



A SELF-AUDIT
FOR
MEDICAL EMERGENCY READINESS
FOR DENTAL PRACTICES PROVIDING
DEEP SEDATION/GENERAL ANESTHESIA

A CHECKLIST TO DOCUMENT YOUR READINESS FOR DENTAL OFFICE EMERGENCIES



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HOW THE AAFDO SELF-AUDIT SYSTEM FOR EMERGENCY READINESS WORKS

1. Read the AAFDO self-audit system definitions, overview, and key principles, and then review the checklist.
2. Remember the checklist is designed for dental practices that provide Deep Sedation or General Anesthesia.
3. Complete the self-audit checklist by entering your initials when you have ensured each requirement is met. As each page of the checklist is completed, enter your name and signature at the bottom of the page.
4. Enter "N/A" where appropriate to signify that a specific criterion is "Not Applicable" to your practice. If any items are marked "N/A," explain why the item is not applicable on page 24 of the checklist.
5. If a specific preparation criterion is applicable to your practice and you have not met it, links are provided to external resources that will help you meet the requirement.
6. When all pages of the checklist have been completed, sign and date the **affidavit of completion** on the last page before a witness. The witness must sign and date the affidavit as well.
7. Maintain a permanent record of your completed checklist and **affidavit of completion** should you ever need the documentation as part of a regulatory review or legal proceeding.
8. Return, via snail mail or email, a copy of your completed checklist to AAFDO to earn X hours of continuing education credit for completing the self-audit.

DEFINITIONS

Deep sedation – a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General anesthesia – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications



OVERVIEW: WHY THE AAFDO SELF-AUDIT SYSTEM IS NEEDED

Medical Emergencies are for real and they happen in the dental office. The ADA estimates there are about 3000 life-threatening emergencies in dental offices every year.

Do **NOT** take the word of another dentist saying otherwise!

This is **YOUR** practice, protect it. The decision you make to **GET READY NOW** could be the difference in a medical emergency being either “career-defining” or “career-ending!”

Overreliance on emergency medical services (EMS) may be costly! In the United States, the average response time for EMS to respond to a 911 call can be 11 minutes in an urban setting and 15 minutes in a rural setting. These average response times are based on the historical record when the primary EMS unit was available and not already responding to another call. When an alternate EMS squad must be dispatched, response times will increase.

Planning for the “worst case” contingencies, dental offices should be prepared to manage a medical crisis for up to 30 minutes without outside assistance.

Ask yourself, **“Can I manage a serious medical emergency for 30 minutes?”**

If you are not absolutely sure of the answer to that question, this self-audit checklist covers the education and equipment necessary to protect your patient in that time period between the identification of a medical problem and the arrival of outside assistance. This period of time is potentially 30 minutes long.

This checklist is intended to help you know for sure that you have prepared properly to manage a medical crisis and to document your preparation should you ever need it for a regulatory review or legal proceeding. If ever challenged, having completed this checklist will help provide proof of your due-diligence and substantiation of medical emergency preparedness. With the self-audit checklist documentation in place, you are risk-proofing your practice and protecting your livelihood.

This self-audit is built on the AAFDO BASES™ Emergency Preparedness Checklist.

PREPARE, THEN COVER YOUR B.A.S.E.S™

PREPARE (BY ASSESSING PATIENT RISK FACTORS) TO COVER YOUR...

B: BASIC LIFE SUPPORT FOR ALL PERSONNEL IN THE DENTAL OFFICE.

A: ADVANCED TRAINING FOR STAFF - ADVANCED LIFE SUPPORT FOR DENTAL ASSISTANTS (ALSDA) AND ADVANCED LIFE SUPPORT FOR DENTAL HYGIENISTS (ALSDH). THIS TRAINING PREPARES STAFF TO ASSIST THE DENTIST IN AN ACTUAL EMERGENCY.

S: STAT 911 - UTILIZE EMS IF DENTIST FEELS UNCOMFORTABLE TREATING EMERGENCY OR FORGETS TREATMENT PROTOCOLS

E: EMERGENCY EQUIPMENT – INCLUDES EMERGENCY DRUG KIT, AED AND OXYGEN, ETC.

S: SIMULATIONS OR MOCK EMERGENCY DRILLS



KEY PRINCIPLES

Your Readiness is Your Responsibility!

Your Responsibility is Your Preparation!

Your Preparation determines Your Outcome!

Your Outcome decides Your Livelihood!

Your Livelihood depends on Your Readiness!

IT IS NOT WHAT YOU **CLAIM** YOU DID TO BE
READY FOR A MEDICAL EMERGENCY, IT IS
WHAT YOU CAN **PROVE** YOU DID.



DENTAL OFFICE EMERGENCY PREPAREDNESS STANDARDS OF READINESS

SECTION 1: P = PREPARE TO COVER YOUR BASES™

1.1 ASSESS PATIENT RISK FACTORS.

Criteria for 1.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

1.1.1 In this office we assess every patient against the following risk factors:

1.1.1.1 Geriatric patients

1.1.1.2 Pediatric patients

1.1.1.3 Medical advances prolonging life

1.1.1.4 Advanced Surgical techniques

1.1.1.5 Longer procedure times on patients

1.1.1.6 Increased use of local anesthetics, sedatives, narcotics, analgesics, antibiotics

1.1.1.7 Increased drug combinations such as local anesthetics, sedatives, narcotics

1.1.1.8 Medically compromised patients either having one disease or multiple diseases such as diabetics, hypertensives, stroke victims, dialysis patients, hepatic patients, and immunocompromised patients

1.1.1.9 Medications for one disease state as in #8 or multiple medications for multiple disease states

1.1.1.10 Coronary Artery Disease, Peripheral Vascular Disease

1.1.1.11 Non-compliant patients in regard to their pharmacological therapy

Name _____ Signature _____



1.1.1.12 Obese patients

1.1.1.13 Obstructive Sleep Apnea

1.2 HISTORY AND PHYSICAL EXAMINATION ON ALL NEW PATIENTS

Criteria for 1.2: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

1.2.1 In this office, we perform a history and physical examination on all new patients that includes:

1.2.1.1 Baseline history

1.2.1.2 Medications

1.2.1.3 Past/current medical conditions

1.2.1.4 Allergies

1.2.1.5 Need for and results of medical consultation

1.2.1.6 Baseline vital signs – pulse, blood pressure, respirations, temperature

1.2.1.7 ASA Classification

1.2.1.8 Airway Classification (Mallampati)

1.2.1.9 Body Mass Index (BMI)

1.2.2 The decision and reason to seek medical consultation, and the outcome of the consultation are documented in the patient's record.

Name _____ Signature _____



1.2.3 The dentist and staff are made aware of the result of the medical consultation at each subsequent patient visit.

1.2.4 Our patient’s vital signs are recorded, including:

1.2.4.1 Blood pressure

1.2.4.2 Heart rate

1.2.4.3 Respiratory rate

1.2.4.4 Temperature

1.2.4.5 Pulse oximetry as a baseline room air oxygenation saturation rate

1.2.5 Vital signs are available and readily accessible in every patient's chart so that if a medical emergency were to occur, we can compare the patient’s status during the emergency with the baseline data, and if necessary, be provided to the EMS personnel when they arrive.

AAFD O PROVIDES A PATIENT RISK FACTOR MATRIX (PRFM) TO HELP YOU MEET ALL THE REQUIREMENTS IN THIS SECTION. THE PRFM IS AVAILABLE AT: [HTTPS://WWW.AAFDO.COM/PATIENT-RISK-FACTOR-MATRIX](https://www.aafdo.com/patient-risk-factor-matrix)

1.3 OFFICE FACILITY PROPERLY CONFIGURED FOR CARE AND EMERGENCIES

Criteria for 1.3: (Enter your initials when the checklist item is complete. Enter “N/A” if not applicable.)

1.3.1 Our Operator y or Surgical Suite is large enough to accommodate the patient on a table or in an operating chair adequately

1.3.2 Our Operator y or Surgical Suite allows for a team consisting of at least three individuals to move freely about the patient

1.3.3 Our Operating Chair or Table allows for the following:

Name _____ Signature _____



1.3.3.1 Permits the patient to be positioned so that the airway can be maintained by the team

1.3.3.2 Allows the patient to be repositioned during an emergency

1.3.3.2 Provides a firm platform for the management of cardiopulmonary resuscitation (CPR)

1.3.4 Our Operatory or surgical Suite Lighting System:

1.3.4.1 Provides proper evaluation of the patient's skin and mucosal color

1.3.4.2 Has a backup lighting system that is sufficient to allow the completion of any surgical procedure at the time of a power failure

1.3.5 Our Recovery Area (Note: the recovery area may also be the operating theater) has:

An available oxygen delivery system

Adequate suction

Adequate lighting

Adequate lighting

Quick access to emergency medications/equipment

1.3.6 Our patients are observed AND monitored by a trained staff member at all times during the recovery period

1.3.7 Our Suction Equipment:

1.3.7.1 Permits aspiration of the oral and pharyngeal cavities

Name _____ Signature _____



1.3.7.2 Is portable

1.3.7.3 Has a backup suction device available

1.3.8 Our Oxygen Delivery System has:

1.3.8.1 Adequate full-face masks and appropriate connectors, and is capable of delivering oxygen to the patient under positive pressure

1.3.8.2 Adequate backup oxygen delivery system

PROPER DOCUMENTATION

Criteria for 1.4: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

1.4.1 Our anesthesia records show the following:

1.4.1.1 Continuous monitoring of heart rate

1.4.1.2 Blood pressure

1.4.1.3 Electrocardiographic monitoring (EKG)

1.4.1.4 Pulse oximetry

1.4.1.5 Capnography

1.4.1.6 Recording of vital signs every 5 minutes

1.4.1.7 Accurate recording of medications and reflecting amounts administered and time administered

Name _____ Signature _____



1.4.1.8 Length of procedure

1.4.1.9 Documentation of any adverse event or complications involving anesthesia

1.4.2 Our office has and uses the following forms:

1.4.2.1 Health/Medical History Form

1.4.2.2 Anesthesia Chart

1.4.2.3 Documentation of Adverse Reaction or Wrongful Event

1.4.2.4 Emergency Treatment Documents in Progress Notes

1.4.2.5 Patient Sedation Consent Form

1.4.2.6 Narcotic or Scheduled Drug Inventory Log and Record of Drugs Dispensed to Patients

1.4.2.7 Copy of Federal DEA Controlled Substance Certificate or State Controlled Substance Certificate if applicable

1.4.3 Discharge criteria will include:

1.4.3.1 Evidence of continuous recovery monitoring

1.4.3.2 Notation of patient's condition upon discharge

1.4.3.3 Person to whom the patient was discharged

Name _____ Signature _____



SECTION 2: B = BASIC LIFE SUPPORT (BLS) FOR ALL PERSONNEL IN THE DENTAL OFFICE

2.1 BLS TRAINING.

Criteria for 1.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

2.1.1 All staff in this office have completed, in the last two years, a Basic Life Support course at the healthcare provider level, and equivalent to those offered by American Heart Association or American Red Cross (or the Canadian equivalent of these organizations).

2.2 MEDICAL EMERGENCIES CONTINUING EDUCATION.

Criteria for 1.2: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

2.2.1 In the last two years, all dentists in this office have completed one or more courses in medical emergencies covering a review of normal physiology with an emphasis on the systems that play important roles during a medical emergency

2.2.1.1 Peripheral nervous system

2.2.1.2 Respiratory system

2.2.1.3 Cardiovascular system

2.2.2 In the last two years, all dentists in this office have completed one or more courses in medical emergencies covering a review of the Six "P's" of Preparation for a medical emergency

2.2.2.1 Prevention: proper use of a medical history

2.2.2.2 Personnel: staffing requirements and task pre-assignments

2.2.2.3 Products: monitor, medications and airway adjuncts

2.2.2.4 Protocols: office manuals to develop a planned response

Name _____ Signature _____



2.2.2.5 Practice: ongoing training and review

2.2.2.6 Pharmaceuticals: having the proper medication on hand

2.2.3 In the last two years, all dentists in this office have completed one or more courses in medical emergencies covering a review of the proper recognition and response to medical problems common to dental offices, including:

2.2.3.1 Syncope

2.2.3.2 Cardiovascular disease: angina, infarction and cardiac arrest

2.2.3.3 Blood pressure anomalies: hypertension and hypotension

2.2.3.4 Asthma

2.2.3.5 Anaphylaxis

2.2.3.6 Hyperventilation

2.2.3.7 Allergic reactions

2.2.3.8 Diabetes

2.2.3.9 Seizures

2.2.3.10 Sudden Cardiac Arrest (SCA)

2.2.3.11 Cerebrovascular Accident (Stroke)

2.2.3.12 Foreign Body Obstruction (FBO) with airway management

2.2.3 Local Anesthetic Toxicity

Name _____ Signature _____



SECTION 3: A=ADVANCED TRAINING FOR STAFF

3.1 COMPLETE ADVANCED LIFE SUPPORT TRAINING

Criteria for C.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

3.1.1 All dental assistants in this office have completed, with in the last 2 years, Advanced Life Support for Dental Assistants (ALSDA)

3.1.2 All dental hygienists in this office have completed, with in the last 2 years, Advanced Life Support for Dental Hygienists (ALSDH)

AAFD O PROVIDES ADVANCED LIFE SUPPORT FOR DENTAL ASSISTANTS (ALSDA) AND ADVANCED LIFE SUPPORT FOR DENTAL HYGIENISTS (ALSDH) TO HELP YOU MEET ALL THE REQUIREMENTS IN THIS SECTION.
ALSDA IS AVAILABLE AT: [HTTPS://WWW.AAFDO.COM/ALSDA-FOR-DENTAL-ASSISTANTS](https://www.aafdo.com/alsda-for-dental-assistants)
ALSDH IS AVAILABLE AT: [HTTPS://WWW.AAFDO.COM/ALSDH-FOR-DENTAL-HYGIENISTS](https://www.aafdo.com/alsdh-for-dental-hygienists)

3.1.3 Every dentist in this office has, in the last 2 years, completed Advanced Cardiovascular Life Support (ACLS) or acceptable alternate course

3.1.4 Every dentist in this office has, in the last two years, taken a course of at least 12 hours that covers: ① patient monitoring, ② recognition of the state of unconsciousness, ③ pharmacology of medications being used and reversing agents, and ④ emergency airway management during unconsciousness

3.1.5 If applicable, every pediatric dentist in this office has, in the last 2 years, completed Pediatric Advanced Life Support for Healthcare Professionals by the American Heart Association (or the Canadian equivalent)

Name _____ Signature _____



SECTION 4: S = STAT 911

4.1 ENSURE ACCESS TO EMERGENCY SERVICES (911)

Criteria for 4.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

4.1.1 The staff member with the primary responsibility for calling 911 is designated in writing

4.1.2 The staff member with the secondary (or backup) responsibility for calling 911 is designated in writing

4.1.3 This office has developed a script for the call to 911 to include the physical address of the practice, the best point of entry for EMS personnel, and where EMS personnel will be met

4.1.4 This office regularly practices/simulates calls to EMS

Name _____ Signature _____



SECTION 5: E = EMERGENCY MEDICATIONS & EQUIPMENT

5.1 EMERGENCY MEDICATIONS

Criteria for 5.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

5.1.1 We have the following emergency medications:

5.1.1.1 Aspirin

5.1.1.2 Albuterol inhaler, one unit

5.1.1.3 Nitroglycerin, tablets or spray

5.1.1.4 Diphenhydramine

5.1.1.5 Epinephrine Autoinjector

5.1.1.6 Ammonia inhalants

5.1.1.7 Glucose source

5.1.2 This office designates in writing one person to conduct emergency medications inventory inspections on a regularly scheduled basis to ensure that no medications will expire before the next scheduled inspection; OR office is currently involved in an automatic renewal program through a commercial entity

5.1.3 This office has an adequate number of syringes available for the delivery of the medications via subcutaneous, intramuscular, or sublingual techniques

5.1.4 Emergency medications are available in Pediatric Doses (if applicable)

Name _____ Signature _____



5.2 EMERGENCY EQUIPMENT

Criteria for 5.2: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

- 5.2.1 Automated External Defibrillator (AED)
- 5.2.2 Stethoscope, including Precordial/Pretracheal Stethoscopes
- 5.2.3 Aneroid sphygmomanometers with at least these three sizes:
 - 5.2.3.1 Adolescent (or small adult)
 - 5.2.3.2 Standard adult
 - 5.2.3.3 Large adult
- 5.2.4 A portable oxygen source
 - 5.2.4.1 (E-tank, holding apparatus, regulator and universal oxygen port)
 - 5.2.4.2 A supplemental oxygen source (this may be a second E tank of oxygen or a nitrous oxide unit)
 - 5.2.4.3 Extension tubing
 - 5.2.4.4 Double-ended male oxygen adapters
- 5.2.5 Supplies to Supplement a Breathing Patient
 - 5.2.5 Nasal cannulas (3)
 - 5.2.5 Non-rebreathing masks (3)

Name _____ Signature _____



5.2.6 Supplies to Supplement a Non-Breathing Patient, including:

5.2.6.1 A set of oral-pharyngeal airways in adult/pediatric sizes

5.2.6.2 Naso-pharyngeal airways (NPA) of assorted sizes

5.2.6.3 A pocket mask

5.2.6.4 A disposable bag-valve-mask (commonly called a BVM or Ambu® bag)

5.2.7 Paper bag

5.2.8 Backup Suction

5.2.9 Magill Forceps

5.2.10 Thermometer

5.2.11 Medical tape

5.2.12 Flashlight

5.2.13 Penlight

5.2.14 Pen and paper (or commercial form) to record history of the event

5.2.15 Glucose monitor that is inspected to ensure the battery is working and the test strips have not expired

5.2.16 Pulse oximetry

5.2.17 Reversing agents to any medications offered

Name _____ Signature _____



5.2.18 ACLS Medications

5.2.19 PALS Medications

5.2.20 Pre-cordial stethoscope

5.2.21 Capnography

5.2.22 Advanced Airway Management equipment

5.2.23 EKG monitors

5.2.24 Laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs

5.2.25 Laryngeal mask airways of appropriate sizes

5.2.26 Emergency Airway device (Cricothyrotomy set)

Name _____ Signature _____



SECTION 6: S = SIMULATIONS

6.1 MEDICAL EMERGENCY RESPONSE PLAN

Criteria for 6.1: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

6.1.1 This office has a written medical emergency response plan that is kept in an easily accessible location

6.1.2 This office has written emergency response plan that assigns specific responsibilities to members of our office team on:

6.1.2.1 How and when to call Emergency Medical Services (EMS)

6.1.2.2 How and when to speak to family members of the patient (if applicable)

6.1.2.3 Who is responsible for the patient's airway management

6.1.2.4 Who is responsible to provide Basic Life Support, including compressions

6.1.2.5 Who is responsible to obtain and operate the AED

6.1.2.6 Who is responsible to document the patient's vital signs and any administration of emergency medications

6.1.2.7 Who is responsible to obtain the Emergency Drug Kit and prepare for the administration of emergency medications

6.1.2.8 Who is responsible to obtain oxygen and/or other required emergency equipment

6.1.3 Our emergency response plan contains a general review of CPR guidelines, airway management and patient positioning (e.g. Trendelenburg, Semi-Fowlers, etc.)

Name _____ Signature _____



6.1.4 Our emergency response plan includes the signs and symptoms and an algorithm for responding to the following office emergencies:

6.1.4.1 Syncope

6.1.4.2 Cardiovascular disease: angina, infarction and cardiac arrest

6.1.4.3 Blood pressure anomalies: hypertension and hypotension

6.1.4.4 Asthma

6.1.4.5 Anaphylaxis

6.1.4.6 Hyperventilation

6.1.4.7 Allergic reactions

6.1.4.8 Diabetes

6.1.4.9 Seizures

6.1.4.10 Sudden Cardiac Arrest (SCA)

6.1.4.11 Cerebrovascular Accident (Stroke)

6.1.4.12 Foreign Body Obstruction (FBO) with airway management

6.1.4.13 Local Anesthetic Toxicity

6.1.4.14 Hypoglycemia

6.1.4.15 Benzodiazepine Overdose

Name _____ Signature _____



6.1.4.16 Narcotic Overdose

6.1.4.17 Laryngospasm

6.1.4.18 Malignant Hyperthermia

AAFD PROVIDES A SAMPLE EMERGENCY RESPONSE PLAN TO HELP YOU MEET ALL THE REQUIREMENTS IN THIS SECTION. THE PLAN IS AVAILABLE BY DOWNLOADING A SAMPLE MOCK DRILL AT: [HTTPS://WWW.AAFDO.COM/MOCK-EMERGENCY-DRILLS](https://www.aafdo.com/mock-emergency-drills)

6.1.5 Our written emergency plan covers roles and responsibilities in those situations where an overdose of medications was given, and airway management is required.

6.2 MOCK MEDICAL EMERGENCY DRILLS & SIMULATIONS

Criteria for 6.2: (Enter your initials when the checklist item is complete. Enter "N/A" if not applicable.)

6.2 In this office we have practiced, and are fully prepared for each the following emergencies:

6.2.1 Syncope

6.2.2 Cardiovascular disease: angina, infarction and cardiac arrest

6.2.3 Blood pressure anomalies: hypertension and hypotension

6.2.4 Asthma

6.2.5 Anaphylaxis

Name _____ Signature _____



- 6.2.6 Hyperventilation
- 6.2.7 Allergic reactions
- 6.2.8 Diabetes
- 6.2.9 Seizures
- 6.2.10 Sudden Cardiac Arrest (SCA)
- 6.2.11 Cerebrovascular Accident (Stroke)
- 6.2.12 Foreign Body Obstruction (FBO) with airway management
- 6.2.13 Local Anesthetic Toxicity
- 6.2.14 Hypoglycemia
- 6.2.15 Benzodiazepine Overdose
- 6.2.16 Narcotic Overdose
- 6.2.17 Laryngospasm
- 6.2.18 Malignant Hyperthermia
- 6.3.17 ACLS Algorithms

AAFDPO PROVIDES A COMPREHENSIVE MOCK EMERGENCY DRILLS GUIDE TO HELP YOU MEET ALL THE REQUIREMENTS IN THIS SECTION.

THE GUIDE IS AVAILABLE AT: [HTTPS://WWW.AAFDO.COM/MOCK-EMERGENCY-DRILLS](https://www.aafdo.com/mock-emergency-drills)

Name _____ Signature _____



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PRACTICE OWNER OR AUTHORIZED REPRESENTATIVE

Name _____ Signature _____

Title/Position _____ Date _____



AFFDAVIT OF COMPLETION

Upon entering my signature, I certify that I have:

- a. Reviewed and accepted by signature the AAFDO Release of Liability
- b. Completed all applicable requirements listed on the AAFDO Self-Audit Emergency Readiness Checklist.

PRACTICE OWNER OR AUTHORIZED REPRESENTATIVE

Name _____

Signature _____

Title/Position _____

Date _____

WITNESS

Name _____

Signature _____

Date _____