Receptionists and practice managers are often left alone in the practice with patients, so it’s vital they know exactly what to do in a medical emergency.

There is now a requirement for registered dental care professionals to complete lifelong learning programmes on core subjects to ensure they maintain high standards of competence for patient care. Although receptionists who aren’t qualified dental nurses do not need to keep up-to-date with the finer details of decontamination management and radiological protection – one of the core subjects for DCNs – it is a vital area for every member of the dental team to maintain current skills and knowledge on what to do in a medical emergency.

It is not unusual for receptionists or practice managers to find themselves ‘home alone’ at the practice, with members of the public and patients able to enter the premises. So, if the worst was to happen, calling upon a suitably qualified colleague may not be enough to prepare the receptionist who should a medical emergency occur.

Every team member should have a working knowledge of first aid. Simply speaking this is the first response to the situation until the arrival of more medically qualified person. First aid should be straightforward. You will reassure the person and attend to the ABC of life by protecting the airway, checking for breathing and circulation (ie heart beat), and dealing with any bleeding.

First Aid calls on simple skills, the knowledge of which can be learned in a few hours. You don’t need to know all about how the body works, you just need to understand what effects a certain injury or condition will have on a person and how you can help minimise the problem or compensate for it, until the ambulance crew take over.

Everyone knows you should not move an injured person. If you do and they have an injury as a result of a serious fall, the force of impact could have damaged their spine. What you need to do is to concentrate on the things that will keep your patient alive like, protecting their Airway, checking for Breathing and Blood Circulation and dealing with blood loss. These are the things that can kill a person before the ambulance arrives, not a broken arm.

Assess for responsiveness
Tap the casualty hard on the collarbone (being careful not to cause any movement of the head or neck). Identify yourself to the casualty, even if they appear unconscious.

Check the Airway
If you are not already doing so, then place the side of your face just against your own forehead, then place your forehead on your casualty’s, then lower your head gently on the floor, tucked in next to their head. If the casualty’s head is not already lying on their back, some casualties will already be lying on their sides. In these cases, you just need to modify their position to ensure the Airway is fully protected.

To check for skin temperature, place the back of your hand against your own forehead, then place it on the casualty’s forehead and make a comparison. Check for colour by turning the casualty’s hand there with your left hand, palm to palm, against your own forehead, then turn the casualty’s hand there with your left hand, palm upwards. Do not try to force the arm down or in to a position it does not want to go in to, just place it as above, as best you can. Bring the arm furthest away from you, across the chest and place it palm up, against the cheek nearest you. Hold the casualty’s hand there with your left hand, palm to palm, otherwise it will drop down again.

With your left hand, grip the leg furthest away from you and placing your hand under the casualty’s knee, bring the knee up so that the casualty’s foot is resting on the floor, tucked in next to their other knee.

Turning the casualty
Keeping your left hand holding the casualty’s hand palm to palm, against their cheek, place your right hand on the knee of the raised leg. Move back slightly from the casualty and roll them towards you and on to their side, by pulling on the knee.

Once the casualty is over, gently lay their head on the floor. Tilt the head back (moving the casualty’s hand under the check as required), ensuring the airway stays open and is not obstructed by their own body. Move the upper leg so that the hip and knee are bent out at right angles to the body. This prevents the casualty from rolling backwards. Recheck breathing, pulse and files every couple of minutes.

Remember knowledge alone is not enough and can not replace the need for organised hands-on training. So don’t just read this article, learn a life skill, get on a course and learn to save a life.

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