



# 2-Minute Emergency Readiness Self-Audit

Score your dental practice against the five cornerstones of emergency preparedness

On average, a dental practice faces a life-threatening emergency every few years, and EMS can take 10 to 15 minutes to arrive. This 2-minute self-audit shows where your practice stands today. For each item, be honest and circle: **2 = Yes, fully in place** **1 = Partially** **0 = No**. Total your points at the end and read your readiness tier.

| PREPARE — assess patient risk                                                                                              | circle one | max |
|----------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                            | 6          |     |
| We assess every patient for medical risk factors (age, comorbidities, medications, obesity, sleep apnea) before treatment. | 2 1 0      |     |
| Baseline vital signs and an ASA classification are recorded and readily accessible in every patient's chart.               | 2 1 0      |     |
| We update medical history and medications at each return visit and document any medical consultations.                     | 2 1 0      |     |

Cornerstone subtotal: \_\_\_\_\_ / 6

| BASIC LIFE SUPPORT — for all personnel                                                                                 | circle one | max |
|------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                        | 4          |     |
| Every clinical team member holds current (within 2 years) healthcare-provider BLS certification.                       | 2 1 0      |     |
| Our dentists have completed medical-emergency continuing education (recognition and response) within the last 2 years. | 2 1 0      |     |

Cornerstone subtotal: \_\_\_\_\_ / 4

| STAT 911 — access to EMS                                                                                                       | circle one | max |
|--------------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                                | 4          |     |
| A primary and a backup 911 caller are designated in writing, with a script (address, best entry point, where EMS will be met). | 2 1 0      |     |
| We periodically practice or simulate the call to EMS.                                                                          | 2 1 0      |     |

Cornerstone subtotal: \_\_\_\_\_ / 4

| EMERGENCY MEDS & EQUIPMENT                                                                                                                                      | circle one | max |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                                                                 | 6          |     |
| We stock all essential emergency medications and check them so none expire (aspirin, albuterol, nitroglycerin, diphenhydramine, epinephrine, glucose, ammonia). | 2 1 0      |     |
| We have the essential equipment: AED, portable oxygen with delivery devices, BVM/pocket mask, airways, blood-pressure cuffs, and backup suction.                | 2 1 0      |     |

|                                                                                                                     |   |   |   |
|---------------------------------------------------------------------------------------------------------------------|---|---|---|
| Chairside Quick Reference Checklists for the life-threatening emergencies are posted where the team can reach them. | 2 | 1 | 0 |
|---------------------------------------------------------------------------------------------------------------------|---|---|---|

Cornerstone subtotal: \_\_\_\_\_ / 6

| SIMULATIONS — mock drills & response plan                                                                                                   | circle one | max |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                                             | 10         |     |
| We have a written medical emergency response plan with each person's role assigned, kept where the whole team can reach it.                 | 2          | 1 0 |
| We run mock medical emergency drills on a regular schedule (e.g., no less than quarterly) and debrief them.                                 | 2          | 1 0 |
| We use chair-side cognitive aids (e.g., quick reference checklists) during mock drills and actual emergencies.                              | 2          | 1 0 |
| Based on the results of our most recent drill I am confident we could manage a serious emergency for at least 30 minutes until EMS arrives. | 2          | 1 0 |
| Every team member knows, and competently carries out, their assigned duties in the emergency response plan.                                 | 2          | 1 0 |

Cornerstone subtotal: \_\_\_\_\_ / 10

**CORE TOTAL (all practices): \_\_\_\_\_ / 30**

| SEDATION / ANESTHESIA BRANCH — complete this section only if you provide sedation or anesthesia                                                         | circle one | max |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
|                                                                                                                                                         | 8          |     |
| Every dentist providing sedation holds current ACLS (and PALS if treating children) within 2 years.                                                     | 2          | 1 0 |
| We have the added monitoring and equipment for our sedation level (pulse oximetry, capnography, reversal agents, advanced airway) as applicable.        | 2          | 1 0 |
| We have completed sedation-specific emergency training (at least 12 hours covering monitoring, unconsciousness, pharmacology and reversal, and airway). | 2          | 1 0 |
| Our office has had an outside sedation / anesthesia emergency-readiness inspection.                                                                     | 2          | 1 0 |

**SEDATION SUBTOTAL: \_\_\_\_\_ / 8 (if you offer sedation and score below 6 here, treat it as urgent)**

## Your Readiness Score

Add your circled points. Score the CORE out of 30 to find your tier below. (Percentage = your points ÷ 30 × 100.)

| Core score | Readiness tier       | What it means & your next step                                                                                                                                       |
|------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26 - 30    | Emergency Ready      | Strong. Maintain & document your readiness with the Mock Emergency Drills System; conduct a Readiness Check Ride to keep the team sharp and document your readiness. |
| 19 - 25    | Partially Ready      | Real gaps remain. Close them with the Mock Emergency Drills System.                                                                                                  |
| 11 - 18    | Underprepared        | Significant exposure. Start with the Drills System and book a Virtual Readiness Inspection.                                                                          |
| 0 - 10     | Emergency Unprepared | A serious emergency today would likely overwhelm you. Book a Virtual Readiness Inspection now.                                                                       |

## Find Your Gaps (and fix them)

Any item you did not circle 2 is a gap. Match its cornerstone below to the fastest fix.

| Cornerstone               | If this is a gap, your risk is...          | Fix it with                                                            |
|---------------------------|--------------------------------------------|------------------------------------------------------------------------|
| Prepare                   | Being blindsided by a high-risk patient    | Patient Risk Factor Matrix                                             |
| Basic Life Support        | A team that freezes on the fundamentals    | BLS course                                                             |
| Stat 911                  | Lost minutes reaching EMS                  | Emergency Response Plan (in the Mock Emergency Drills Training System) |
| Meds & equipment          | Missing the drug or tool when it counts    | 12-Critical Emergencies QRCs<br>Mock Emergency Drills Training System  |
| Simulations               | A plan your team has never rehearsed       | Mock Emergency Drills System +<br>Readiness Check Ride                 |
| Low score / sedation gaps | Career-level regulatory and legal exposure | Virtual Emergency Readiness Inspection                                 |

**Not sure your score is accurate?** Let an expert look for you. A Virtual Emergency Readiness Inspection is a live, screen-to-screen audit of your equipment, medications, records, and team readiness. Book at [aafdo.com](http://aafdo.com).

This self-audit is provided by MEPDO / AAFDO as general information for a structured self-review of best practices. It is not legal, medical, or business advice, does not set any standard of care, and does not guarantee prevention of a medical emergency. Use is at your own risk.