

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
 CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
 Health Care Department Operations Manual

**3.3.5.7 Medical Emergencies in the Dental Clinic**

**(a) Policy**

The California Department of Corrections and Rehabilitation (CDCR) shall ensure that emergency medical services are provided in the dental clinic as necessary, that each dental clinic maintains an up to date Emergency Kit containing supplies and equipment to be used in treating patients during medical emergencies, and that all dental personnel receive annual training on the institution's emergency medical response (EMR) system.

**(b) Purpose**

To provide patients prompt access to emergency medical care as needed in the dental clinic, to establish the requirement that all dental clinics have a standardized Emergency Kit that might be used in treating patients during medical emergencies, and to establish training requirements on the institution's EMR system.

**(c) Procedure**

(1) General Requirements

- (A) All dental staff within the dental clinic shall immediately respond to a medical emergency in the clinic.
- (B) The dentist shall assume responsibility of the medical emergency, and ensure that a dental staff member immediately notifies the medical department of the emergency.
- (C) The dentist shall continue to assume responsibility of the medical emergency, pending the arrival of a physician or emergency medical personnel.
- (D) Dental staff who responds to a medical emergency in the dental clinic shall take immediate action to preserve life and shall follow the institution's EMR Local Operating Procedures (LOP).
- (E) The first responder shall document the medical emergency in a clinical note in the Electronic Dental Record System (EDRS), in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid, and as outlined in the Health Care Department Operations Manual (HCDOM), Section 3.3.6.1(c)(1)(F) through (H).
- (F) The dentist, if not the first responder, shall assist in the documentation and/or completion of any required clinical notes or incident reports.
- (G) The first responder or designee shall submit a copy of any incident reports to the Health Program Manager (HPM) III within one calendar day of the incident.
- (H) If a patient is unable to be resuscitated, the decision to terminate Basic Life Support/CPR shall be made by a physician or community emergency medical services staff. Pronouncement of death shall be made by a physician, according to acceptable medical standards.
- (I) While preservation of a crime scene is a valuable investigatory tool, this shall not preclude or interfere with the delivery of health care.
- (J) Custody requirements shall not unreasonably delay medical care in a life-threatening situation.
- (K) Required emergency equipment, supplies and emergency medications shall be maintained and readily available in the dental clinic.

(2) Emergency Supplies and Equipment

(A) Each dental clinic at each facility shall have:

- 1. An *Emergency Kit* kept in close proximity to the operatory for quick and easy access during a medical emergency that contains at least the following drugs and latex free supplies:

***Drugs for Medical Emergencies in the Dental Clinic***

Drug Name	Dosage	Quantity
Epinephrine	0.3 mg	One pre-dosed syringe (e.g., EpiPen or Twinject)
Diphenhydramine	50 mg (1 ml)	Two ampules each containing 1 ml at 50 mg/ml concentration
Nitroglycerin tablets	0.4 mg	Twenty-five tablets
Levalbuterol	One metered dose	One Xopenex HFA® inhaler
Glucose gel	15 gm	One tube containing 15 gm of glucose
Chewable aspirin	81 mg	Smallest available package

- a. One-way pocket mask.
- b. Two plastic evacuators (large diameter suction tips).

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- c. Two sterile, 2 cc disposable syringes with 18 or 21 gauge needles; or two sterile, 3 cc disposable syringes with 22 gauge needles.
  2. The following equipment that shall be latex free and kept in close proximity to the operatory for quick and easy access during a medical emergency:
    - a. Portable oxygen tank that is full, along with tubing and mask.
    - b. Ambu-bag (Bag-Valve-Mask).
    - c. Blood pressure cuff and stethoscope or blood pressure machine.
    - d. Automated External Defibrillator (AED) [dental staff shall regularly monitor the battery to verify the unit is functioning properly and the pads to ensure they are not expired].
  - (B) The Supervising Dentist (SD) and/or Supervising Dentist Assistant (SDA) shall ensure that the *Emergency Kit* is accessible, well demarcated and properly secured in each dental clinic.
  - (C) On a daily basis, dental staff (as described in the HCDOM, Section 3.3.1, Dental Care Definitions) shall verify the integrity of the seal on the portion of the *Emergency Kit* containing the medical emergency drugs.
    1. If the seal is broken, the dental staff member shall count the sharps and medications contained within the *Emergency Kit*, at the beginning and end of the work day.
    2. Dental staff completing the count shall document and initial the count on the *Tool Control Inventory Report* form, and follow all policies and procedures as stated in the HCDOM, Section 3.3.3.2, Control of Dental Instruments and Sharps.
    3. The dental staff member shall also notify the pharmacy that the *Emergency Kit* seal is broken.
  - (D) On a monthly basis, a dentist shall review the contents of the *Emergency Kit* in coordination with the institutional pharmacist or designee.
    1. If the *Emergency Kit* seal is intact, the dentist and the institutional pharmacist, or designee, shall verify that the medication expiration dates on the inventory sheet are still valid.
    2. The institution pharmacist or designee shall remove and replace any *Emergency Kit* medications expiring within the next 30 calendar days. (Reference the HCDOM, Section 3.5.6, Emergency Drug Supplies).
    3. The dentist shall also check operation of the oxygen delivery system to verify that it is functioning properly and that it is full.
    4. The dentist shall document these reviews along with the review date on an inventory sheet that shall be attached to the outside of the *Emergency Kit*.
  - (E) The SD and/or SDA shall keep a copy of the *Emergency Kit* inventory sheet on file for a period of at least one year.
  - (F) The dentist or dental staff completing either the daily sharps count or monthly *Emergency Kit* review shall notify the SD and/or SDA, upon completion of that review, of any *Emergency Kit* items that are missing, damaged, or broken and require replacement. The SD and/or SDA shall arrange for immediate replacement of the needed items.
  - (G) Upon discovery that any drugs in the *Emergency Kit* require replacement, the dentist shall notify the SD and/or SDA and the institutional pharmacist. The institutional pharmacist shall replace all drugs as needed. Furthermore, the pharmacy shall keep a documented record of the expiration dates of the *Emergency Kit* drugs and perform inspections of the drugs in the *Emergency Kits* on a monthly basis, or as needed.
  - (H) The dentist shall immediately notify the SD and/or SDA, (and the institutional pharmacist in the case of emergency drug use), of any *Emergency Kit* supplies or drugs that need replacement due to use in a medical emergency. The SD and/or SDA and the institutional pharmacy, if appropriate, shall arrange for immediate replacement of used supplies or drugs.
- (3) EMR System Training
- (A) The HPM III shall ensure that all dental personnel (including licensed contract staff), receive training on the EMR system before performing or assisting in patient care.
  - (B) Training shall consist of site specific information on the location and contents of the medical *Emergency Kit* supplies and drugs, along with the steps and roles in accessing the institutional EMR system.
  - (C) The HPM III shall ensure that all dental personnel are retrained annually on the aforementioned topics and when there is a change in the EMR system or contents of the *Emergency Kit*.
  - (D) Retraining personnel because of changes in the EMR system or contents of the *Emergency Kit*, shall occur within a week of the HPM III receiving notification of such approved changes.

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- (E) The HPM III shall document and keep a record of this training on file for a period of three years.
- (F) The HPM III at each institution shall ensure that an LOP for medical emergencies in the dental clinic is developed and approved. This LOP, at a minimum, shall indicate who is responsible for notifying the medical department, and who is responsible for calling an ambulance, if needed. The HPM III shall be responsible for implementing and annually reviewing this LOP.
- (G) Each institution dental department shall participate in EMR drills which shall be conducted at a minimum once a year in each CDCR dental clinic.
- (H) The HPM III and the SD shall:
  - 1. Obtain and review a copy of the EMR Event Checklist and EMR Review completed for each EMR Training Drill conducted in one of the dental clinics at the institution.
  - 2. Report unacceptable EMR Drill results to the appropriate Regional Dental Director.

**References**

- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.1, Dental Care Definitions
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.3.2, Control of Dental Instruments and Sharps
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.6.1, Health Records Organization and Maintenance
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.5.6, Emergency Drug Supplies

**Revision History**

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