



## Emergency Roles and Responsibilities

Please ask the team leader to describe the defined emergency roles in that office. *Roles below are examples and should be used as a guide. Inspector should cross off roles as the team leader describes them or write in additional roles identified by the team leader.*

- Team Leader
- Airway/Monitoring Assistant
- Instrument/Drug Assistant
- Circulator/Scribe
- Front Office Coordinator/Liaison
- Other:

Please ask each team member identified above to describe the responsibilities pertaining to his or her role. *Team members should articulate their own assigned responsibilities. Inspector should recommend printed cards for individuals, if not available during inspection.*

The following responsibilities should be specifically assigned to and acknowledged by a team member. *Inspector should cross out each responsibility as it is claimed by a team member and discuss any responsibility that is not claimed, so it can be assigned to a team member.*

- Call code / summon help
- Establish diagnosis
- Direct 911 call
- Make 911 call / fill out call record
- Bring emergency cart to treatment room
- Manage airway
- Assist with airway management (connect bag-valve-mask, adjust O2 etc.)
- Monitor and report vital signs
- Provide IV or IO access as needed
- Prepare and deliver IV fluids and medications under direction of team leader
- Complete Emergency Record - record vital signs, diagnoses, interventions with times
- Place defibrillator pads, shave as needed, deliver shock as directed
- Provide chest compressions
- Assist with chest compressions
- Bring family or patient escort to private area, keep them informed, solicit any additional patient medical information
- Notify patients in lobby after family or patient escort notified
- Greet EMS, clear path, escort to treatment area
- Other:

**Written Resources**

*Inspector should have team leader access and show Inspector each of the following written resources.  
Inspector should check the box once each resource is shown.*

ACLS / PALS and other common emergency algorithms	
911 call record	
Medical Emergency Record	

**Review of Emergency Drugs**

*Inspector should select from the list below five different drug categories to spot check.  
Inspector should list one drug category and request that a drug that falls under that category be located and brought to the treatment area within one minute of being requested.  
Inspector should then ask Team Leader to describe what the drug is used for, including proper dosage range and route of administration.  
This process should be repeated for each of the five drug categories and Inspector should complete the form for each drug category selected, including Y/N. If a drug is expired because its replacement is on backorder, Inspector should write "backordered" next the name of the drug.*

<b>Drug Category (Select Five)</b>	<b>Name of Drug</b>	<b>Expiration Date</b>	<b>Team Leader Was Able to Describe Use (Yes/No)</b>	<b>Drug Located/ Brought within 1 Minute (Yes/No)</b>
Vasopressor drug				
Corticosteroid drug				
Bronchodilator drug				
Muscle relaxant drug				
Intravenous medication for treatment of cardiopulmonary arrest				
Narcotic antagonist drug				
Benzodiazepine antagonist drug				
Antihistamine drug				
Antiarrhythmic drug				
Anticholinergic drug				
Coronary artery vasodilator drug				
Antihypertensive drug				
Anti-emetic drug				

**Review of Equipment**

*Inspector should select from the list below five different pieces of equipment to spot check.  
Inspector should list one and request that this equipment be located and brought to the treatment area within one minute of being requested.*

*This process should be repeated for each of the five pieces of equipment and Inspector should complete the form for each, including Y/N.*

<b>Equipment (Select Five)</b>	<b>Equipment Located/ Brought Within 1 Minute (Yes/No)</b>
Automated blood pressure monitor (and appropriately sized cuffs)	
Manual blood pressure cuffs (appropriately sized) and stethoscope	
Electrocardiograph	
Automated External Defibrillator (AED) and pads (unexpired)	
Pulse Oximeter	
Measurement of EtCO2/Capnography	
Precordial Stethoscope	
Backup suction device	
Backup oxygen delivery system	
Laryngoscope complete with an adequate selection of blades, spare batteries and bulbs.	
Endotracheal tubes and appropriate connectors.	
Tonsillar or pharyngeal type suction tip adaptable to all office outlets	
Endotracheal tube forceps (McGill)	
Equipment adequate to establish an intravenous infusion	
Glucometer and test strips (unexpired)	
Intraosseous Vascular Access Kit	
Equipment available to perform a cricothyroidotomy or surgical airway	

**Demonstrations** (\*adult and pediatric sized, if applicable)

*Inspector should request that the team demonstrate each of the following.*

*If a manikin is not available, the team should describe how each of the following would be accomplished.*

Connecting mask to oxygen and delivering positive pressure ventilation	
Insertion of Oral and Nasal Airways *	
Endotracheal Intubation or Insertion of Supraglottic Airway *	
Team should demonstrate effective CPR in dental chair. <i>Team should demonstrate suitability of chair for CPR or stabilization of chair for adequate CPR.</i>	
Demonstrate functionality of monitoring equipment on live person (including blood pressure, pulse oximetry, ECG tracing, and end tidal CO2)	

<b>Recovery and Discharge</b>	
<i>Inspector should check the box once each is verified.</i>	
Verify that recovery area is equipped with monitors, oxygen, and lighting.	
Verify that recovery area allows for adequate movement of personnel and use of equipment.	

<b>Simulated Emergencies</b>		
<i>Inspector should select three emergencies from list below to review with team.</i>		
<i>Instructor should list scenario for emergency and team should conduct a simulated response.</i>		
<i>Team may use algorithms and other resources available in office.</i>		
<b>Emergencies Reviewed (Select Three)</b>	<b>Adequate Response</b>	<b>Inadequate Response</b>

**List of Simulated Emergencies:** Algorithms can be obtained at <https://www.adsa-arf.org/ten-minutes---pdfs>. Inspector please have these algorithms available for you to reference during the inspection.

- Moderate sedation inspections – Utilize the Level II document.
- General anesthesia and deep sedation inspections - Utilize the Level III document.

**Respiratory:**

- Laryngospasm
- Asthma/Bronchospasm
- Aspiration/Clinically Significant
- Choking/Foreign Body Airway Obstruction

**Cardiovascular:**

- Chest Pain (Acute Coronary Syndrome/Angina/Myocardial Infarction)
- Hypotension
- Hypertensive Emergency/Urgency

**Other:**

- Syncope/Altered Mental Status
- Hyperventilation
- Seizures
- Major Allergic Reaction
- Malignant Hyperthermia (*General anesthesia or deep sedation only*)



**FULL INSPECTION (FORM 2)**

**EMERGENCY RESONSE REVIEW  
CRITERIA FOR PASS/FAIL**

1. Category One Deficiencies
  - a. Unable to locate drug, generally describe use of drug, or bring requested drug within 1 minute (Review of Drugs).
  - b. Minor drug missing or expired. Minor drug includes: anti-emetic or corticosteroids. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
  - c. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
  - d. Unable to bring requested emergency equipment within 1 minute (Review of Equipment).
  - e. Missing written resources or recovery area equipment (Written Resources/Recovery and Discharge)
  - f. Unable to demonstrate use of equipment/technique (Demonstration).
  - g. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
  - a. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
  - b. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
  - c. Inability of team to effectively respond to an emergency (Simulated Emergencies).
  - d. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
  - a. Category One Deficiencies
    - i. Up to three deficiencies can be rectified within a specified time and can be proven by additional training or other requirements.
    - ii. Four or more deficiencies will be an automatic failure.
  - b. Category Two Deficiencies
    - i. Any one deficiency will be automatic failure of the evaluation.
  - c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.