

Letters to the editor

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Medical emergencies

Paediatric BLS

Sir, I am writing to you to stress the significance of child Basic Life Support (BLS). Throughout my undergraduate training, I felt a lot of emphasis was placed on adult BLS; however, childhood BLS was often rushed and not given the same importance. Although a cardiac arrest is less likely to occur in a child, it is still a critical, life-threatening event and dental professionals have a duty of care to ultimately save a life. I hope this letter outlines the key differences in delivering CPR to a child,¹ as opposed to an adult:

1. Shout for help. Call 999
2. Airway: head tilt, chin lift
3. Breathing: look, listen and feel for abnormal breathing. This is a vital sign of life so must be done for ten seconds
4. If the child is not breathing, deliver five initial rescue breaths. If available, use a bag-mask device or pocket mask
 - a. Infant: take a breath and cover the mouth and nose of the infant with your mouth to ensure you have a good seal. Blow into their mouth and nose over one second. You should see the chest rise
 - b. Child over one year: pinch the soft part of the nose closed with your index finger. Open the mouth a little, take a breath and place your lips around their mouth to ensure you have a good seal. Blow into their mouth over one second. You should see the chest rise
5. If there are still no signs of life, start chest compressions
 - a. Rate of 100–120/min
 - b. Compression to breaths ratio is 15:2 (unlike an adult which is 30:2)
 - c. Infant: use a two-finger technique. Compress the lower sternum with the tips of your two fingers by one-third of the depth of the infant's chest
 - d. Child over one year: use the heel of

one hand. Lift your fingers to avoid excess pressure to the child's ribs.

I would like to use this platform to be able to share my appreciation of anyone who has conducted BLS. Together, we can save lives.

S. H. Thakkar, London, UK

Reference

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<https://doi.org/10.1038/s41415-021-3332-1>

Special care dentistry

Vaccinating the vulnerable

Sir, in England, 3.7 million people have been identified as being clinically extremely vulnerable (CEV) to severe illness from the coronavirus (COVID-19): 96% of CEV people have had at least one dose of the vaccine (12% have had one dose and 84% have had both doses).¹

In May 2021, it was announced that Janssen's single-dose COVID-19 vaccine had been authorised by the Medicines and Healthcare products Regulatory Agency (MHRA) for use in the UK and that this vaccine would become available later this year. This vaccine has been shown to be 85% effective in preventing severe disease or hospitalisation and 67% effective overall in preventing COVID-19 infection.² This compares to the 52% (Pfizer),³ 70% (AstraZeneca)⁴ and 80% (Moderna)⁵ effectiveness after the first dose of other available vaccines.

Many of those who are CEV may be unable to tolerate vaccination whilst conscious due to complex behavioural needs. This raises the question as to whether NHS trusts should consider use of the Janssen single-dose vaccine for those who are CEV and unable to cooperate with vaccination whilst undergoing general anaesthetic procedures for other problems

(eg comprehensive dental care in special care dental patients). This would ensure that those who are most CEV receive protection against COVID-19 when they would otherwise be unable to do so and also avoids the need for administration of a second dose.

R. Sen, R. Kaur, London, UK

References

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3. Polack F P, Thomas S J, Kitchin N *et al*. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. *N Engl J Med* 2020; **383**: 2603–2615.
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<https://doi.org/10.1038/s41415-021-3337-9>

Dental radiography

An appreciation

Sir, I was very sad to read about the passing of Laetitia Brocklebank. We first met at Guy's Dental Hospital where she was a Registrar in Dental Radiology and I was a Lecturer in Oral Surgery. I remember Laetitia and her senior colleague Brian Beeching as being unfailingly helpful and courteous with the questions we brought to them.

We next crossed one another's path when she was Senior Lecturer at Glasgow Dental Hospital and I was a Consultant Orthodontist