2009 Emergency Medical Response Plan
For Periodontists

By

The Institute of Medical Emergency Preparedness
An Emergency Medical Response Plan has been developed for the Periodontists and their staff of by the Institute of Medical Emergency Preparedness (IMEP). IMEP is an independent third party who functions as a medical emergency management company that services healthcare providers. Implementation of this response plan developed by IMEP will be one that is easily integrated into all periodontal offices. Medical emergency preparedness should be an ongoing, continual process rather than an occasional event. Calling 911 and placing oxygen on a patient should never be considered a plan. This program can be put into action immediately in all dental offices. Once implementation of this program has been established in the dental office it must never cease. Active implementation is paramount to the success of the dental office in achieving medical emergency preparedness. Periodontists are healthcare providers who must be ready to respond responsibly and appropriately to medical emergencies as well as have staff and their facility adequately trained and prepared along with a well organized, structured medical emergency program with ongoing, continual mock emergency drills. There can be no alternative. There must be no doubt if a dental office is ready for patient rescue in the event of a medical emergency.

The Medical Emergency Membership of IMEP which is an ongoing part of this plan will provide each periodontist and their staff members up to 53 hours of medical emergency continuing education per year as well as up to 47 Patient Safety Credits. It is fully described at the end of this document.

TABLE OF CONTENTS
The AAP Emergency Medical Response Plan consists of:

-I. IMEP 2009 Office Patient Safety Classification: This document determines the status of your office as it relates to patient safety toward medical emergency preparedness. This will demonstrate to you deficiencies that need to be corrected immediately. This document is for single use so that once you have identified any problems, you can then correct them so your office is adequately prepared. Place this document in a log to show proof of your participation.
-II. **IMEP 2009 Medical Emergency Plan**: This outlines all duties of the dentist and staff in that office during a medical emergency in that office. This plan is developed for 5 people. Should you have less than 5 in your office please share duties for the number of people in your office. This should always be visible for all staff to see it.

-III. **IMEP 2009 CPR Review**: This is a review of the current guidelines with CPR that will always be updated should any instructions change. This should be reviewed by the entire office staff on a monthly basis so you are familiar with how to use CPR.

-IV. **IMEP 2009 CALL 911 Instructions**: These instructions are for the office when calling 911 and the criteria involved in doing so. They should be posted in visible areas in the office. All staff must know how to perform this duty.

-V. **IMEP 2009 Emergency Treatment Record Document**: This is a factual description surrounding adverse event for important, pertinent documentation of a medical emergency in the dental office. This document consists of two parts, one for your office and one for the EMS personnel that arrive to transport the patient. One staff member is assigned this duty and it is crucial that accurate information be kept during the adverse event.

-VI. **IMEP 2009 Patient Safety Coordinator Duties**: This outlines the duties of one person in the office that oversees monthly medical emergency preparedness for that office. This person is paramount for the flow of the entire office so that each person is current on all monthly medical emergency preparedness activities.

-VII. **IMEP 2009 Emergency Drug Checklist**: This document ensures no expired drugs by monthly review of all emergency medications in the office. This document should be kept in a binder to show that the emergency medications are checked on a monthly basis.

-VIII. **IMEP 2009 Emergency Medication STAT Chart**: This is a monthly reminder of adult/pediatric emergency medication doses that involve all staff. This should be viewed every month with the entire staff so that the dosages of emergency medications are thoroughly understood and known.

-IX. **IMEP 2009 30 Second Emergency Response Protocol**: This describes what all should be done when a medical emergency has been declared in that office. This gives an immediate assessment of a patient and what needs to take place with that medical emergency. All staff should know this protocol.

-X. **IMEP 2009 Monthly Mock Drill**: This is a log that shows participation in the monthly mock drills within the Medical Emergency Membership that is sent to all dental offices at the beginning of each month. This is
imperative that dentist and their staff actively participate in this monthly drill. Keep this in a binder each month it is completed.

-XI. **IMEP 2009 Local Anesthetic Monthly Inventory Log**: This ensures no expired local anesthetics will be administered because your inventory is checked on a monthly basis. Keep this in a binder each month it is completed.

-XII. **IMEP 2009 Automated External Defibrillator (AED) Checklist**: This ensures that the AED in the dental office is in good working condition and all staff knows how to use it. This verifies that the AED is ready for use and each staff has been involved in practicing with it. Keep this in a binder each month it is completed.

-XIII. **IMEP 2009 Medical Emergency Center**: This is in a central location of the office that is visible to all staff. This consists of the medical emergency plan document, the emergency response system action binder, the emergency drug kit, the automated external defibrillator, the portable oxygen, the portable vital signs monitor, and fire extinguisher.

-XIV. **IMEP 2009 Medical Emergency Membership**:
1. 12 monthly mock emergency drills (Jan - Dec)
2. >30 medical emergency specialty tests
53 hours of online medical emergency continuing education is available all focused around:

- Medical emergencies
- Airway emergencies & equipment
- Local Anesthetic emergencies
- Sedation emergencies
- Anesthesia emergencies
- Emergency medications
- Basic Life Support(BLS)
- Advanced Cardiovascular Life Support(ACLS)
- Pediatric Advanced Life Support(PALS)
- Emergency response team development
- Emergency action planning and documentation

For more information, [http://www.emergencyactionguide.com/register.asp](http://www.emergencyactionguide.com/register.asp)
-XV. **IMEP 2009 Medical Emergency Scenario Checklist**: This is to be used by the dental office in the evaluation of multiple simulated mock drills by the entire staff.

-XVI. **IMEP 2009 Office Inspection Guidelines**: This is a thorough document to be used as a self-inspection of the office and staff done once a year. IMEP recommends the first Friday in December as “Office Inspection Day.” This office inspection document allows any dentist and their staff to thoroughly assess their office regardless if they use any form of sedation or intravenous medications. Once completed, this document should be placed in a binder.

-XVII. **IMEP 2009 Patient Safety Credit and Criteria**: This explains what Patient Safety Credits (PSCs) are and how it applies to your practice as well as the 47 PSCs that are available annually. The PSCs by IMEP correspond with the continuing education hours given out for many of the mock drills and medical emergency specialty tests. For more information, [http://www.emergencyactionguide.com/register.asp](http://www.emergencyactionguide.com/register.asp) and click on “documents”

-XVIII. **IMEP 2009 National Patient Safety Goals for Medical Emergencies**: These are the goals established by IMEP that all healthcare offices should strive to achieve and maintain for patient safety through medical emergency preparedness.

-XIX. **IMEP 2009 Pre-Operative Medication Dosage Form**: This is to be used to develop a patient anesthetic plan using “by mouth” (PO) medications. This document would apply for any dental offices that use these types of medications.

-XX. **IMEP 2009 Anesthesia Dosage Form**: This is to be used to develop a patient anesthetic plan using intravenous medications. This document would apply for any dental office that uses intravenous medications.

-XXI. **The IMEP Fellowship**: For more information, [http://www.emergencyactionguide.com/register.asp](http://www.emergencyactionguide.com/register.asp) and click on “Documents”.

-XXII. **IMEP 2009 Resources for Medical Emergencies**: This is a compilation of various articles, books, DVD’s, podcast and others that will provide your office a source to obtain more information on medical emergency preparedness.
I. IMEP 2009
OFFICE PATIENT SAFETY & RESCUE CLASSIFICATION
(PRSClassification)

This is to be used as a guide or template for you to evaluate your office on
where you stand with medical emergency preparedness. You will know
your status once you have completed a thorough review of your office.

Legal Standard of Care:
The Package Insert (PI) associated with every box of local anesthetics from
the manufacturers such as Cook-Waite, Dentsply and Septodont stresses the
need for readiness on medical emergencies. The PI has a WARNINGS
section that states: DENTAL PRACTITIONERS WHO EMPLOY LOCAL
ANESTHETIC AGENTS SHOULD BE WELL VERSED IN DIAGNOSIS
AND MANAGEMENT OF EMERGENCIES WHICH MAY ARISE
FROM THEIR USE. RESUSCITATIVE EQUIPMENT, OXYGEN AND
OTHER RESUSCITATIVE DRUGS SHOULD BE AVAILABLE FOR
IMMEDIATE USE.

This WARNING should not be ignored or taken lightly from any
practitioner who injects local anesthetic.

If your office could be graded today by an inspector on your thoroughness
and preparedness toward medical emergencies and resuscitative
equipment/drugs, how would you rate?

Do you think your office is truly ready for patient rescue in the event of a
medical emergency?
GRADE A Classification:
You must meet all of these criteria to be Grade A

- Dentist and Staff both participate in medical emergency training lectures annually

- Dentist and Staff maintain their BLS/AED certification

- Emergency Drug Kit along with active maintenance program to prevent the expiration of drugs

- Resuscitative equipment (vital sign monitors, portable oxygen, glucometer, etc) present in the office and each member of the dental team is familiar with the use of this equipment.

- Automated External Defibrillator: all members of the dental team know how to use this device and thoroughly review it on a monthly basis

- Medical emergency plan of action that is rehearsed monthly by the entire dental team

- Monthly emergency mock drills rehearsed by the entire dental team using a different medical emergency each month

- Documentation ready to be used in the event of a medical emergency that is assigned to one person in the office prior to, during and after the event.

- Emergency numbers along with 911 instructions clearly displayed throughout office and people assigned that duty

- Monthly patient safety emergency checklist is checked in the office such as oxygen levels, expirations of medications, all license are current, etc.
**GRADE C Classification:**
You must meet between 5 and 7 of these criteria to be Grade C

- Dentist and/or Staff have participated in medical emergency training lectures every 2-3 years.
- Dentist and/or Staff maintain their BLS/AED certification
- Emergency Drug Kit along with active maintenance program to prevent the expiration of drugs or “Home-made” kit available in office with/without automatic renewal program to prevent expiration of drugs.
- Resuscitative equipment present in the office and each member of the dental team is familiar with equipment
- Automated External Defibrillator: present in the office
- Medical emergency plan of action (if available) is rehearsed quarterly, bi-annually or annually by the entire dental team
- Monthly emergency mock drills (if available) is rehearsed by the entire dental team quarterly, bi-annually or annually.
- Documentation ready to be used in the event of a medical emergency that is assigned to one person in the office
- Emergency numbers, along with 911 instructions clearly displayed throughout office and people assigned that duty
- Monthly patient safety emergency checklist is checked in the office such as oxygen levels, expirations of medications, all license are current, etc.
**GRADE F Classification:**

If you meet less than 4 of the criteria you are Grade F Classification

_____ - Dentist and Staff have not participated in medical emergency training lectures in past 3+ years.

_____ - Dentist and/or Staff maintain their BLS/AED certification.

_____ - Emergency Drug Kit along with active maintenance program in the office. Practitioner may have only Epinephrine as sole drug for patient rescue. Practitioner may have “home-made” kit with no other person in the office having knowledge of its location or how to use drugs.

_____ - Resuscitative equipment present in the office and each member of the dental team is familiar with equipment.

_____ - Automated External Defibrillator in the office.

_____ - Medical emergency plan of action for the office. The only plan is to CALL 911 or use a nearby physician clinic or firefighter station in the event of an emergency.

_____ - Monthly emergency mock drills rehearsed by the entire dental team.

_____ - Documentation ready to be used in the event of a medical emergency that is assigned to one person in the office.

_____ - Emergency numbers, along with 911 calling instructions, clearly posted in the office.

_____ - Monthly patient safety emergency checklist is reviewed in the office such as oxygen levels, expirations of medications, all license are current, etc.
Explanation of different Grades:

**Grade A: ABOVE AVERAGE**
- Congratulations, your office seems to be well-prepared for that unthinkable, unpredictable event
- Patient Safety through medical emergency preparedness is important to both you and your staff
- Although, we can never predict an outcome of a medical emergency, your office would do well with the likely result of patient rescue
- You could prove to your malpractice carrier without a doubt you have a patient safety plan in place for medical emergencies
- You would be very defensible should litigation be involved with your case
- You could show to any professional licensing agency or board that you are prepared
- You could tell your patients with confidence that you are prepared for medical emergencies in your office in the event them or a loved one had a medical crisis there.

**Grade C: AVERAGE**
- You show the desire to be prepared but have a few areas to improve.
- Your Patient Safety goals between you and your staff for medical emergencies can be corrected with making several adjustments.
- Patient Rescue could be achieved but act now to secure yourself as a Grade A office
- Your malpractice carrier would inform you to make the necessary changes
- If litigation were to occur, you might be favorable to the defense rather than a more-definitive one
- Any licensing agency or board would recommend changes
- You would not be able to say with confidence to your patients that your office is fully prepared but you are working to improve that.

**Grade F: FAILURE**
- You believe a medical emergency will not happen to you or in your office.
- Patient rescue and survival may be unsuccessful in this office
- If your malpractice carrier knew of your patient safety status, they would mandate you to change your practice or lose coverage
- You would not do well during litigation in trying to defend your position.
- You could possibly be sued beyond your malpractice limits and be responsible for paying this amount.
- You would more than likely be “dropped” by your malpractice carrier and may not secure another carrier.
- Any licensing agency or board would most definitely recommend changes
- You would not be able to tell your patients that your office is prepared.

I do here verify and confirm that my office has been evaluated and I understand the grade of classification received for my office. I also understand that any deficiencies that were discovered need to be corrected immediately and I will do so.

Dentist (print name)

Dentist signature

Witness

Date
REMAIN CALM

Medical Emergency Plan

Recognition

Checklist:

- Assess ABC’s (Airway, Breathing, Circulation)
- Remain calm, treat person

Emergency

Should EMS be activated?

- Stay on phone with 911 dispatcher until told to get off
- Observe person
- Contact person's physician for treatment and discharge status

Initiate Your Medical Emergency Plan

Doctor/RN
- Confirm emergency 911 call was placed
- Place supplemental oxygen
- Confirm open airway
- Assess breathing
- Check pulse, blood pressure and respirations
- Administer medications, if indicated
- Initiate basic life support, if indicated
- Provide pertinent information to paramedics

Team Member 1
- Get emergency kit
- Open emergency drug kit
- Start large bore IV if trained
- Draw up drugs as instructed by Doctor

Team Member 2
- Obtain AED
- Place AED pads if instructed
- Assist Doctor

Team Member 3
- Record sequence of events: note blood pressure, rate and pulse; note drugs, dose and time administered

Team Member 4
- Clear room and hallways for EMS personnel
- Go outside and look for EMS, flag them down
- Take EMS to emergency scene

NOTE: If limited number of personnel are available, combine responsibilities and adapt plan for your facility.

Call 911

CALL 911

CALL 911 EMS

Stay on phone with 911 dispatcher until told to get off

Doctor/RN Team Member 1 Team Member 2 Team Member 3 Team Member 4

- Confirm emergency 911 call was placed
- Place supplemental oxygen
- Confirm open airway
- Assess breathing
- Check pulse, blood pressure and respirations
- Administer medications, if indicated
- Initiate basic life support, if indicated
- Provide pertinent information to paramedics

Get emergency kit
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Draw up drugs as instructed by Doctor
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Record sequence of events: note blood pressure, rate and pulse; note drugs, dose and time administered
Clear room and hallways for EMS personnel
Go outside and look for EMS, flag them down
Take EMS to emergency scene

NOTE: If limited number of personnel are available, combine responsibilities and adapt plan for your facility.

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.
III. CPR Review

1. When checking a victim’s breathing, you must look, listen, and feel for breaths. In addition to looking for chest rise and feeling for airflow, the rescuer must also listen for airflow through the victim’s nose or mouth.

2. When you do not suspect cervical spine injury, the head tilt – chin lift is the recommended way to open the airway of an unresponsive victim.

3. The victim in cardiac arrest may demonstrate agonal gasps. Agonal gasps are not adequate breathing. The rescuer would need to begin the steps of CPR beginning with 2 initial breaths.

4. Anytime an adult complains of chest pain, call 911 immediately. The victim may be having a heart attack and needs early access into the EMS system via ambulance and access to a defibrillator.

5. Proper compression technique requires the right rate and depth of compressions, as well as full chest recoil. To ensure full chest recoil, rescuers may lift hands slightly off the chest between compressions. The objective is to allow the chest to return to its normal position. Complete chest recoil maximizes the return of blood to the heart after each compression.

6. For an unresponsive victim who is not breathing adequately, has been given 2 breaths and does not have a pulse, you should begin chest compressions.

7. The earlier defibrillation occurs, the higher the survival rate. When ventricular fibrillation (VF) is present, CPR can provide a small amount of blood flow to the heart and brain but cannot directly restore an organized rhythm. Restoration of a perfusing rhythm requires immediate CPR and defibrillation within a few minutes of the initial arrest. The probability of successful defibrillations decreases quickly over time.
8. When performing 2 rescuer CPR on an infant you can use the 2-thumbs encircling hands technique at a rate of 15 compressions and 2 breaths.

9. The four universal steps for operating an AED are:
   - Power on the AED
   - Attach the pads to the victim
   - Clear the victim and allow the AED to analyze
   - Clear the victim and press the Shock button if indicated

10. If the AED does not detect a rhythm requiring a shock, the AED will prompt you to resume CPR if no pulse, beginning with chest compressions. Leave the electrode pads attached on the victim’s chest.

11. A choking adult becomes unresponsive while you are doing abdominal thrusts (the Heimlich). You ease the victim to the floor, send someone to call 911 and begin the steps of CPR. The only difference is that you must stop to look for the object before giving each breath. Remove the object if you see it (no blind sweeps). You will no longer give abdominal thrusts on the unconscious choked victim (just CPR).

12. If you minimize interruptions in chest compressions, you will increase the victim’s chance of survival. Rescuers should try to limit these interruptions to less than 10 seconds.
IV. CALL 911 INSTRUCTIONS

EMS – 911 Operator Information for Offices

When told to call 911 due to a medical emergency, be prepared to tell the 911 Operator the following:

REMAIN CALM DURING THIS PHONE CALL!

1. Give the location (address) of your office
2. Give the telephone number of the office, identify land line or cell phone
3. Tell 911 operator you have a medical emergency
4. Tell 911 operator whether patient is consciousness or unconscious
5. Tell 911 what happened: heart attack, sudden cardiac arrest, seizure, anaphylactic reaction
6. What is being done for the victim? i.e. Is CPR being performed or is an AED being used on the patient
7. Who is assisting the victim?
8. Tell 911 you will have someone at the office looking for them to show best route through office to the victim
9. Ask 911 operator how long until the ambulance arrives

DO NOT HANG UP WITH THE OPERATOR UNTIL THEY TELL YOU TO DO SO!!
Emergency Treatment Record

Person’s Name: ___________________________ Date: ___________ Time: ______________

Allergies: ________________________________________________________________

List all medications taken prior to emergency: ______________________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Resp</th>
<th>Oxygen Saturation %</th>
<th>Oxygen Flow L/min</th>
<th>Medications Administered</th>
<th>Medication Dosage</th>
<th>Medication Route (IV, IM, PO, SL)</th>
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</tbody>
</table>

Called 911 EMS at (time): _______________________________________________________

EMS arrived at (time): _________________________________________________________

EMS called by (who): __________________________________________________________

Person taken to what hospital: _________________________________________________

Condition of person when transported from site: _________________________________

____________________________________________________________________________

EMS personnel: _______________________________________________________________

____________________________________________________________________________

People present: ______________________________________________________________

____________________________________________________________________________

Signature of person recording events: ___________________________ Phone: ____________
VI. PATIENT SAFETY COORDINATOR DUTIES

- Have Patient Safety Coordinator within the office sign off on each Team member after going through all drills.
- Print this page and use as a template for each Team member for each month’s mock drill
- Place this record of completion in a notebook for quick reference.

EMPLOYEE: _________________________________________________________
DATE: ______________________________________________________________

Monthly Reminder for all EMERGENCY RESPONSE TEAM (ERT) Members: (IMEP recommends printing this list out and checking off all points to ensure they all are covered)

1. MEDICAL EMERGENCY PLAN:
   _______ - Rehearse the Medical Emergency Plan with all team members.
   _______ - Be sure all members fully understand their roles.
   _______ - Role-playing should be initiated among all team members until they fully understand their responsibility.

2. AED STATUS:
   _______ - Check your AED making sure it is properly functioning.
   _______ - Make sure everyone in the office knows how to use the AED.
   _______ - Rehearse the AED with all Team members.

3. AED BATTERY & PADS:
   _______ - Check to make sure your AED battery and pads are not expired.

4. EMERGENCY TREATMENT RECORD:
   _______ - Go over the Emergency Treatment Record with the selected team member so they know what to document

5. EMERGENCY DRUG KIT:
   _______ - Check the Emergency Drug Kit making sure no drugs are expired or missing.
   _______ - Remind all Team members where it is located.
   _______ - Review each drug in the Emergency Drug Kit with all Team members so they know its action:
   Drug Review includes the core essentials:
   _______ - Oxygen
   _______ - Epinephrine
   _______ - Albuterol
   _______ - Aspirin
   _______ - Nitroglycerin
   _______ - Glucose source
   _______ - Benadryl
6. OXYGEN:
___________-Check the portable Oxygen tanks making sure they are full.
___________-Demonstrate the ability to turn off/on portable oxygen along with placement of nasal cannula

7. EMERGENCY ACTION GUIDE LOCATION:
___________-Make sure all Team members know where the Emergency Action Guide is located for quick access

8. WORKBOOK CHAPTER READING:
___________-All Team members should read the section on Cardiac Diseases in the ERS Workbook then thoroughly discuss the emergency treatments as a team.

9. EPINEPHRINE AUTOINJECTOR PRACTICE:
___________-All Team members need to make sure they know how to use the Twinject or EpiPen.

10. VITAL SIGN MONITOR:
___________-If there is a portable Vital Sign monitor in the office, be sure it is fully charged.

11. EMS/911 REHEARSAL:
___________-Go over the route that EMS would need to transport a patient through the office when they are called.
___________-All Team members should be familiar with this route.
___________-Review the 911 calling instructions attached to the mock drill and rehearse calling 911 knowing the important information to communicate to the 911 operator.
___________-Who makes the decision at the office to call 911 must be discussed

12. AIRWAY EMERGENCY EQUIPMENT REVIEW:
___________-Review other emergency equipment in the office with all Team members such as Airways(Endotracheal tubes, LMAs, Laryngoscope, Ambu-bag, Stethoscope, etc.

13. Glucometer:
___________-Review the use of Glucometer as well as verifying all materials needed to obtain blood glucose levels on a patient.

14. MEDICAL EMERGENCY LECTURES:
___________-Check to see if any Team member needs to attend a lecture on Medical Emergencies.
___________-View our website at www.EmergencyActionGuide.com and click on "Upcoming Medical Emergency Lectures" to see the nearest location for your Team.
15. CE HOURS:
__________-Verify that each member is taking their monthly mock drill/online test
during that "specific" month
__________-Be sure to submit your required CE to the appropriate professional
organization if you participate in their Mastership, Fellowship or Member Maintenance
programs.

16. LICENSE RENEWAL:
__________-Check all members on their expiration status of CPR/BLS/AED training
and schedule for their re-certification.
__________-Check the dentist(s) of their CPR/BLS/AED training as well as any others
such as ACLS or PALS and schedule for re-certification.

17. IMEP MEMBERSHIP RENEWAL:
__________-Be sure to check on your IMEP status and make sure you renew so that
you maintain your Diplomate status as well as earn your 26 hours of CE.

18. Monthly Online Test:
__________-Verify test has been taken and passed
__________-Obtain a copy of the notification that employee has passed test and place in
file for this month
I attest that employee, ________________________________, has
completed all of the skills checklist for the month of ________________
in the year of ____________________.

_____________________________________________________
Patient Safety Coordinator Signature

_____________________________________________________
Employee Signature

_____________________________________________________
Date

NOTE: AS A REMINDER, PRINT OUT THIS PAGE AND PLACE IN A LOG
BOOK FOR EACH EMPLOYEE FOR EACH MONTH
## Injectable Drugs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade</th>
<th>Dose</th>
<th>Action</th>
<th>Expire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diazepam</td>
<td>Valium</td>
<td>5-10mg</td>
<td>Anti-convulsant</td>
<td>______</td>
</tr>
<tr>
<td>or Midazolam</td>
<td>Versed</td>
<td>2-5mg</td>
<td>Anti-convulsant</td>
<td>______</td>
</tr>
<tr>
<td>Glucagon</td>
<td>Glucogen</td>
<td>1mg/ml</td>
<td>Anti-hypoglycemic</td>
<td>______</td>
</tr>
<tr>
<td>or Dextrose</td>
<td>Dextrose</td>
<td>0.5g/ml</td>
<td>Anti-hypoglycemic</td>
<td>______</td>
</tr>
<tr>
<td>Atropine</td>
<td>Atropine</td>
<td>0.5-1mg</td>
<td>Anti-cholinergic</td>
<td>______</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>Xylocaine</td>
<td>1-1.5mg/kg</td>
<td>Anti-arrhythmic</td>
<td>______</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>Solu-Cortef</td>
<td>100mg</td>
<td>Anti-inflammatory</td>
<td>______</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Benadryl</td>
<td>25-50mg</td>
<td>Anti-histamine</td>
<td>______</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Epinephrine</td>
<td>0.3 ml of 1:1000 3 ml of 1:10,000</td>
<td>Cardiac Stimulant</td>
<td>______</td>
</tr>
<tr>
<td>Morphine</td>
<td>Morphine</td>
<td>10mg</td>
<td>Analgesic</td>
<td>______</td>
</tr>
<tr>
<td>Flumazenil</td>
<td>Romazicon</td>
<td>0.2mg</td>
<td>Benzodiazepine Antagonist</td>
<td>______</td>
</tr>
<tr>
<td>Naloxone</td>
<td>Narcan</td>
<td>0.4mg</td>
<td>Narcotic Antagonist</td>
<td>______</td>
</tr>
</tbody>
</table>

Other Medications: ____________________________

### Non-Injectable Drugs

<table>
<thead>
<tr>
<th>Generic</th>
<th>Trade</th>
<th>Dose</th>
<th>Action</th>
<th>Expire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aromatic Ammonia</td>
<td>Ammonia</td>
<td>1 ampule</td>
<td>Chemical irritant</td>
<td>______</td>
</tr>
<tr>
<td>Albuterol</td>
<td>Proventil</td>
<td>Aerosol 2 puffs</td>
<td>Bronchodilator</td>
<td>______</td>
</tr>
<tr>
<td>Glucose Tabs</td>
<td>Glucose Tabs</td>
<td>3-4 tablets</td>
<td>Anti-hypoglycemic</td>
<td>______</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Aspirin</td>
<td>325mg tablet</td>
<td>Anti-platelet</td>
<td>______</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>Nitrostat</td>
<td>0.4mg q 5 mins</td>
<td>Coronary Artery Vasodilator</td>
<td>______</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Oxygen</td>
<td>2-6 L/min</td>
<td>Supplement to Airway</td>
<td>______</td>
</tr>
</tbody>
</table>

Other: ____________________________
VIII. IMEP EMERGENCY MEDICATION STAT CHART

Institute of Medical Emergency Preparedness
Emergency Medication STAT Chart

- Know the dose of each of these medications!
- Rehearse them with the Emergency Response Team monthly so all members know the correct dose.
- Print this form for all Emergency Response Team members to discuss at your monthly emergency response planning meeting.
- There can be NO guessing at the dosages of these STAT medications.
- Learn them BEFORE the actual medical emergency!

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticonvulsant</td>
<td>Adult _____ Pedo ______</td>
</tr>
<tr>
<td></td>
<td>(___________)</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>Antihypoglycemic</td>
<td>Adult _____ Pedo ______</td>
</tr>
<tr>
<td></td>
<td>(___________)</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>Adult _____ Pedo ______</td>
</tr>
<tr>
<td></td>
<td>(___________)</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis Reaction</td>
<td>Adult _____ Pedo ______</td>
</tr>
<tr>
<td></td>
<td>(___________)</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>
Bronchodilator

(___________)

Adult _______   Pedo _______

Notes:

Histamine Blocker

(___________)

Adult _______   Pedo _______

Notes:

Narcotic Antagonist

(___________)

Adult _______   Pedo _______

Notes:

Benzodiazepine Antagonist

(___________)

Adult _______   Pedo _______

Notes:

AntiCholinergic

(___________)

Adult _______   Pedo _______

Notes:

AntiHypertensive

(___________)

Adult _______   Pedo _______

Notes:
IX. IMEP EMERGENCY RESPONSE PLAN OF ACTION

The IMEP 30 Second Emergency Response Plan of Action for Medical emergencies

A Airway/Activate/Act/Allergies
   Airway: Open the airway and assess it
   Activate Your Medical Emergency Plan
   Act: Emergency Response Team perform duties
   Allergies: Does the patient have any allergies?

B Breathing
   Breathing: make sure of breath sounds!

C Circulation/Call/Communicate
   Circulation: check that pulse!
   Call 911!
   Communicate: inform patient's loved one or escort what is happening

D Defibrillator/Drug kit
   Defibrillator: carry it to patient's side
   Drug kit: carry it to patient's side

E ERS/EMS
   Emergency Response System: carry it to patient's side
   EMS: check again to make sure 911 has been called

F Facts
   Facts-document using Emergency Treatment Record or office record

G Get
   Get the oxygen to the patient's side

H Help
   Help: make sure 911/EMS has been called and is on the way

I Insurance
   After the patient has been taken away or the end of the event, call your Malpractice Insurance Carrier Immediately
X. IMEP MONTHLY MOCK DRILL LOG

Institute of Medical Emergency Preparedness
Monthly Mock Drill Log

______January 2009
______February 2009
______March 2009
______April 2009
______May 2009
______June 2009
______July 2009
______August 2009
______September 2009
______October 2009
______November 2009
______December 2009

_____All 2009 Mock Drills completed by office staff

Patient Safety Coordinator

Healthcare Provider

Note: this form should be completed in December and placed in the medical emergency log book for verification of active participation by each staff member in the mock drills
<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>INVENTORY</th>
<th>EXPIRATION DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% Lidocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w 1:100,000 epi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2% Lidocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3% Mepivicaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w Levonordefrin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4% Articaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w 1:100,000 epi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4% Articaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w 1:200,000 epi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4% Prilocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4% Prilocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w 1:200,000 epi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5% Bupivicaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w 1:200,000 epi</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
XII. AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
2009 MONTHLY CHECKLIST

___________ AED is in central location of office so it is visible by all staff

___________ Verify AED can turn on or power on

___________ Verify battery is charged and not expired

___________ Audible “voice” or alarm is working

___________ AED Adult pads are visible and not expired

___________ AED Pediatric pads are visible and not expired

___________ AED can be used by each person in the office

___________ Sudden Cardiac Arrest algorithm is rehearsed by each person in office

___________ Medical Emergency Plan is rehearsed by each person in office with each person knowing their role

Patient Safety Coordinator                     Date

Place in log book to have available for substantiation
XIII. IMEP MEDICAL EMERGENCY CENTER

This is to be located in a central area of the office that is visible to all staff.

The following should be visible to all staff at all times:

The medical emergency plan

The Emergency Response System action binder with the laminated treatment algorithms

Emergency drug kit

Automated External Defibrillator (AED)

Portable oxygen in mobile cart with face mask

Portable vital signs monitor with pulse oximeter on mobile stand

Fire extinguisher
XIV. IMEP MEDICAL EMERGENCY MEMBERSHIP

The Institute of Medical Emergency Preparedness Medical Emergency Membership has two components:

1. 12 monthly mock emergency drills (Jan - Dec)
2. >30 medical emergency specialty tests
53 hours of online medical emergency continuing education is available all focused around:

- Medical emergencies
- Airway emergencies & equipment
- Local Anesthetic emergencies
- Sedation emergencies
- Anesthesia emergencies
- Emergency medications
- Basic Life Support (BLS)
- Advanced Cardiovascular Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Emergency response team development
- Emergency action planning and documentation

For more information, [http://www.emergencyactionguide.com/register.asp](http://www.emergencyactionguide.com/register.asp)
XV. IMEP MEDICAL EMERGENCY SCENARIO CHECKLIST

IMEP 2009
Medical Emergency Scenario Checklist for the Dental Team

MOCK DRILL SIMULATED EMERGENCIES - The dentist and his/her team should be able to demonstrate competency in treating the following emergencies as selected by whomever presenting scenario along with evaluation of appropriate intervention. Individual should check status of mock drill as either satisfactory or unsatisfactory along with any comments. The dentist and staff may refer to the Emergency Response System by the Institute of Medical Emergency Preparedness for better understanding of medical emergency algorithms or any other reference related to this subject. Use the scenarios that would apply to your practice.

Angina Pectoris (Chest Pain)
Are you and your staff competent and prepared to treat Angina Pectoris?
______ yes ______ no ________ initials (dentist)

Mock Drill Evaluation of entire dental team with this emergency

__________ satisfactory __________ unsatisfactory

Comments: _____________________________________________
_______________________________________________________

Apnea (Airway Emergency Management)
Are you and your staff competent and prepared to treat an Airway Emergency?
_______ yes ______ no ________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

__________ satisfactory __________ unsatisfactory

Comments: _____________________________________________
_______________________________________________________
**Asthmatic Attack (Bronchospasm)**

Are you and your staff competent and prepared to treat an Asthmatic Attack?

_______ yes    _______ no    ________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Allergic Reaction/Anaphylaxis**

Are you and your staff competent and prepared to treat an Allergic Reaction/Anaphylaxis?

_______ yes    _______ no    ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Benzodiazepine Overdose**

Are you and your staff competent and prepared to treat a Benzodiazepine Overdose?

_______ yes    _______ no    ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Emesis

Are you and your staff competent and prepared to treat an Emesis Emergency?
_______ yes _______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Foreign Body Obstruction

Are you and your staff competent and prepared to treat a Foreign Body Obstruction?
_______ yes _______ no ________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Hyperglycemia

Are you and your staff competent and prepared to treat Hyperglycemia?
_______ yes _______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Hypertensive Crisis**

Are you and your staff competent and prepared to treat a Hypertensive Crisis?  
_______ yes       ______ no       ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency  
_________ satisfactory    __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Hyperventilation**

Are you and your staff competent and prepared to treat Hyperventilation?  
_______ yes       ______ no       ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency  
_________ satisfactory    __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Hypoglycemia**

Are you and your staff competent and prepared to treat Hypoglycemia?  
_______ yes       ______ no       ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency  
_________ satisfactory    __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Hypotensive Crisis**

Are you and your staff competent and prepared to treat a Hypotensive Crisis?

_______ yes   _______ no   _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________

**Laryngospasm**

Are you and your staff competent and prepared to treat Laryngospasm?

_______ yes   _______ no   _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________

**Local Anesthetic Overdose**

Are you and your staff competent and prepared to treat a Local Anesthetic Overdose?

_______ yes   _______ no   _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________
Malignant Hyperthermia

Are you and your staff competent and prepared to treat Malignant Hyperthermia?

[ ] yes [ ] no [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

[ ] satisfactory [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Myocardial Infarction (heart attack)

Are you and your staff competent and prepared to treat a Myocardial Infarction (heart attack)?

[ ] yes [ ] no [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

[ ] satisfactory [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Narcotic Overdose

Are you and your staff competent and prepared to treat a Narcotic Overdose?

[ ] yes [ ] no [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

[ ] satisfactory [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Seizures (Convulsions)
Are you and your staff competent and prepared to treat a Seizure(convulsion)?
______ yes ______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Stroke (Cerebrovascular Accident)
Are you and your staff competent and prepared to treat a Stroke?
______ yes ______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sudden Cardiac Arrest
Are you and your staff competent and prepared to treat a Sudden Cardiac Arrest?
______ yes ______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_______ satisfactory _____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Syncope

Are you and your staff competent and prepared to treat Syncope?
_______ yes   _______ no __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_________ satisfactory    ____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Cardiopulmonary Resuscitation(CPR)

Are you and your staff competent and prepared to administer CPR?
_______ yes   _______ no __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
_________ satisfactory    ____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The simulated emergency procedures are to be demonstrated in the operatory with full participation of the dentist(s) and office staff. An exact simulation of the emergency situation should be demonstrated. The type of emergencies selected by whomever should be based on the emergencies likely to be seen in the type of practice in which the dentist is engaged. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated. Practice a “worse case” scenario while doing the selected mock drill.

List dentist(s) that attended this mock emergency scenario session:

________________________________________________________________________

________________________________________________________________________

List employees that attended this mock emergency scenario session:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I do hereby verify and confirm that these mock drills were performed in my office with everyone participating.

________________________________________________________________________

Dentist name and signature

________________________________________________________________________

Date

________________________________________________________________________

Notary Public
XVI. IMEP OFFICE SELF-INSPECTION GUIDELINES

This is a comprehensive, thorough office inspection done to determine the state of preparedness for your office in the event of a medical emergency. This should be done annually and IMEP recommends the first Friday in December. Upon completion, please have this document notarized and place it in an appropriate file in the event of substantiation is required. The entire team needs to be present during this inspection.

Part I - Review of the office equipment, records, and emergency medications required by this Guideline.

Required Equipment. Check your state’s regulations for other required items. All equipment should be portable with back-up battery power, located in a central location.
1) Operatory large enough for emergency personnel to gain access to the patient and to transport a non-ambulatory patient out of the operatory;
2) Table or dental chair firm enough for CPR;
3) Adequate lighting, including backup (in case of power failure);
4) Adequate suction, including backup (in case of power failure);
5) Pulse Oximeter;
6) Positive-pressure oxygen delivery system;
7) Oral airways;
8) Sphygmomanometer or automated NIBP
9) Precardial or pretracheal stethoscope; and
10) AED(automated external defibrillator)
11) Laryngoscope with blades – small, medium, large
12) Portable oxygen (E-cylinder) with face mask & tubing
13) Cricothyrotomy set

Emergency Drugs. This list should not be considered all-inclusive. Check your state’s regulations for other required items.
1) Oxygen (see #12 above)
2) Naloxone (Narcan®) 0.4 mg/mL
3) Flumazenil (Romazicon®) 0.1 mg/mL
4) Diphenhydramine (Benadryl®) 25mg/ml
5) Albuterol (Ventolin®) 20mg vial, readily available
6) Glucose
7) Aspirin
8) Diazepam (2mL)
9) Nitroglycerin
10) Epinephrine vials (two) of (1:1,000 solution)
11) Twinject (1) Adult 0.3 mg
12) Twinject (1) Pediatric 0.15 mg

I verify that I am compliant with all stated in Part I.

Signature: ________________________________
Part II – SIMULATED EMERGENCIES

The dentist and his/her team must demonstrate competency in treating any of the following medical emergencies along with evaluation of appropriate intervention that would apply to their practice. Please check status of mock drill as either satisfactory or unsatisfactory along with any comments. Some may not apply to your practice if you don’t administer sedation/anesthesia:

**Angina Pectoris (Chest Pain)**

Are you and your staff competent and prepared to treat Angina Pectoris?

_____ yes _____ no _________ initials (dentist)

Mock Drill Evaluation of entire dental team with this emergency

__________ satisfactory _____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Apnea (Airway Emergency Management)**

Are you and your staff competent and prepared to treat an Airway Emergency?

_______ yes ______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

__________ satisfactory _____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Asthmatic Attack (Bronchospasm)**

Are you and your staff competent and prepared to treat an Asthmatic Attack?

_______ yes   _______ no   ________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Allergic Reaction/Anaphylaxis**

Are you and your staff competent and prepared to treat an Allergic Reaction/Anaphylaxis?

_______ yes   _______ no  ______ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Benzodiazepine Overdose**

Are you and your staff competent and prepared to treat a Benzodiazepine Overdose?

_______ yes   _______ no   ________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Emesis**

Are you and your staff competent and prepared to treat an Emesis Emergency?
- [ ] yes
- [ ] no
- [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
- [ ] satisfactory
- [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Foreign Body Obstruction**

Are you and your staff competent and prepared to treat a Foreign Body Obstruction?
- [ ] yes
- [ ] no
- [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
- [ ] satisfactory
- [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Hyperglycemia**

Are you and your staff competent and prepared to treat Hyperglycemia?
- [ ] yes
- [ ] no
- [ ] initials (dentist)

Mock Drill evaluation of entire dental team with this emergency
- [ ] satisfactory
- [ ] unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Hypertensive Crisis**

Are you and your staff competent and prepared to treat a Hypertensive Crisis?

_______ yes   _______ no  _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Hyperventilation**

Are you and your staff competent and prepared to treat Hyperventilation?

_______ yes   _______ no  _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Hypoglycemia**

Are you and your staff competent and prepared to treat Hypoglycemia?

_______ yes   _______ no  _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Hypotensive Crisis**

Are you and your staff competent and prepared to treat a Hypotensive Crisis?

_______ yes   _______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Laryngospasm**

Are you and your staff competent and prepared to treat Laryngospasm?

_______ yes   _______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Local Anesthetic Overdose**

Are you and your staff competent and prepared to treat a Local Anesthetic Overdose?

_______ yes   _______ no _________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Malignant Hyperthermia**

Are you and your staff competent and prepared to treat Malignant Hyperthermia?

- yes  - no  initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

- satisfactory  - unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Myocardial Infarction (heart attack)**

Are you and your staff competent and prepared to treat a Myocardial Infarction (heart attack)?

- yes  - no  initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

- satisfactory  - unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Narcotic Overdose**

Are you and your staff competent and prepared to treat a Narcotic Overdose?

- yes  - no  initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

- satisfactory  - unsatisfactory

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Seizures (Convulsions)

Are you and your staff competent and prepared to treat a Seizure(convulsion)?

_______ yes  _______ no  __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_______ satisfactory  __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Stroke (Cerebrovascular Accident)

Are you and your staff competent and prepared to treat a Stroke?

_______ yes  _______ no  __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_______ satisfactory  __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sudden Cardiac Arrest

Are you and your staff competent and prepared to treat a Sudden Cardiac Arrest?

_______ yes  _______ no  __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_______ satisfactory  __________ unsatisfactory

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Syncope**

Are you and your staff competent and prepared to treat Syncope?

_______ yes   _______ no   __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________

---

**Cardiopulmonary Resuscitation (CPR)**

Are you and your staff competent and prepared to administer CPR?

_______ yes   _______ no   __________ initials (dentist)

Mock Drill evaluation of entire dental team with this emergency

_________ satisfactory    ____________ unsatisfactory

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________
The simulated emergency procedures are to be demonstrated in the operatory with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated. The type of emergencies selected should be based on the emergencies likely to be seen in the type of practice in which the dentist is engaged. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated.

**Automated External Defibrillator (AED)**
- Verify the existence of an AED in the office.
- Review with the dentist and his/her office staff the operation of the AED
- Verify documentation verifying office drills with AED
- Verify battery and pads are not expired
- Review licenses of all personnel trained in the AED

**Emergency Drug Kit**
- Verify office does have an emergency drug kit
- Review contents with dentist and staff verifying knowledge of products
- Verify documentation that no expired drugs are in the kit as well as review office documentation preventing the expiration of any drug in the kit, ie an emergency drug checklist

_______ Office Alert or Paging or Communication System notifying ALL members of the office that a medical emergency is occurring.

_______ I verify I am compliant with Part II

Signature: _________________________________________________

**Part III - Discussion Period** - This part of the evaluation should be conducted with all staff. The dentist may note deficiencies and make positive suggestions to the staff for improving the office facility and patient management. It is appropriate to discuss management of risk patients if this has not been covered during the earlier phase.

- If the dentist performs any type of sedation/anesthesia, please review 5 case files involving sedation in which you will verify an adequate medical/health history taken, an adequate physical evaluation, anesthesia record, monitoring & recording of patient every 5 minutes, discharge criteria and documentation, length of procedure, medications involved and any complications.

_______ I verify I will participate in discussion with applicable cases

Signature: ____________________________________________________
Prior to administering any form of sedation/anesthesia to a patient, the supervising dentist shall provide the following office facilities and equipment:

a. ___An operating room;

b. ___An operating chair or table;

c. ___Back-up suction equipment with fail-safe mechanism in the event of power loss;

d. ___A back-up lighting system, which provides light intensity adequate to permit completion of any dental procedure in progress;

e. Oxygen and gas-delivery systems which shall include:

1) ___ A capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system; and

2) ___ Fail-safe mechanisms for inhalation nitrous oxide analgesia.

3) ___ The equipment must have an appropriate scavenging system.

f. ___A sterilization area;

g. ___A recovery area, which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;
h. Emergency airway equipment and facilities which shall include:

1) ___ A full-face mask and an ambu bag or equivalent with an oxygen hook-up;
2) ___ Oral and nasopharyngeal airways;
3) ___ Emergency drugs and/or medications (See Guidelines);
4) ___ Automated external defibrillator
5) ___ Portable oxygen (E-cylinder)
6) ___ Vital signs monitor (NIBP) with pulse oximeter
7) ___ Stethoscope
8) ___ IV fluids and administration set
9) ___ Laryngoscope with blades – small, medium, large
10) ___ Endotracheal tubes
11) ___ Suction system (back-up also)
12) ___ Emergency Drug Kit
13) ___ Glucometer

Comments:
________________________________________________________________________
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PART 2. Simulated Emergencies

Please list simulated emergencies demonstrated.

1. CPR
2. 
3. 
4. 
5. 
6. ___ Automated External Defibrillator demonstration
7. ___ Emergency Drug Kit review

PART 3. Record Keeping Protocol

1. ___ Health/Medical History Form
2. ___ Anesthesia Chart showing continuous monitoring of blood pressure, heart rate, pulse oximetry and electrocardiographic(EKG) monitoring
3. ___ Discharge criteria form
4. ____ Adverse Reaction or Emergency Treatment Record form
5. ____ Patient Consent form
6. ____ Narcotic or Scheduled Drug Record
7. ____ Mock Emergency Drill Form
8. ____ Medical Emergency Plan Form showing the roles of all members in the office
9. ____ Emergency Drug Checklist Form
PART 4. Certifications

Some of these certifications may be mandated while others are suggested. Of the Continuing Education hours determined by the State Board (i.e. 40 hours per 2 years), consider a minimum of 12 hours per year be dedicated strictly to Medical Emergency Preparedness.

___Proof of current Basic Life Support (BLS) certification (mandatory)

Personnel with BLS at this specific office:

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________
8. ________________________________
9. ________________________________

Any more, please attach additional sheet

Expiration Date: ______________________

___Proof of Advanced Cardiac Life Support

Personnel with ACLS at this specific office:

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

___Proof of Pediatric Advanced Life Support

Expiration Date: ______________________

Personnel with PALS at this specific office:

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
______ Proof of American Heart Association Heartsaver First Aid and AED

Expiration Date:____________________________________

Personnel with Heartsaver First Aid/AED at this specific office:

1._____________________________________________
2._____________________________________________
3._____________________________________________
4._____________________________________________
5._____________________________________________

OTHER Proofs of additional Medical Emergency Preparedness:

______ Emergency Medicine lecture within one year
______ Emergency Medicine DVD with proof of CE
______ Medical Emergency & Patient Safety Lecture by IMEP
______ Member of the Institute of Medical Emergency Preparedness (IMEP) utilizing the 
Emergency Response System (ERS) or the Medical Emergency Membership. Be able to present 
the Training Verification System to verify all members of office are up-to-date on their emergency 
preparedness
______ Anesthesia Assistant course taken such as the ADSA course or AAOMS course

Part 5. Malignant Hyperthermia
(Offices that use inhalational anesthesia)

______ Malignant Hyperthermia rescue protocol practiced monthly
______ Proper equipment necessary for treatment of malignant hyperthermia
______ Emergency medications available such as Dantrolene including the recommended 
number of vials
Part 6. Medical Gases

- Nitrous and Oxygen lines have been inspected by certified medical gas inspector
- Nitrous/Oxygen flowmeters have been inspected monthly and are in excellent working condition
- Anesthesia machine (if applicable) has been inspected and calibrated by certified inspector
- Emergency Oxygen shut-off valve in place in office and allow employees know location and how to operate

NOTE: You must submit a copy of current certifications.

Comments:

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________
I certify that I have done the office inspection with staff and certify that the equipment is in working order along with documents that are not expired.

Dentist name and signature

Witness name and signature

Date

Notary Public

INDEMNITY: Any State Board, Association, healthcare provider or other entity that uses these guidelines agrees to indemnify, defend and hold The Institute of Medical Emergency Preparedness, LLC harmless against any and all losses, damages, liabilities or claims of any nature by a person(s) which arise out of, are based upon or result from the use of these guidelines. Nothing within these guidelines should serve as legal advice or meant to be Standard of Care
XVII. IMEP PATIENT SAFETY CREDITS
The Institute of Medical Emergency Preparedness
Patient Safety Credits (PSC) Award Program

The Institute of Medical Emergency Preparedness has developed an adjunctive credit program to go along with continuing education hours focused around Patient Safety. Patient Safety through proper medical emergency preparedness must be recognized and accepted as standard in any healthcare office or facility. Patient Safety Credits or PSCs will be awarded by the Institute of Medical Emergency Preparedness on any topic that satisfies or is acceptable toward medical emergency preparedness. These topics are:

I. Preventive Measures
   a. Basic Life Support Course
   b. Advanced Cardiovascular Life Support Course
   c. Pediatric Life Support Course
   d. Sedation Training Course
   e. Anesthesia Training Course

II. Courses/Lectures/Online Activities
   a. Medical Emergencies
   b. Risk Management devoted to patient safety
   c. Anesthesia & Complications
   d. Medication Errors
   e. Airway Emergencies
   f. Adverse reactions/complications
   g. Emergency Medications
   h. Emergency Preparedness

III. Product Training/In-services
    a. Automated External Defibrillators
    b. Emergency Drug Kit
    c. Airway/Intubation equipment

For more information, go to http://www.emergencyactionguide.com/register.asp and click on “Documents”
XVIII. NATIONAL PATIENT SAFETY GOALS

National Patient Safety Goals for Medical Emergencies

Encourage thorough communication between healthcare provider and patient on medical history, surgical history, allergies, and medications

Blood pressure screening of all patients at initial visit as well as prior to any procedure

Identify Latex-allergy status on all patients prior to examination or treatment

Know the medication is the correct one prior to any form of administration for that patient

Know the allergy status of all patients prior to the administration of any medication

Know the location of the office emergency drug kit

Know the location of the office automated external defibrillator

Proper understanding of the office medical emergency plan

Rehearse monthly mock emergency drills to improve office efficiency and competence

Understand malignant hyperthermia protocol if applicable to you

Know patient transport route through office for emergency medical technicians

Perform time-out with staff prior to the treatment of any patient to re-iterate correct procedure is being done as well as identify drug allergies if any exists
# XIX. IMEP PREOPERATIVE MEDICATION DOSAGE CHART

IMEP 2009 PRE-OPERATIVE MEDICATION/ANESTHESIA DOSAGE FORM
BY MOUTH (P.O.)

| PATIENT NAME: | ____________________________ |
| WEIGHT IN POUNDS: | ___________ |
| KILOGRAMS: | ________________ |
| DATE: | ________________ |

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>ADULT DOSE</th>
<th>PEDIATRIC DOSE</th>
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<td>DIAZEPAM (VALIUM)</td>
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<td>TRIAZOLAM (HALCION)</td>
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<td>MIDAZOLAM (VERSED)</td>
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<td>HYDROXYZINE (VISTARIL)</td>
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**XX. IMEP ANESTHESIA DOSAGE CHART**  
IMEP 2009 ANESTHESIA DOSAGE FORM (INTRA VENOUS MEDICATIONS)

**PATIENT NAME:** __________________________________________________

**WEIGHT IN POUNDS:** ___________  **KILOGRAMS:** _______________

**DATE:** _________________________________________

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<td>FENTANYL (SUBLIMAZE)</td>
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<td>METHOHEXITAL (BREVITAL)</td>
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<td>PROPOFOL (DIPRIVAN)</td>
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<td>ETOMIDATE (AMIDATE)</td>
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<td>KETAMINE (KETALAR)</td>
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<td>DEMEROL (MEPERDINE)</td>
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XXI. IMEP FELLOWSHIP

For more information, go to http://www.emergencyactionguide.com/register.asp and click on “Documents”
XXII. IMEP RESOURCES FOR M.E.P.
Resources on Medical Emergencies

We have all heard about “someone” having a medical emergency in their office yet did we do anything about it? Have you seen the settlements that dentists paid due to a tragic result in their office after a medical emergency? What would have happened if those dentists had taken the attitude of getting prepared for a medical emergency? Absolutely none of us will ever know. All we can do is look toward the future.

You must have a good foundation in no matter what you do in life in order to succeed. With that being said, we have listed for you articles dedicated to medical emergencies that every dentist and their staff should read in order to get prepared. Do not neglect this duty. Locate the articles, print them out and read them! Learn from them! The action you take now could save a life tomorrow.

PUBLICATIONS:

AGD IMPACT:


Roberson JB, Rothman CM “Follow The Leader, Monthly Mock Drills That You Need To Know” AGD Impact, Volume 37, Number 2: page 28. February 2009

Roberson JB, Rothman CM “Death In The Dental Office, Be Prepared To Deal With The Unexpected” AGD Impact, Volume 37, Number 1: page 29. January 2009


**DENTAL ECONOMICS:**


Lazar RA. “AEDs in Dental Offices” Dental Economics 97(10): 116-120. October 2007


**DENTISTRY TODAY:**


**DENTAL TOWN:**


**DENTAL INTERACTIVE:**


PODCAST:

Dr. Chris Rothman: AGD Podcast on Medical Emergencies with Dr. Wes Blakeslee.  www.agd.org

Dr. John Roberson: DentalTown Podcast on Medical Emergencies with Dr. Tom Giacobbi. www.docere.com.

CD-ROM:


DVD:


BOOKS:


MEDICAL EMERGENCY LECTURES:

The Institute of Medical Emergency Preparedness: go to www.EmergencyActionGuide.com and click on “NEWS” or view “UPCOMING LECTURES” on HOME page. This lists all speakers throughout the country lecturing on medical emergencies.

OFFICE MEDICAL EMERGENCY MANAGEMENT SYSTEMS:

Institute of Medical Emergency Preparedness: The Emergency Response System. The Emergency Response System (ERS) effectively helps dentists prepare their offices for a medical emergency prior to the arrival of emergency medical services. Using a comprehensive, systematic approach to medical emergency preparedness, ERS allows you to easily integrate new staff into the team and provide the tools to meet OSHA requirements for an emergency plan. The ERS includes
-53 hours of continuing education annually for each staff member in an office (up to 20 people)
-22 step-by-step emergency laminated algorithms with checklist
-Emergency action guide binder
-Four medical emergency workbooks
-Emergency treatment record document pad
-Medical Emergency Membership consisting of 12 monthly mock emergency drills and 35 medical emergency specialty tests
-47 Patient Safety Credits annually
-Documents devoted to many subjects on medical emergencies for “members only”

Be advised that you will not be able to say that “something” wasn’t available to better assist you or your staff or your facility toward getting prepared. That is simply not true. These articles, podcasts, books, and others are loaded with valuable information and resources that will prepare you. You will never be able to say, “I didn’t know this existed.” Use this information for your advantage, don’t let it be used against you!