



Dear Colleague

**AEDs (DEFIBRILLATORS) IN INDEPENDENT DENTAL PRACTICES: REVISED ARRANGEMENTS FOR THE FIRST RESPONDER ELEMENT**

**Summary**

1. The Memorandum to this letter advises dentists and dental bodies corporate (DBC) of revised arrangements for the first-responder element to the AED (defibrillator) scheme for independent dental practices in Scotland providing NHS general dental services.

**Action**

2. NHS Boards are asked to issue the Memorandum to this letter to all dentists and DBCs on their dental lists.

Yours sincerely,

Tom Ferris  
Chief Dental Officer (Interim)

17 January 2019

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**Addresses**

For action

Chief Executives, NHS Boards

Director, Practitioner Services

For information

Chief Executive,  
NHS National Services Scotland

Chief Executive,  
NHS Education for Scotland

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**DENTISTS/DENTAL BODIES CORPORATE  
NATIONAL HEALTH SERVICE  
GENERAL DENTAL SERVICES**

**AEDs (DEFIBRILLATORS) IN INDEPENDENT DENTAL PRACTICES: REVISED  
ARRANGEMENTS FOR THE FIRST RESPONDER ELEMENT**

**Summary**

1. This Memorandum advises of revised arrangements for the first-responder element to the AED (defibrillator) scheme for independent dental practices in Scotland providing NHS general dental services.

**Background**

2. NHS: PCA(D)(2014)6 advised dentists of the roll-out of AEDs (defibrillators) to independent dental practices in Scotland. While the primary aim of the scheme was to ensure that emergency resuscitation equipment was available in the practice premises in the event of a medical emergency, the scheme also included a requirement where the practice would provide a first-responder service by being mapped to the Scottish Ambulance Service (SAS).

3. The scheme has been operating for some time and there have been a number of occurrences where a dental practice has been tasked with providing a first responder service. These events have provided invaluable intelligence on how the scheme is performing and has provided the opportunity to make modifications to the scheme such that it is aligned with other similar first responder schemes in Scotland.

**Dispatch Arrangements**

4. When an emergency call is made to the Ambulance Service, there may be occasions where the system identifies a dental practice as the most appropriate first responder. In the event that this happens those dental practices in the scheme will be treated the same as community first responders and will only be assigned to an incident that is within the competence of a community first responder. This means that dental practices would not be asked to provide a first responder service where the incident may involve alcohol or drug-related activities, or is deemed complex for other reasons.

5. The dental practice should only be assigned to an incident within 150 metres of the practice address. This places a responsibility on participating practices to ensure that they have updated their mapping information on the Ambulance Service database. The mapping exercise was last completed as at 1 November 2016. **Practices that have subsequently moved address should contact the Ambulance Service with their new practice address details at [scotamb.dataadmin@nhs.net](mailto:scotamb.dataadmin@nhs.net)**

6. Cardiac arrests by their very nature are unpredictable so it is important to expect to attend an incident out in the street, or more likely in a patient's home, providing it is within 150 metres of the practice address.

## Attending an Incident

7. There are around 3,500 emergency cardiac incidents every year in Scotland. On average paramedics attend one to two incidents per year in Scotland. The number of incidents where a dental practice may be called to attend as a first responder are particularly rare. It is important that practices within the scheme have appropriate measures in place to ensure that they are able to quickly decide whether they can respond to an emergency incident and that they are aware of their responsibilities.

8. It is important that practices retain their corporate memory of their responsibilities under the scheme. We would advise that practices have appropriate signage in a visible place that ensures practice staff are aware that the practice is a member of the scheme and what to do in the event of an emergency call from the Ambulance Service.

9. In the event of an emergency call the member of staff has a limited amount of time to make the decision whether to attend. While all members of staff within the practice have defibrillator training it is not a requirement of the scheme that dentists or other clinical members of the dental team attend the incident. The intention is to ensure that someone is able to attend the incident with the defibrillator as quickly as possible. The practice has been contacted primarily to ensure that the cardiac arrest incident is attended within as short a time frame as possible. The defibrillator equipment is designed to be used by a member of the public and is well within the competency of a non-clinical member of the practice staff with appropriate training.

10. Practices have an annual training day on defibrillator training. We would advise in future that the training day raises the awareness and profile of this scheme, ensuring that all members of staff are aware of the practice's responsibilities under the scheme.

11. It is not an absolute requirement that a practice attends an incident. A practice can refuse to attend an incident where there are insufficient staff or those staff present are unable to attend the incident because they are involved with a patient, and only where leaving the patient unattended could endanger that patient (for example, where a patient is under sedation). In these circumstances the call will be diverted to the next available resource.

12. Where a practice does decide to attend an incident there are a number of practical arrangements that should be adhered to, including taking a mobile phone. A contact number will be provided by the Ambulance Service to update them on the incident. It is important to be aware that the dental practice is acting as a first responder service only, and depending on the precise circumstances of the incident, full support and back-up will be available.

13. We would also advise where possible that two members of the dental team attend the incident. This is a sensible precaution and provides support in dealing with what is recognised as an unusual and difficult incident.

## Other Issues

### *Replacement Pads*

14. The practice continues to have responsibility for the on-going care and maintenance of the defibrillator, including replacement pads and batteries. However, we recognise that where a practice does attend an incident and consumables such as pads are used,

replacement pads are made available to the practice. In these circumstance the practice should contact their NHS Board in the first instance.

### *Support Services*

15. There have been a number of enquiries regarding whether there is any support available to dentists and other staff following attendance at an incident. Although practices will only be called to attend situations within their competence we recognise that these situations can be unusual and difficult. The occupational health scheme, for GPs, members of the dental team and practice staff, can provide a range of services, including counselling, to any member of the practice who feels they require support to maintain their health, well being or resilience. Further information is available in the Memorandum to NHS: PCA(D)(2018)7.

### **Enquiries**

16. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Scottish Government Population Health Directorate  
January 2019