

Letters to the Editor

COVID-19 Update: CPR

I wish to stress the crucial importance of CPR and highlight the key changes that have been introduced in response to the COVID-19 pandemic.

A cardiac arrest can occur at any place, at any time and to anyone. It is critical and life-threatening. However, the chances of recovery can be increased by delivering efficient CPR. As dental practitioners, I believe it is a vital skill, whether it takes place on the streets or in the waiting room of a busy dental practice. We have the training to ultimately tip the balance between fatality and survival.

The reader should be knowledgeable of new guidance of CPR to prevent virus transmission and to protect themselves.

The latest guidance to reduce the transmission of coronavirus whilst performing CPR is as follows (Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings, 2020):¹

1. Shout for help and dial 999. **If you suspect COVID-19, mention it on the phone.**
2. Look for absence of signs of life and normal breathing. **It is no longer advised to listen or feel for breathing by placing your ear and cheek close to the patient's mouth.**
3. If possible, place a **cloth** over the patient's mouth and nose.
4. Compression only CPR. **No rescue breaths.**
5. **Early use of defibrillator** as no increased risk of infection.
6. If access to **personal protective equipment (PPE)**, it should be worn.
7. After CPR, everyone involved must **wash their hands** with water and soap as soon as possible and **seek advice from NHS 111** coronavirus service.

I would like to take this opportunity to express my gratitude to everyone who has conducted or assisted in CPR. I hope the above guidelines will eliminate any hesitation that may have emerged due to COVID-19.

Together, we can save lives.

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Reference

1. Resuscitation Council UK. 2020. Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings. (Online). Available at: <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19> (Accessed 24 July 2020).

Is prevention a distant memory?

2020 could have been the year we made progress in tackling the level of early childhood caries (ECC) in the UK, however, COVID-19 has meant a delay in dental recall and treatment.

Inevitably, dentists should expect to see an increase in paediatric emergencies, and children with ECC, which was once incipient, and more easily treatable, has now progressed, warranting more advanced treatment or treatment under sedation.

With dental practices reopening, the focus is on emergency management and, although this is of course a priority, where does this leave our all-important prevention?¹ Prevention has not lost value, and without it we risk a further increase in ECC, further children in pain, taking regular analgesia and antibiotics, and ultimately needing extractions of multiple teeth. In this way, ECC is both an expense to the NHS but also a 100% preventable disease.

It is now more important than ever that, as GDPs, we take responsibility to ensure implementation of effective preventive strategies for those children that we do see. As well as attending to dental emergencies, oral hygiene instruction should also be provided as part of holistic patient care. In this effort, it may be prudent to extend the responsibility to our colleagues in oral and maxillofacial surgery who are attending to paediatric emergencies, as they too share a role in the oral health of the paediatric patient.

Overall, oral health contributes to general health and so, most importantly, I

feel eventually we may need to involve GPs more heavily in the promotion of oral care. A study has shown that 0.3% of patient attendances across 30 medical practices in a year were for oral/dental problems.² Despite this, it has been reported that GPs have generally received little training related to oral health and so are unable to provide effective preventive advice.³ It could be time for dental practices to reach out to their local GP surgeries and offer important information about basic prevention so as to add another team to the effort against ECC.

References

1. Royal College of Surgeons England. Recommendations for Paediatric Dentistry during COVID-19 pandemic. RCS, 2020. Available at: <https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/paediatric-dentistry-covid19.pdf> (Accessed June 2020).
2. Anderson R, Richmond S, Thomas DW. Patient presentation at medical practices with dental problems: an analysis of the 1996 General Practice Morbidity Database for Wales. *Br Dent J* 1999; **186**: 297–300.
3. Cope AL, Wood F, Francis NA, Chestnutt IG. General practitioners' attitudes towards the management of dental conditions and use of antibiotics in these consultations: a qualitative study. *BMJ Open* 2015; **5**: e008551.

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A Crazy PAN finding

A 25 year-old male patient was referred to our dental clinic for evaluation of his third molar, for which a Panoramic radiograph (PAN) was advised. The patient was instructed to take off all possible removable appliances in the head and neck region before a PAN could be taken. The patient was successfully positioned in the PAN unit as usual and instructions given to stand still until the scan was done. The door was closed, the dead man switch was held and the button pushed to expose the patient. It