



BASES™

A DENTAL OFFICE EMERGENCY PREPAREDNESS CHECKLIST



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HOW THE AAFDO BASES™ SYSTEM WORKS

1. Read the AAFDO BASES™ system overview and review the checklist.
2. Remember that the “base” checklist is designed for dental practices that provide local anesthesia only and that do not provide any form of sedation. Checklist items for those practices that provide Moderate, Deep, or General Anesthesia are preceded by a Note similar to the following:

THE FOLLOWING ITEMS APPLY TO A) THOSE PRACTICES PROVIDING MODERATE SEDATION BY NITROUS OXIDE, ORAL SEDATIVES, INTRAVENOUS MEDICATIONS, OR ANY COMBINATION THEREOF, AND/OR B) PROVIDING DEEP SEDATION OR GENERAL ANESTHESIA

3. Complete the BASES™ 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. If you have not met a specific preparation criterion, links are provided to external resources that will help you meet the requirement.
4. 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.
5. 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.

OVERVIEW: WHY BASES™ 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! 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 historical record when the primary EMS unit was available and not already responding to another call, requiring an alternate EMS squad to be dispatched.

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, the BASES™ system is a checklist of the educational needs and physical items necessary to protect your patient in that time period (potentially 30 minutes long) between the identification of a medical problem and the arrival of outside assistance.

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 BASES™ in place, you are risk-proofing your practice and protecting your livelihood.



BASES™ – THE SIX CORNERSTONES OF MEDICAL EMERGENCY PREPAREDNESS

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 covering your BASES!

Your Failure to act is Your Fault



DENTAL OFFICE EMERGENCY PREPAREDNESS STANDARDS OF READINESS

SECTION 1: P = PREPARE (BY ASSESSING PATIENT RISK FACTORS) 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>

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.

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

Name _____ Signature _____



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)

THE FOLLOWING ITEMS APPLY TO A) THOSE PRACTICES PROVIDING MODERATE SEDATION BY NITROUS OXIDE, ORAL SEDATIVES, INTRAVENOUS MEDICATIONS, OR ANY COMBINATION THEREOF, AND/OR B) PROVIDING DEEP SEDATION OR GENERAL ANESTHESIA. ENTER N/A IF NOT APPLICABLE.

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.

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.

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

5.2.3 Aneroid sphygmomanometers (typically are made with the cuff permanently attached and therefore multiple sizes are necessary. A typical dental office needs at least 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 cannula (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 A pocket mask

5.2.6.2 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 to record history of the event (Commercial forms are also available)

5.2.15 Glucose monitor (Inspection is required to assure the battery is working and the test strips have not expired.)

THE FOLLOWING ITEMS APPLY TO THOSE PRACTICES PROVIDING MODERATE SEDATION BY NITROUS OXIDE, ORAL SEDATIVES, INTRAVENOUS MEDICATIONS, OR ANY COMBINATION THEREOF.

5.2.16 Pulse oximetry

Name _____ Signature _____



THE FOLLOWING ITEMS APPLY TO THOSE PRACTICES OFFERING DEEP SEDATION OR GENERAL ANESTHESIA WHERE RESPIRATORY DEPRESSION IS AN ANTICIPATED BYPRODUCT OF TREATMENT AND SOME MEDICATIONS MAY HAVE CARDIO-VASCULAR EFFECTS.

5.2.17 Reversing agents to any medications offered

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

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

AAFDO 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)

Name _____ Signature _____



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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, in the last year, practiced the following mock emergency drills:

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

6.2.6 Hyperventilation

6.2.7 Allergic reactions

6.2.8 Diabetes

6.2.9 Seizures

Name _____ Signature _____



- 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

THE FOLLOWING ITEMS APPLY TO A) THOSE PRACTICES PROVIDING MODERATE SEDATION BY NITROUS OXIDE, ORAL SEDATIVES, INTRAVENOUS MEDICATIONS, OR ANY COMBINATION THEREOF, AND/OR B) DEEP SEDATION OR GENERAL. ENTER N/A IF NOT APPLICABLE.

- 6.3 In this office we have, in the last year, practiced the following mock emergency drills:
 - 6.3.14 Benzodiazepine Overdose
 - 6.3.15 Narcotic Overdose
 - 6.3.16 Laryngospasm
 - 6.3.17 ACLS Algorithms

AAFDO 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 _____



AFFADAVIT 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 BASES™ Emergency Preparedness Checklist.

PRACTICE OWNER OR AUTHORIZED REPRESENTATIVE

Name _____

Signature _____

Title/Position _____

Date _____

WITNESS

Name _____

Signature _____

Date _____