



## CNA HealthPro

### FAQs – Automatic External Defibrillators

**Q.** The American Dental Association’s Council on Scientific Affairs recently announced the awarding of its first Seal of Acceptance for a defibrillator. Although I was considering one before, does this now mean I am required to have one in my office in order to meet the standard of care?

**A.** The awarding of the ADA’s Seal of Approval program indicates that the Council found the devices in question to be safe and effective at performing their intended functions. Over the years, the Council has also awarded the seal to over 1,100 other dental products. As yet, there is no absolute requirement regarding your use of any one of those products.

Think back to when the ADA first awarded its seal to a dental laser unit for hard tissue removal. That recognition did not subsequently require all dentists to purchase lasers. Years later, most dentists still don’t have one. The standard of care – what a reasonable and prudent dentist would do in the same or similar circumstances – was not substantially changed by the invention or the recognition, even if the device had arguably changed the “state of the art” in clinical dentistry.

Each dentist should weigh the risks and benefits of any piece of equipment before making a purchase. It is true that automatic external defibrillators (AEDs) have been shown to be effective in providing initial treatment for sudden cardiac arrest (SCA), a leading cause of death in the United States. The only treatment for SCA is the rapid delivery of a specific electrical shock within a critical time period.

Many municipalities have placed AEDs in airports, parks, and public buildings. Some health clubs have chosen to have them available, knowing that many people suffer SCA during exercise. If most physicians were asked whether they have an AED in their offices, the probable answer is “no.” Even though the ADA has suggested that dentists consider purchasing an automated external defibrillator as part of their emergency kit, most dentists don’t have one, either. One can assume that these are reasonable and prudent clinicians, concerned about their patients’ welfare. With physicians having no licensing or legal requirement nor any standard of care duty to have an AED in the office, it could be argued that a dentist can choose to not have one and fulfill the standard of care for emergency response by other means.

If you choose to purchase an AED, be certain *all employees* are trained in its proper use, including non-clinical personnel. According to the manufacturer, the “defibrillator is intended to be easy to use for minimally trained responders.” The ADA has suggested that “the user should have received training at a recognized course in CPR and AED use, such as those offered by the American Heart Association or the American Red Cross, or be certified in basic life support, advanced life support or other physician-authorized emergency medical response.” The expectation of the American public is that healthcare personnel are at least “minimally trained.” If a businessperson walking through the airport can grab an AED off the wall and use it properly, you and your staff should be able to do so as well.

So, should you purchase an AED or not? While you are not required to do so, that is a question only you can answer. Some factors to consider are:

- The nature of your practice
  - How often do you perform surgical procedures, including extractions?

- How often do you treat medically compromised patients?
  - How often are your patients stressed and/or fearful?
- How often do you sedate patients?
- How long does it take EMS to respond to your practice location?
- Your perception of risk (both of having an AED and *not* having it)
- Your moral and ethical views on the need for an AED

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