administration by higher level rescuers. They should have an understanding of the principles of manual defibrillation and advanced airway methods (such as endotracheal intubation) in order that they may assist higher level rescuers with these procedures.*

[6] http://www.nzrc.org.nz/training/nzrc-rescuer-levels/

Oral health practitioners must complete the following minimum levels of resuscitation training:

Professions	***NZRC Resuscitation Training Levels***
Dentists/Dental Specialists - not performing Intravenous sedation	CORE[7] Modular Level 4
Dentists/Dental Specialists performing Intravenous sedation	CORE Level 6
Dental Therapists, Dental Hygienists, Orthodontic Auxiliaries, Clinical Dental Technicians	CORE Modular Level 4
Dental Technicians undertaking restricted activities	CORE Modular Level 4
Dental Technicians	Level 2

- The modular course for Certificate of Resuscitation and Emergency Care (CORE) Level 4 must contain the following modules:
  - Airway management,
  - Adult collapse, and
  - Childhood collapse (not required for clinical dental technicians and dental technicians undertaking restricted activities, because of the low prevalence of treating children).
- The resuscitation training must be revalidated every two years, and evidence of this must be available for verification, if requested by Council, from time to time.

Council does not have any legal jurisdiction over non-registered practice staff (such as dental assistants and administrative staff). However, it strongly recommends that all non-registered practice staff should be trained to Level 2 - Basic Life Support Skills.

- A team approach to management of medical emergencies must be developed. Written protocols must be in place so that all staff members know their role in managing emergency situations.

The dental team should practice the management of an emergency on a six-monthly basis within the dental practice setting, through simulation and role play of various emergency scenarios. This could delay the rate of skill decay for practitioners not utilising the skills on a regular basis, and reinforces all staff members' particular role in the management of a medical emergency.

[7] Certificate of Resuscitation and Emergency Care

International training courses

- Practitioners practising and completing their emergency training in Australia must complete courses provided by Australian Resuscitation Council accredited course centres:
  - Courses equivalent to NZRC CORE[8] Modular Level 4: Advanced Life Support Level 1 - Immediate Life Support (ALS1/ILS)
  - Courses equivalent to NZRC CORE Level 6: Advanced Life Support Level 2 - Advanced Life Support (ALS2/ALS)
  - Courses equivalent to NZRC Level 2: Any Basic Life Support Skills course by a credible provider.

The Australian Resuscitation Council maintains the list of accredited course centres in Australia, and this can be accessed on their website[9].

- Practitioners practising and completing their emergency training in other overseas jurisdictions must complete their emergency training at an accredited emergency training provider/course centre, where applicable. If providers/courses are not accredited or approved, the practitioner must complete their emergency training at a credible provider.
- Training courses equivalent to NZRC CORE Modular Level 4 must contain the relevant training modules, specified earlier.

The code's training requirements do not replace any additional requirements of other regulatory authorities.

C. EQUIPMENT

The following equipment must be readily available in all dental practices[10]:

- Oxygen cylinder and regulator suitable for delivering high flow oxygen
- Bag mask device with oxygen reservoir
- Basic airway adjuncts (oro-pharyngeal and laryngeal mask airways)
- Syringes and needles for drawing up and administering drugs
- Spacer device to deliver Salbutamol or Adrenaline.

- The equipment must be checked monthly to ensure it is fully operational. Staff must have training on the use of the equipment in their respective roles.

Early defibrillation of casualties who are in ventricular fibrillation/tachycardia dramatically improves prospects of survival. However, an automated external defibrillator (AED) is not mandatory for dental practices. All practices should, as part of its management of medical emergencies protocols, familiarise themselves with the location of the nearest available AED.

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[8] Certificate of Resuscitation and Emergency Care

[9] http://www.resus.org.au/

[10] Except in dental laboratories of dental technicians not undertaking restricted activities

D. DRUGS

- Drugs must be readily available and not be beyond their expiry date. They must be stored to facilitate easy access, identification and in dosages that are easy to administer in an emergency situation.

The following drugs, as a minimum, must be available in all dental practices[11]:

- Oxygen
- Adrenaline (1:1000 and 1:10 000)

The following drugs should be available for dentists and dental specialists:

- Glyceryl trinitrate
- Aspirin
- Salbutamol

E. INTRAVENOUS SEDATION

Practitioners administering intravenous sedation must undertake a higher level (CORE Level 6) of resuscitation training, due to the higher risks of a medical emergency associated with the activity.

A more complete range of equipment and drugs is required in practices where intravenous sedation procedures are performed. Further information regarding the safe use of intravenous sedation within dental practice is contained within the Dental Council *Sedation in Dental Procedures Code of Practice*.

The following additional equipment must be readily available in dental practices where intravenous sedation is performed:

- Advanced airway adjuncts – endotracheal tubes
- IV Cannulae (including large bore 14g and 16g)
- Tourniquet
- Alcohol swabs and tape

The following drugs must be readily available in dental practices where intravenous sedation is performed:

- Nalaxone
- Flumazenil
- Dextrose 20%
- Glucagon
- Normal saline 1000ml
- Salbutamol
- Hydrocortisone

F. SCHEDULING OF APPOINTMENTS

Scheduling of appointments should be made to ensure that two staff members are immediately available, with the appropriate level of training, to assist in a medical emergency.

[11] Except in dental laboratories of dental technicians not undertaking restricted activities

5. CHECKLIST

- ☐ Do you record and regularly update the medical history of all patients?
- ☐ Do you have current resuscitation training to the minimum prescribed CORE level?
- ☐ Does your CORE Modular Level 4 course contain the following modules:
  - ☐ Airway management?
  - ☐ Adult collapse?
  - ☐ Childhood collapse (not required for clinical dental technicians and dental technicians undertaking restricted activities because of the low prevalence of treating children)?
- ☐ Do you revalidate your resuscitation training every two years, and have the necessary documentation to support this, if requested?
- ☐ Does your practice have written protocols describing the staff members' roles in management of a medical emergency?
- ☐ Do you have the following equipment readily available where you practice:
  - ☐ Oxygen cylinder and regulator suitable for delivering high flow oxygen?
  - ☐ Bag mask device with oxygen reservoir?
  - ☐ Oro-pharyngeal and laryngeal mask airways?
  - ☐ Syringes and needles?
  - ☐ Spacer device?
- ☐ Is the equipment checked monthly to ensure its operations?
- ☐ Are staff in the practice trained how to use the equipment in an emergency?
- ☐ Are the following emergency drugs readily available in your practice:
  - ☐ Oxygen?
  - ☐ Adrenaline (1:1000 and 1:10 000)?
- ☐ Are the emergency drugs not beyond their expiry date?
- ☐ Are the emergency drugs easily accessible?
- ☐ Are the emergency drugs easily identifiable?
- ☐ Are the emergency drugs available in dosages that are easy to administer?
- ☐ If you are performing intravenous sedation - do you have the following equipment readily available where you practice:
  - ☐ Advanced airway adjuncts – endotracheal tubes?
  - ☐ IV Cannulae (including 14g and 16g bores)?
  - ☐ Tourniquet?
  - ☐ Alcohol swabs and tape?
- ☐ If you are performing intravenous sedation - do you have the following emergency drugs readily available where you practice:
  - ☐ Nalaxone?
  - ☐ Flumazenil?
  - ☐ Dextrose 20%?
  - ☐ Glucagon?
  - ☐ Normal saline 1000ml?
  - ☐ Salbutamol?
  - ☐ Hydrocortisone?