

Dental Emergency Preparedness Checklist: Safety & Protocols

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Emergency Contact Information

Verify emergency contact details for patients and staff are readily available and updated.

Patient Full Name

Write something...

Patient Medical History Summary

Write something...



Emergency Contact Name

Write something...

Emergency Contact Phone Number

Enter a number...

Relationship to Patient

- Spouse
- Parent
- Guardian
- Friend
- Other

Additional Contact Information/Notes

Write something...

Medical Emergency Response

Outline procedures for handling medical emergencies (e.g., heart attack, stroke, allergic reaction).

Patient's Pulse Rate (BPM)

Enter a number...

Patient's Blood Pressure (Systolic/Diastolic)

Enter a number...

Patient's Level of Consciousness (LOC)

- Alert
- Verbal
- Painful
- Unresponsive

Brief Description of Emergency Situation

Write something...

Date of Incident

Enter date...

Time of Incident

Enter time...

Administered Medication (if any)

- None
- Oxygen
- Epinephrine
- Other (Specify in long text)

Fire Safety & Evacuation

Ensure fire extinguishers are inspected, evacuation routes are clear, and drills are conducted.

Last Fire Extinguisher Inspection Date

Fire Extinguisher ABC Rating (e.g., 2.5 lbs)

Fire Alarm System Status

- Operational
- Needs Repair

Evacuation Route Obstructions

- Clear
- Boxes
- Equipment
- Other

Notes on Evacuation Route Obstructions

Last Fire Drill Date

Time of Last Fire Drill

Natural Disaster Preparedness

Address procedures for earthquakes, floods, or other natural disasters specific to the geographic location.

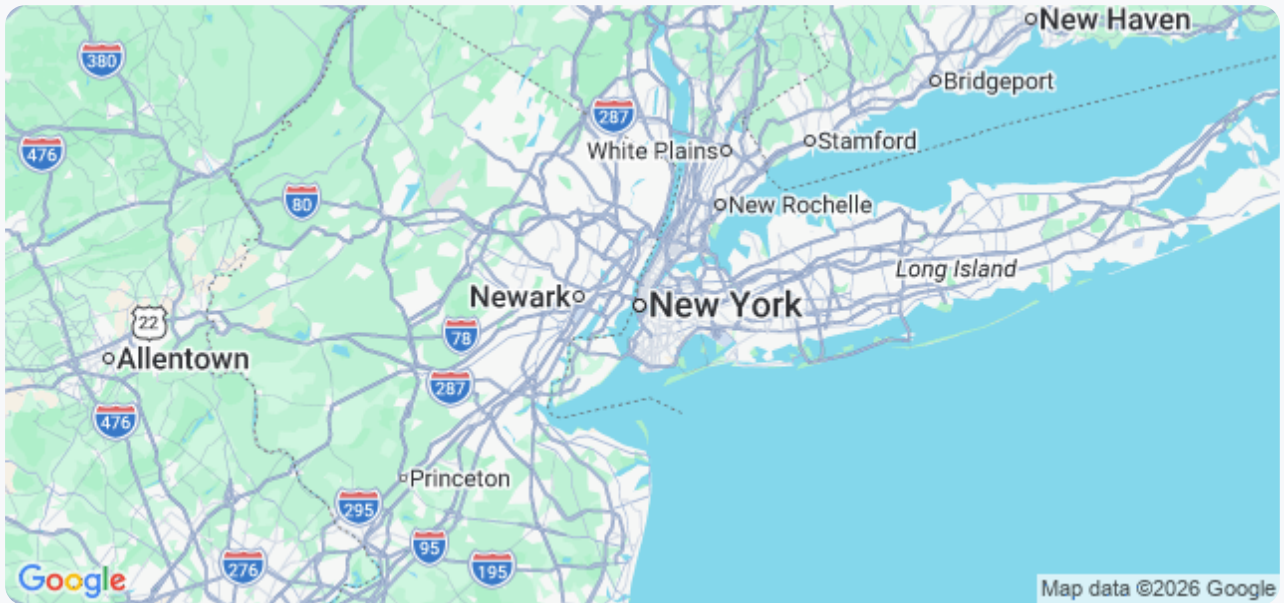
Estimated Flood Zone Elevation

Last Earthquake Drill Date

Enter date...

Designated Evacuation Assembly Point

 [Set My Current Location](#)



Specific Instructions for Earthquake Procedure

Write something...

Potential Disaster Threats (Select all that apply)

- Earthquake
- Flood
- Hurricane
- Tornado
- Wildfire

Map of Evacuation Routes

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Estimated time to secure building during disaster warning

Enter time...

Power Outage Protocol

Establish protocols for handling power outages, including backup power systems and emergency lighting.

Generator Fuel Level (Gallons)

Enter a number...

Last Generator Test Time

Enter time...

Generator Status

- Operational
- Needs Maintenance
- Out of Service

Date of Last Generator Service

Enter date...

Notes Regarding Generator Performance/Issues

Write something...

Emergency Lighting Functionality

- Fully Functional
- Partially Functional
- Not Functional

Oxygen & CPR Equipment

Check oxygen levels, expiration dates on supplies, and confirm CPR certification for designated staff.

Oxygen Tank Pressure (PSI)

Last Oxygen Tank Inspection Date

Flow Meter Calibration (LPM)

Expiration Date - Nasal Cannula

Expiration Date - Face Mask with Oxygen Port

CPR Certification Status - Staff Member 1 (e.g., Current, Expired, Not Certified)

- Current
- Expired
- Not Certified

AED Pad Expiration Date Checked?

- Yes
- No

AED Battery Voltage (V)

Enter a number...

Hazardous Materials Management

Ensure proper storage, labeling, and disposal of hazardous materials (e.g., nitrous oxide, mercury).

Nitrous Oxide Cylinder Pressure (PSI)

Enter a number...

Last Mercury Spill Kit Inspection Date

Enter date...

Mercury Spill Kit Availability

- Available
- Not Available

Notes on Current Hazardous Material Storage Conditions

Write something...

Amalgam Waste Disposal Method

- Recycling
- Other - Specify in Long Text

Photos of Hazardous Material Storage Area

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Security & Active Shooter Response

Implement security measures and training for responding to potential threats and active shooter situations.

Security System Operational?

- Yes
- No
- N/A

Door Locking Procedure Reviewed?

- Yes
- No

Brief Description of Security Personnel (if applicable)

Write something...

Date of Last Security Drill/Training

Enter date...

Security Measures in Place:

- Security Cameras
- Alarm System
- Controlled Access
- Panic Buttons
- Security Personnel

Brief Summary of Active Shooter Response Protocol

Write something...

Staff Trained in Active Shooter Response?

- Yes
- No

Communication & Notification

Define communication protocols for internal staff and external emergency services.

Emergency Contact Phone Numbers (Primary)

Enter a number...

Emergency Contact Phone Numbers (Secondary)

Enter a number...

Primary Communication Method (Staff)

- Phone Call
- Text Message
- Email
- Paging System

Emergency Service Notification Method

- 911
- Direct Line to Local EMS
- Hospital Contact

Last Communication Plan Review Date

Enter date...

Detailed Communication Protocol (Staff and External Parties)

Write something...

Staff Members Responsible for Communication

- Office Manager
- Lead Dental Assistant
- Dentist

Regular Review & Updates

Schedule periodic reviews and updates to the emergency preparedness checklist.

Last Review Date

Enter date...

Review Frequency (Months)

Enter a number...

Summary of Changes Made

Write something...

Review Trigger (e.g., incident, regulatory change)

- Incident
- Regulatory Change
- Staff Training
- Periodic Review

Supporting Documentation (e.g., meeting minutes)

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Review Status

Not Started

In Progress

Completed