

SAMPLE MOCK EMERGENCY DRILL GUIDE



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NOTICE OF DISCLAIMER

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The AAFDO is NOT responsible (as a matter of product liability, negligence or otherwise) for any injury resulting from any of the contents of this document.

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The purpose of this document is to provide information only. Nothing in this document should be construed as setting a legal standard of care or practice recommendations.

The algorithm contained in this document should be considered a useful companion to serve as a guide for the structured review of best practices. Dental healthcare professionals accessing this document agree to assume full responsibility for the use of this information and hold harmless any third party, including, but not limited to the AAFDO, it's owners, employees, and Board members for any claim, loss, injury or damage arising from the use or dissemination of information within this document.

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HOW TO USE THIS DRILL GUIDE

1. Complete the **Medical Emergency Plan & Staff Assignments Checklist** on page 8.
2. Conduct a **Mock Emergency Drill** on a regular basis. AAFDO has provided one Mock Emergency Drill (for a patient Seizure); there are 22 other Mock Emergency Drills available from AAFDO.
3. Obtain a 1-inch, three-ring binder to use as your **Medical Emergency Drill Training Log**. After each practice session, place your completed **Pre-Training** and **Post-Training Checklists** in your **Training Log**. This log will be your official record to document that your dental practice has completed the recommended medical emergency training drills.
4. For **each** emergency drill session, do the following:
 - a. Print a copy of the **Pre-Training Checklist**. (Pages 6 and 7.)
 - b. Print a copy of the **Post-Training Checklist**. (Page 9.)
 - c. Print a copy of the **Emergency Drug Expiration Checklist**. (Page 10.)
 - d. Print a copy of the **Quick Reference Checklist** for the Seizure Disorder treatment algorithm (Page 11.)
 - e. Complete and sign the **Pre-Training Checklist**.
 - f. Complete and sign the **Emergency Drug Expiration Checklist** to verify all drugs are in-date and not expired.
 - g. Together with your team, verbally review the **Quick Reference Checklist** for the Seizure emergency.
 - h. Assign a team member to simulate the role of the patient.
 - i. Assign a team member to act in the role of the emergency drill Coordinator. This person will, when the drill begins, call out a few of the Signs and Symptoms (located on the **Quick Reference Checklist**, if available – not all algorithms contain Signs and Symptoms) being experienced by the simulated patient acting as if he/she were experiencing a seizure. For example, as the team conducts the Mock Emergency Drill for **Seizure**, the Coordinator might call out, “The patient is experiencing a seizure.”

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- j. The call out of the Signs and Symptoms will serve as the “triggering event” to initiate the checklist items.
- k. Assign a team member to “run” the **Quick Reference Checklist**. If you have insufficient number of team members, one person can serve as both the Drill Coordinator and run the **Quick Reference Checklist**.
- l. Announce the commencement of the drill and begin the simulation by having the drill Coordinator call out the signs and/or symptoms (if available).
 - i. The dentist should then verbally call for the **Seizure Disorder Medical Emergency Treatment Algorithm Quick Reference Checklist**. (Example, “Let’s run the Seizure Checklist.”)
 - ii. The team member running the checklist shall verbally call out each step in the checklist.
 - iii. **Simulate, as completely as is possible, each step in the checklist.** Perfect practice makes perfect. For example, if the checklist requires a call to 911, the person responsible for the call should verbally simulate making the call by saying what he/she would actually say during a real call to 911. If the checklist calls for the administration of a drug, that drug should be located in the drug kit, and brought to the location of the simulation. All appropriate crosschecks (e.g. labels, names, amounts, etc.) should be accomplished. If the checklist calls for the opening of an airway, the equipment required for this should be located and brought to the location of the drill.
 - iv. All actions that cannot be simulated should be mentally visualized and verbalized to the team. **Your performance in an actual emergency will never exceed the level of performance in your emergency drills.** Mistakes made in drills will be made in an actual emergency.
- m. When the drill is complete, conduct a debriefing of the performance observed. Emphasize what must be done differently next time to improve performance.
- n. Complete and sign the **Post-Training Checklist**.
- o. Insert in your **Training Log** the completed and signed copies of the **Pre-Training Checklist**, **Post-Training Checklist**, and the **Emergency Drug Expiration Checklist** for the drill(s) you have just completed.

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PRE-TRAINING CHECKLIST

- ☐ **License Check Conducted**
 - ☐ Expiration status of CPR/BLS/AED training checked
 - ☐ Expiration status of ACLS and/or PALS training checked
 - ☐ Re-certification training schedule reviewed
- ☐ **Emergency Drug Kit Status Checked**
 - ☐ Emergency Drug Kit checked to ensure no drugs are expired or missing
 - ☐ All team members have demonstrated knowledge of the location of the kit
 - ☐ The purposes and actions of each drug in the Emergency Drug Kit needed for the drills practiced today have been verbally reviewed with each team member
- ☐ **Airway Emergency Equipment (if present) Checked & Reviewed**
 - ☐ Endotracheal tubes available and operable
 - ☐ LMAs available and operable
 - ☐ Laryngoscope available and operable
 - ☐ Ambu-bag available and operable
 - ☐ Stethoscope available and operable
- ☐ **AED Operability Checked**
 - ☐ AED checked - Powers "on" and "voice" and/or alarm functions operable
 - ☐ Each member of the office staff has demonstrated competence in the use of the AED
 - ☐ Expiration date of AED battery and all pads checked and current
- ☐ **Vital Sign Monitor Equipment Checked for full charge**
- ☐ **Epinephrine Auto Injector Practice Conducted & Competency Checked (if applicable)**

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PRE-TRAINING CHECKLIST (continued)

- ☐ **Medical Emergency Plan & Staff Assignments Reviewed** to ensure that all team members know their roles and are competent to fulfill them

- ☐ **EMS / 911 Rehearsal Conducted**
 - ☐ Route that EMS would need to transport a patient through the office has been verbally reviewed with the office staff
 - ☐ All team members have demonstrated familiarity with this route
 - ☐ 911 calling instructions for the mock drill being practiced have been verbally reviewed
 - ☐ The team member responsible for calling 911 has demonstrated competency in communicating the proper information to the 911 operator
 - ☐ The office policy designating who has the final decision-making authority to initiate a 911 call has been verbally reviewed and acknowledged by all team members

- ☐ **Oxygen Tank Status Checked**
 - ☐ Portable Oxygen tanks have been checked to ensure they are full
 - ☐ Each team member has demonstrated the ability to turn portable oxygen on & off
 - ☐ Each team member has demonstrated the correct placement of nasal cannula

I certify this checklist has been completed:

Date

Name

Signature

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MEDICAL EMERGENCY PLAN & STAFF ASSIGNMENTS CHECKLIST

Assignment	Name	Role
Call 911		Activate EMS and prepare for their arrival
AIRWAY MGT		Prepare to use proper airway device
AIRWAY ASSISTANT		Obtain airway emergency kit; know location of all airway equipment, suction equipment; assist doctor
BASIC LIFE SUPPORT		Initiate BLS Protocol
COMPRESSION		Initiate Chest Compressions if needed
COMMUNICATION		Speak with Family; Wait on EMT/911 to arrive
DEFIBRILLATOR		Obtain AED, apply pads and power ON; listen for instructions to shock
DOCUMENT		Record all events; Record vital signs; Record administration of emergency drugs
DRUGS		Obtain Emergency Drug Kit; Prepare for administration of emergency drugs; Assist doctor
EQUIPMENT		Obtain Oxygen & additional emergency equipment

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POST-TRAINING CHECKLIST

- ☐ All personnel have demonstrated competency in recognizing the signs & symptoms associated with the Seizure Disorder Medical Emergency Treatment Algorithm
- ☐ Appropriate personnel have demonstrated competency in knowing how & when to call 911
- ☐ Appropriate personnel have demonstrated competency in locating portable oxygen (if required)
- ☐ All personnel have demonstrated competency in basic life support
- ☐ Appropriate personnel have demonstrated competency in taking & recording vital signs (if required)
- ☐ All personnel have demonstrated competency in using the Seizure Disorder treatment algorithm contained on the Quick Reference Checklist
- ☐ All appropriate medications for Seizure Disorder emergency have been checked and are ready and in-date (if applicable)
- ☐ Appropriate personnel have demonstrated competency in properly documenting the Seizure Disorder emergency
- ☐ The team performance in the mock drill for Seizure Disorder has been debriefed and any deficiencies noted have been corrected

I certify this checklist has been completed:

Date

Name

Signature

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EMERGENCY DRUG EXPIRATION CHECKLIST

Verify all drugs are in-date and not expired.

	DRUG EXPIRATION DATE
<input type="checkbox"/> ALBUTEROL	_____
<input type="checkbox"/> AMMONIA INHALANTS	_____
<input type="checkbox"/> ANTICONVULSANTS	_____
<input type="checkbox"/> ASPIRIN	_____
<input type="checkbox"/> CORTICOSTEROID	_____
<input type="checkbox"/> DIPHENHYDRAMINE	_____
<input type="checkbox"/> EPINEPHRINE AMPULE	_____
<input type="checkbox"/> EpiPen	_____
<input type="checkbox"/> EpiPen Jr	_____
<input type="checkbox"/> FLUMAZENIL	_____
<input type="checkbox"/> GLUCOSE	_____
<input type="checkbox"/> NALOXONE	_____
<input type="checkbox"/> NITROGLYCERIN	_____
<input type="checkbox"/> OXYGEN	_____

I certify this checklist has been completed:

Date

Printed Name

Signature

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SEIZURE DISORDER

REMAIN CALM

CHECKLIST: BRIEF EPISODIC SEIZURE

START HERE – STEP 1

- ☐ Terminate all treatment or activity
- ☐ Place in reclined position; legs above heart
- ☐ Protect person from any injury

YES

Is person conscious?

NO

- ☐ Suction oral cavity if necessary
- ☐ Monitor vital signs
- ☐ Administer oxygen (if trained)
- ☐ Contact person's physician regarding treatment and discharge status

☐ CALL 911 EMS

- ☐ Suction oral cavity (mouth)
- ☐ Assess ABCs (Airway, Breathing, Circulation)
- ☐ Initiate your Medical Emergency Plan
- ☐ Monitor vital signs
- ☐ Initiate Basic Life Support as indicated
- ☐ Prepare to transport to Emergency Dept.

CHECKLIST: RECURRENT OR PROLONGED SEIZURE

START HERE – STEP 1

REMAIN CALM

☐ CALL 911 EMS

- ☐ Administer Diazepam (Valium®) 5 - 10 mg IM or IV (titrate slowly) if trained
- OR
- ☐ Administer Midazolam (Versed®) 2 - 5 mg IM or IV (titrate slowly) if trained
- ☐ Initiate your Medical Emergency Plan
- ☐ Suction oral cavity (mouth), if necessary
- ☐ Monitor vital signs
- ☐ Assess ABCs (Airway, Breathing, Circulation)
- ☐ Initiate Basic Life Support as indicated
- ☐ Administer oxygen (if trained)
- ☐ Prepare to transport to Emergency Dept.

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DISCLAIMER: This chart is to be used as a **GUIDELINE** and **DOES NOT GUARANTEE** to prevent an unfavorable outcome, result or death. Practitioner may choose to deviate from the algorithms based on their clinical experience, training and factors unique to that individual.

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How to Order a Mock Medical Emergency Drills Guide with Treatment Algorithms for 23 Common Emergencies

If your office is not ready to handle all of the other potential medical emergencies commonly seen in a dental office, and you would like to have a copy of all of the available medical emergency treatment algorithms in an easy-to-use quick reference checklist, please visit:

<http://www.aafdo.com/mock-emergency-drills>

Medical emergencies in the dental office are High-Risk, Low-Frequency Events. These sorts of events are worrisome in every occupation and profession. Any activity that entails risk and that is accomplished very rarely will not produce sufficient muscle and cognitive memory for flawless performance.

However, responding flawlessly is, for the dental professional, a core critical task.

To assist in achieving flawless performance, experts recommend that the dental team do two things:

1. Form as much muscle and cognitive memory as possible from consistent training, and
2. Use a quick reference checklist to provide memory markers during an actual event.

Visit the AAFDO website at the link above and order your Mock Emergency Drills Guide with Quick Reference Checklists containing treatment algorithms for 23 medical emergency commonly seen in dental offices.

When seconds matter, you will be glad you did.

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AAFDO Mission Statement

Our mission is to ensure dentists provide, and their patients receive, the safest, highest quality patient-centered care.

Behind every AAFDO Seal of Approval™ is a dental practice committed to patient safety, high quality and patient-centered care.

In addition to our Sedation / Anesthesia Medical Emergency Readiness Inspections (SAMERI), AAFDO™ provides general dental offices an opportunity to get accredited by completing a comprehensive office survey consisting of 400 performance criteria in 13 domains of knowledge and skill. The survey is conducted by dental practice experts knowledgeable about patient safety, regulatory compliance, emergency responses, office security, controlled substances, infection control and other dentistry best practices.

Accreditation is an elective improvement process initiated by a dental practice to ensure it is the very best it can be – for both the dentist's peace of mind and patients' well-being. Practices participate in the AAFDO™ accreditation process as a means of ensuring and documenting their achievement in Patient Safety, Quality and their use of best practices.

Any office that meets the AAFDO's 400 criteria for excellence is worthy of the AAFDO Seal of Approval™. Become accredited today! Contact us at 866-90-AAFDO or email Mr. Rob McCrary at rmccrary@aafdo.com