

DRAFT Medical emergencies practice standard

Standards Framework

The Dental Council (the “Council”) is legally required to set standards of clinical competence, cultural competence and ethical conduct to be observed by all registered oral health practitioners (“practitioners”). This means that compliance to the Council’s standards by practitioners is mandatory.

The Council has established a Standards Framework which defines the ethical principles, professional standards and practice standards that all practitioners must meet.

There are five ethical principles that practitioners must adhere to at all times.

Practitioners must:

- Put patients’ interests first.
- Ensure safe practice.
- Communicate effectively.
- Provide good care.
- Maintain public trust and confidence.

Each of the five ethical principles is supported by a number of professional standards which articulate what a practitioner must do to ensure they achieve the ethical principles.

The professional standards are, in turn, supported by practice standards which relate to specific areas of practice that require more detailed standards to enable practitioners to meet the professional standards and ethical principles.

A copy of the Standards Framework is available on the [Dental Council's website](#).

Purpose

The purpose of the medical emergencies practice standard is to set minimum standards for practitioners to enable them to perform resuscitation and initiate basic management of medical emergencies.

Compliance

Practitioners have a legal responsibility to meet the standards contained in this practice standard and must be able to demonstrate this to the Council.

The standards set by the Council are minimum standards which are used by the Council, the public of New Zealand, competence review committees, professional conduct committees, the Health and Disability Commissioner, the Health Practitioners Disciplinary Tribunal and the courts, to measure the competence, performance and conduct of practitioners.

A failure to meet the Council’s standards and adhere to the ethical principles could result in Council involvement and may impact on the practitioner’s practice.

Sometimes factors outside of a practitioner’s control may affect whether, or how, they can meet the standards. In such circumstances, practitioners are expected to adhere to the ethical principles, demonstrate insight and use their professional judgement to determine appropriate behaviour.

Practitioners must be able to justify their behaviour when this is contrary to the standards and document their reasons.

Standards for medical emergencies

1

You must ensure a concise and relevant medical history is taken, reviewed, updated regularly, and included in every patient record; to prevent medical emergencies and inform their management.

2

You must complete the required level of resuscitation training for your profession every two years.

Profession	Required resuscitation training
Dentists and dental specialists Oral health therapists Dental therapists Dental hygienists	CORE ¹ Immediate or equivalent
Orthodontic auxiliaries Clinical dental technicians Dental technicians who perform restricted activities ²	CORE Skills or equivalent
Dental technicians who do not perform restricted activities ²	Basic life support
Dentists and dental specialists providing sedation and those monitoring sedated patients	CORE Immediate or equivalent that includes scenario training relevant to the management of sedation-related complications

3

You must provide evidence to the Council of your most recent resuscitation training, if requested.

4

You must ensure your required level of resuscitation training offers the following components:

	CORE Immediate or equivalent training	CORE Skills or equivalent training
Skills practice in:		
Management of adult and child collapse	✓	✓
Use of an AED (automated external defibrillator)	✓	✓
Airway management including insertion of airway adjuncts, bag-mask ventilation and oxygen delivery	✓	
Airway management for mouth-to-mask ventilation ³		✓
Management of choking/airway obstruction	✓	✓
Management of anaphylaxis	✓	✓
Team scenario practice for adult and child collapse	✓	✓

¹ Certificate of Resuscitation and Emergency Care

² Restricted activities include removal of a pre-loosened temporary crown and try-in of a permanent crown

³ Excluding insertion of airway adjuncts, bag-mask ventilation and oxygen delivery

5

If you are required to complete CORE Immediate or CORE skills training, or equivalent —

You must refresh your knowledge and skills every two years to enable you to recognise and appropriately manage the following medical emergencies:

- Asthma attack
- Diabetic emergency
- Epileptic seizure
- Presyncope
- Rapid breathing
- Resuscitation in pregnancy
- Suspected heart attack.

6

You must have ready access to the following, to manage medical emergencies:

- Equipment that is age appropriate for your practice and fully operational
- Emergency drugs that are easy to administer and are not beyond their expiry date.

The required equipment and emergency drugs are:

	Drugs	Equipment
Dentists and dental specialists Oral health therapists Dental hygienists Dental therapists		
Asthma	Salbutamol inhaler	Spacer
	Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter
Anaphylaxis	Adrenaline (1:1000) ampoules, or EpiPen®	Needles and syringes for drawing up adrenaline
	Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter
Hypoglycaemia	Glucose powder or gel	
Cardiac arrest	Oxygen	Oxygen cylinder Mouth-to-mask device Bag-mask ventilation device and tubing Pulse oximeter Oropharyngeal airways Supraglottic airways
Suspected heart attack* *Drug and equipment requirements do not apply for dental therapists	Aspirin 300mg	
	Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter

Clinical dental technicians
Dental technicians who perform restricted activities
Orthodontic auxiliaries

Cardiac arrest

Mouth-to- mask device

Note:

- Dentists and dental specialists providing sedation have additional requirements for emergency equipment and drugs. These are specified in the Sedation practice standard.

7

You must have access to written procedures for managing medical emergencies, where the role of each team member is clearly defined, and review these annually to assure yourself the roles are known and understood by team members.

Guidance

Guidance does not form part of the practice standard but describes actions and behaviours that can enable a standard to be met.

Guidance is not mandatory and the practitioner may choose to meet a standard with alternative actions to those described in the guidance.

Throughout the practice standard, the standard is referenced above the guidance relevant to it.

Example

1	Standard
	Guidance
➤	Actions and behaviours that can enable a standard to be met

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Introduction to guidance

The guidance is a practitioner resource and describes actions and behaviours that support them to meet the standards in the practice standard.

Duty of patient care

Medical emergencies can and do occur in dental practice. The early and effective management of a medical emergency significantly improves outcomes and reduces the adverse effects of such an event.

Practitioners have an ethical and legal obligation to attend to a medical emergency. Further, it is the public's expectation that a health professional will be able to assist them in a medical emergency within their capabilities, until an emergency response team arrives.

The Health and Disability Commissioner Code of Rights provides that every consumer has the right to have services provided with reasonable care and skill⁴ that comply with legal, professional, ethical, and other relevant standards⁵.

Oral health practitioners need to have the appropriate skills, training and equipment available to manage potentially life-threatening conditions; and know when to seek further medical emergency management support.

Professional Standard 10 of the Council's draft Standards Framework being consulted on states: "You must maintain appropriate skills and equipment to manage medical emergencies" It outlines the requirement for all practitioners to maintain the ability to manage medical emergencies.

The New Zealand Resuscitation Council and ANZCOR

The New Zealand Resuscitation Council is the guideline and standard setting body for resuscitation and first aid in New Zealand. With the Australian Resuscitation Council, they publish ANZCOR (Australian and New Zealand Committee on Resuscitation) guidelines and algorithms.

ANZCOR guidelines are informed by peer-reviewed international evidence and facilitate a standard approach to resuscitation best practice in Australia and New Zealand. ANZCOR guidelines and algorithms are available on the NZ Resuscitation Council website⁶.

The NZ Resuscitation Council defines graduated levels of resuscitation training for health professionals:

- CORE Skills is for registered health professionals who require practical and theoretical skills of resuscitation in a flexible format. The skills stations and scenario sets can be selected to meet the learner's needs.
- CORE Immediate is for rescuers who might be expected to manage the early stages of a cardiac arrest.
- CORE Advanced is for the advanced rescuer who is expected to manage and supervise resuscitation events.

⁴ Right 4(1) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996.

⁵ Right 4(2) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996.

⁶ New Zealand Resuscitation Council <https://www.nzrc.org.nz/guidelines/>

AED availability

Using an AED quickly during a cardiac arrest is critical to saving a life when the person is in a shockable rhythm.

The chance of successful defibrillation decreases with time. It is estimated that for every minute defibrillation is delayed, a person's chance of survival drops by approximately 10%.

The NZ Resuscitation Council states that the performance of good quality CPR and decreasing the time to defibrillation are the highest priorities in resuscitation from cardiac arrest.

For this reason, the Council strongly recommends oral health practitioners have ready access to an AED.

Non-registered staff

The Council strongly recommends that all non-registered staff are trained in Basic life support, to better support other members of the dental team in the event of a medical emergency.

Acknowledgements

The medical emergencies practice standard is founded on a number of different sources, including ANZCOR guidelines and the Health and Disability Services Consumers' Rights Regulation 1996. Subject matter expertise supported the Council's review process.

Standards with guidance

1

You must ensure a concise and relevant medical history is taken, reviewed, updated regularly, and included in every patient record; to prevent medical emergencies and inform their management.

Guidance

- Understand that a clear and comprehensive medical history is fundamental in the prevention and management of a medical emergency.
- Update the medical history at each appointment (this may be done verbally) and document any changes in the patient record.
- Identify patients who have an increased risk of a medical problem arising during dental treatment.
- Consider whether additional precautions might be needed for you to provide safe care, or if referral is required to a more suitably qualified practitioner or a more appropriate medical environment to better manage the risks.

2

You must complete the required resuscitation training for your profession every two years.

Profession	Required Resuscitation Training
Dentists and dental specialists Oral health therapists Dental therapists Dental hygienists	CORE ⁷ Immediate or equivalent
Orthodontic auxiliaries Clinical dental technicians Dental technicians who perform restricted activities ⁸	CORE Skills or equivalent
Dental technicians who do not perform restricted activities ⁸	Basic life support
Dentists and dental specialists providing sedation and those monitoring sedated patients	CORE Immediate or equivalent that includes scenario training relevant to the management of sedation - related complications

⁷ Certificate of Resuscitation and Emergency Care

⁸ Restricted activities include removal of a pre-loosened temporary crown and try-in of a permanent crown

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You must provide evidence to the Council of your most recent resuscitation training, if requested.

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You must ensure your required level of resuscitation training offers the following components:

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Management of adult and child collapse	✓	✓
Use of an AED (automated external defibrillator)	✓	✓
Airway management including insertion of airway adjuncts, bag-mask ventilation and oxygen delivery	✓	
Airway management for mouth-to-mask ventilation ⁹		✓
Management of choking/airway obstruction	✓	✓
Management of anaphylaxis	✓	✓
Team scenario practice for adult and child collapse	✓	✓

5

If you are required to complete CORE Immediate or CORE skills training, or equivalent —

You must refresh your knowledge and skills every two years to enable you to recognise and appropriately manage the following medical emergencies:

- Asthma attack
- Diabetic emergency
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- Presyncope
- Rapid breathing
- Resuscitation in pregnancy
- Suspected heart attack.

Guidance

- Refresh your knowledge in the management of the listed medical emergencies either through your resuscitation training (this may be achieved through the pre-reading component) or through self-study, or a combination of both.
- ANZCOR publishes guidelines for the management of these medical emergencies. These guidelines are continuously updated based on the latest scientific evidence; and can be helpful learning resources.

⁹ Excluding insertion of airway adjuncts, bag-mask ventilation and oxygen delivery

- Refresh your skills in managing these medical emergencies by including them in the team role-play or 'staging' in your review of written procedures for managing medical emergencies (standard 7).
- In managing these medical emergencies follow ANZCOR guidelines within your capabilities, using the emergency equipment and drugs you are required to have access to, when applicable. If the situation requires, call emergency services for assistance.
- ANZCOR indicates that the use of supplemental oxygen is best guided by pulse oximetry. If required to have a pulse oximeter, know how to use it, when to use supplemental oxygen, and how to adjust oxygen delivery to achieve a safe target range for blood oxygen saturation (SpO₂).
- Additional professional development may be needed to enable a practitioner to use a pulse oximeter and titrate oxygen delivery competently.

6

You must have ready access to the following, to manage medical emergencies:

- Equipment that is age appropriate for your practice and fully operational
- Emergency drugs that are easy to administer and are not beyond their expiry date.

The required equipment and emergency drugs are:

	Drugs	Equipment
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Asthma	Salbutamol inhaler	Spacer
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Cardiac arrest	Oxygen	Oxygen cylinder Mouth-to-mask device Bag-mask ventilation device and tubing Pulse oximeter Oropharyngeal airways Supraglottic airways
Suspected heart attack* *Drug and equipment requirements do not apply for dental therapists	Aspirin 300mg	
	Oxygen	Oxygen cylinder Non-rebreather mask and tubing Pulse oximeter

Clinical dental technicians Dental technicians who perform restricted activities Orthodontic auxiliaries		
Cardiac arrest		Mouth-to- mask device

Note:

- Dentists and dental specialists providing sedation have additional requirements for emergency equipment and drugs. These are specified in the Sedation practice standard.

Guidance

Equipment:

- There are no emergency equipment and drug requirements for dental technicians who do not perform restricted activities.
- Check the equipment at least 6 monthly to ensure it remains readily available and fully operational.
- Early defibrillation of casualties who are in ventricular fibrillation/tachycardia dramatically improves prospects of survival. It is strongly recommended that all oral health practitioners have ready access to an automated external defibrillator (AED) so it can be used as soon as possible in a cardiac arrest. In clinical settings, ideally within 3-5 minutes of collapse.
- If an AED is not available on-site, confirm the location of the nearest AED is known by all staff members. The AED should be accessible during your practice hours, and available nearby.
- An AED is mandatory when sedation is provided, except for those providing only nitrous oxide sedation (refer Sedation practice standard).

Drugs:

- Check the availability and expiry dates of emergency drugs at least 6 monthly, and at least monthly for those providing sedation.

Access:

- Store emergency equipment and drugs to facilitate easy access and identification.
- Emergency equipment and drugs must be readily accessible to all staff members during practice hours (including if after hours care is provided); they may be accessed by other health practitioners by prior agreement.

7

You must have access to written procedures for managing medical emergencies, where the role of each team member is clearly defined, and review these annually to ensure yourself the roles are known and understood by team members.

Guidance

- Develop a team approach to the management of medical emergencies to ensure an appropriate and co-ordinated response.
- Hold a review of emergency procedures annually which involves all team members and provides opportunities to:
 - Discuss the practice's emergency procedures, including team members' particular roles
 - Refresh team members' training in the use of emergency equipment, in their respective roles
 - Incorporate role play or 'staging' of a medical emergency, to give team members the opportunity to practise their respective roles.
- Debrief as a team following a medical emergency.