Risk Management Course: RM20

1

TDIC Risk Management

Call our free, confidential Advice Line **877-269-8844**

Email us at **riskmanagement@tdicins.com**

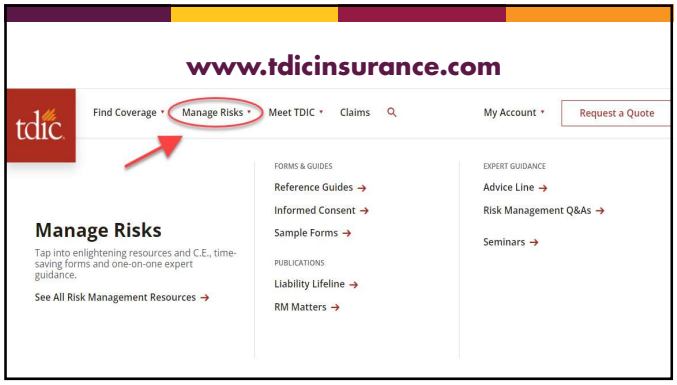
Visit tdicinsurance.com to find informed consents, reference guides and sample forms

2

Shaping a Safe Future:

Optimizing Care with Patient Education and Team Training

3



4

Learning Objectives

- ***Understand*** the significance of establishing and adhering to protocols and the importance of staff training in medical emergencies.
- ***Recognize*** your role in providing patient education to achieve optimal levels of care and patient compliance.
- ***Incorporate*** controls and procedures to reduce the potential for errors in documentation and increase patient safety.

5

Case Study 1:

Harris v. Sharma, DDS

6

Patient:
Cameron Harris, 27-year-old male patient

Symptom:
Loose crown on tooth number 11

Diagnoses:
Fracture at the gingival crest

7

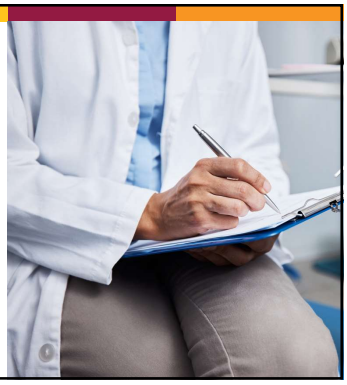
Dr. Ramirez's Preparation
Impression for the provisional upper stay plate

Blood Pressure
Documented to be within normal range

8

A week later...

- Extraction performed by Priya Sharma
- Medical history updated
- Blood pressure reading not documented
- Procedure completed without complication



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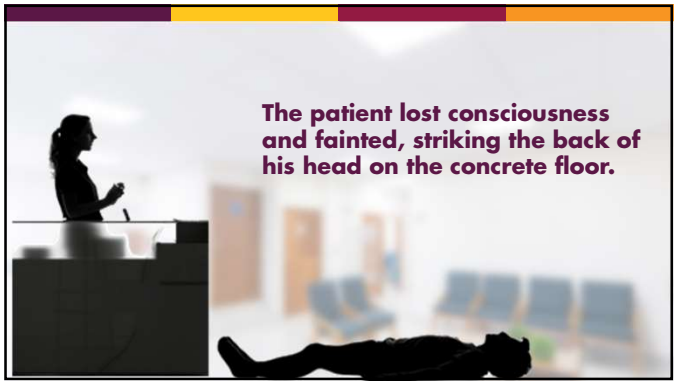
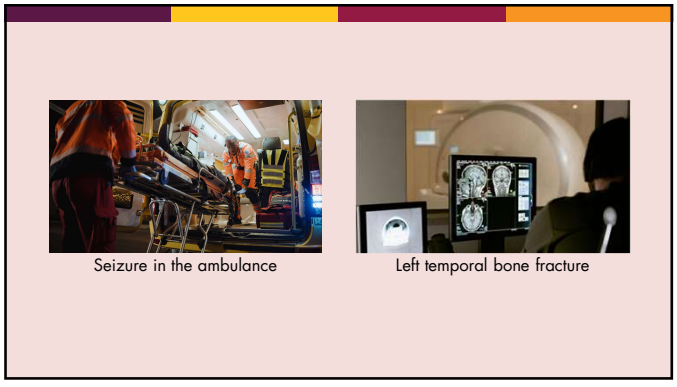
Prescriptions and post-operative care instructions
Reported feeling lightheaded and sat down
After brief recovery, walked to front desk unescorted

10


The patient lost consciousness and fainted, striking the back of his head on the concrete floor.

11

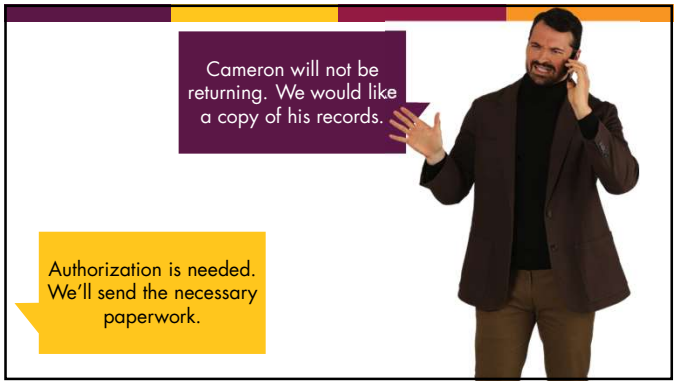

Seizure in the ambulance
Left temporal bone fracture

12

Dr. Sharma consistently made follow-up calls to inquire about the patient's progress.

- Unable to work for next two to three months
- Not taking antibiotics as prescribed

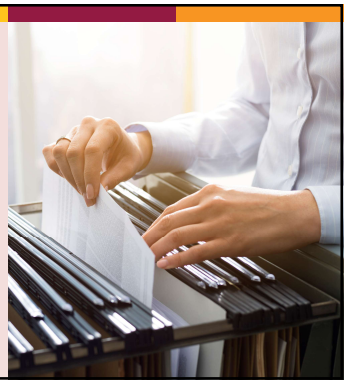
13



14

Patient records are protected by privacy laws and federal regulations such as HIPAA.

- PHI: Your Information. Your Rights. Our Responsibility.
- Release of Records sample form
- Access to Patient Records and Retention Guidelines



15

- Once a patient turns the age of majority or is considered a self-sufficient minor, they are considered an adult.
- Certain information can generally be shared with the parents without violating privacy laws such as billing and financial Information.
- When in doubt, obtain a written authorization.

Consent to Use or Disclose Patient Health Information sample form

16

Dental Board request received

Complaint triggers investigation

Dentists seek guidance from Risk Management Advice Line

Advised to comply with the request

Keep TDIC communication records separate from patient chart.

17

Keep Communication Separate

TDIC Communications

- Policy
- Claims
- Legal matters
- Risk management issues

Patient Records

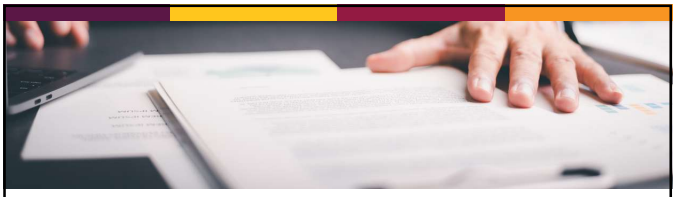
- Treatment plans
- Registration forms
- Clinical notes
- X-rays/Imaging

18

If a dental board representative arrives:

DO	DON'T
◆ Handle the situation with the utmost care.	◆ Modify or alter records.
◆ Express intention to cooperate.	◆ Explain why the patient's complaint is unwarranted.
◆ Advise staff to remain professional.	◆ Speak to a board investigator without legal representation.
	◆ Release records without a proper release.

19



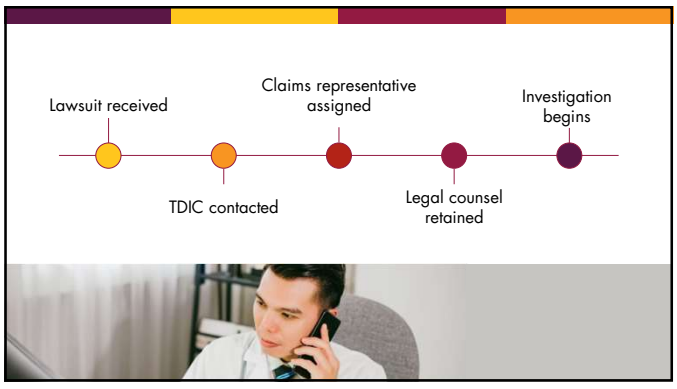
Allegations/Demand

- ◆ Extensive list of injuries
- ◆ Claim of negligence

Special Damages
$100,000

General Damages
$200,000

20



21

Mr. Harris

22

The patient experienced two prior episodes of syncope

23

Dr. Ramirez

24

Dr. Sharma

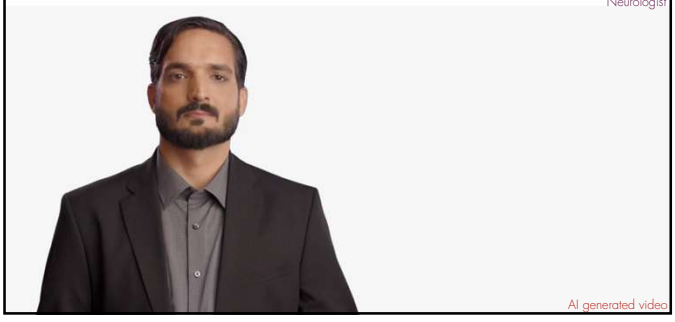
25

Dental Assistant

26

Defense Expert

Neurologist



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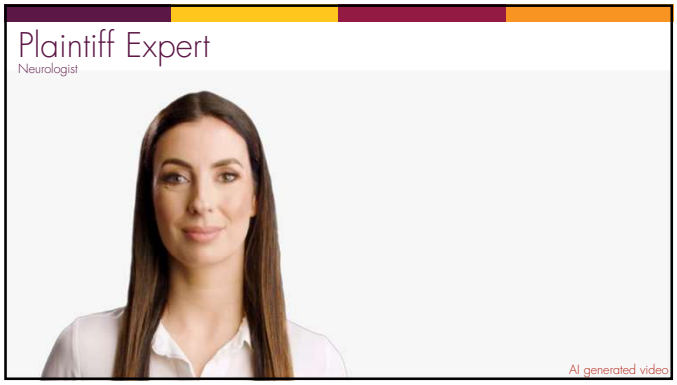

Plaintiff Expert
Neurologist
AI generated video

28


OPENING DEMAND
$250,000

29


Settlement:
Well below six figures

30

Main Contributing Factors

- Preparing for and responding emergencies
- Obtaining blood pressure before treatment
- Obtaining a complete and accurate health history

31

Preparing For & Responding to Emergencies

32

Emergency Action Plans

- Commitment to safety and well-being
- Clear guidance on responding to emergencies
- Risk of injury is minimized after emergency
- Emergency response is timely and efficient

33

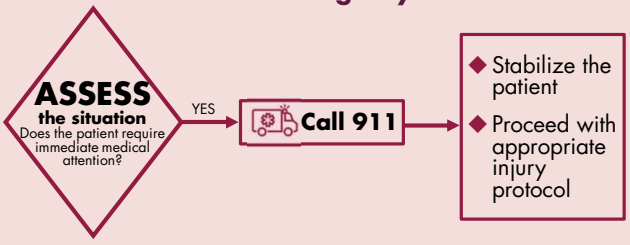
Key Components of Emergency Action Plans

- Patient Assessment
- Protocols and Procedures
- Staff Training
- Emergency Drugs & Equipment

34

35

When an Emergency Occurs



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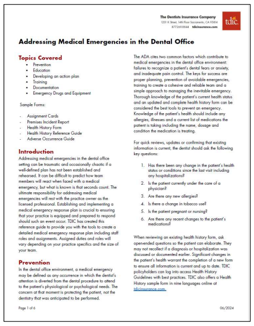
The Dentists Insurance Company
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877.269.8844 tdicinsurance.com

Addressing Medical Emergencies in the Dental Office

Topics Covered

- Prevention
- Education
- Developing an action plan
- Training
- Documentation
- Emergency Drugs and Equipment

Sample Forms:

- Assignment Cards
- Premises Incident Report
- Health History Form
- Health History Reference Guide
- Adverse Occurrence Guide

Introduction

Addressing medical emergencies in the dental office setting can be traumatic and occasionally chaotic if a well-defined plan has not been established and rehearsed. It can be difficult to predict how team members will react when faced with a medical emergency, but what is known is that seconds count. The ultimate responsibility for addressing medical emergencies will rest with the practice owner as the licensed professional. Establishing and implementing a medical emergency response plan is crucial to ensuring that your practice is equipped and prepared to respond should such an event occur. TDIC has created this reference guide to provide you with the tools to create a detailed medical emergency response plan including staff roles and assignments. Assigned duties and roles will vary depending on your practice specifics and the size of your team.

Prevention

In the dental office environment, a medical emergency may be defined as any occurrence in which the dentist's attention is diverted from the dental procedure to attend to the patient's physiological or psychological needs. The concern at that moment is protecting the patient, not the dentistry that was anticipated to be performed.

The ADA cites two common factors which contribute to medical emergencies in the dental office environment: failures to recognize a patient's dental fears or anxiety, and inadequate pain control. The keys for success are proper planning, prevention of avoidable emergencies, training to create a cohesive and reliable team and a simple approach to managing the inevitable emergency. Thorough knowledge of the patient's current health status and an updated and complete health history form can be considered the best tools to prevent an emergency. Knowledge of the patient's health should include any allergies, illnesses and a current list of medications the patient is taking including the name, dosage and condition the medication is treating.

For quick reviews, updates or confirming that existing information is current, the dentist should ask the following key questions:

1. Has there been any change in the patient's health status or conditions since the last visit including any hospitalizations?
2. Is the patient currently under the care of a physician?
3. Are there any new allergies?
4. Is there a change in tobacco use?
5. Is the patient pregnant or nursing?
6. Are there any recent changes to the patient's medications?

When reviewing an existing health history form, ask open-ended questions so the patient can elaborate. They may not recollect if a diagnosis or hospitalization was discussed or documented earlier. Significant changes in the patient's health warrant the completion of a new form to ensure all information is current and up to date. TDIC policyholders can log into access Health History Guidelines with best practices. TDIC also offers a Health History sample form in nine languages online at tdicinsurance.com.

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The Dentists Insurance Company

PREMISES INCIDENT REPORT

INCIDENT INFORMATION

Date: ______ Time: ______ ☐ AM ☐ PM

Location of incident: ______

Description of incident: ______

PATIENT/ CLAIMANT INFORMATION

Last name: ______ First name: ______

Age: ______ Sex: ☐ Male ☐ Female

If minor, was child supervised? ☐ Yes ☐ No

If no, explain: ______

Address: ______

Telephone: Home: (___) ___-___ Cell Phone: (___) ___-___

Any assistive devices being used, i.e., walker, cane, wheelchair? ______

Eyeglasses being worn? ☐ Yes ☐ No ☐ Unknown If yes, why? ______

EQUIPMENT/ INJURY

Was the patient/claimant injured by equipment/items within the office? ______

What was the equipment/office item? ______

Has this been preserved for safekeeping and possible inspection? ______

If this was equipment, when was the item installed? ______

When was the equipment last inspected or serviced? By whom? ______

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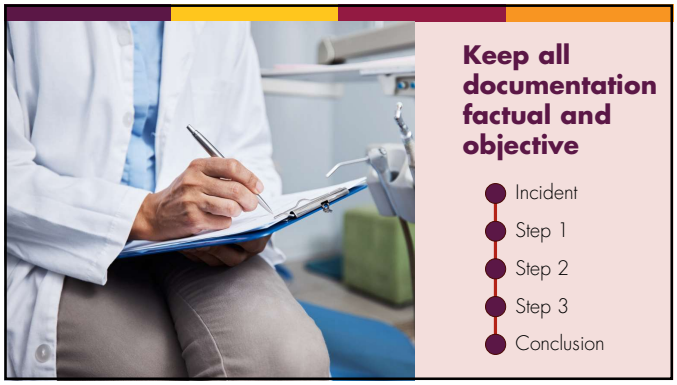
HYPERVENTILATION	FAINTING	HYPOGLYCEMIA
◆ Abort treatment. ◆ Remove source of anxiety, if possible. ◆ Attempt to calm patient.	◆ Assess level of consciousness. ◆ Position patient in Semi-Fowler's position. ◆ Confirm presence of pulse. ◆ Confirm open airway. ◆ Start supplemental O2. ◆ Take vital signs and start written record.	◆ Abort dental treatment. ◆ Check glucose level, if possible. ◆ Take vital signs and start written record.

38

Document Medical Emergencies

Actions & Treatment **Referral** **Photographs** **Separate Documentation**

39



Keep all documentation factual and objective

- Incident
- Step 1
- Step 2
- Step 3
- Conclusion

40

Adverse outcomes may be reportable to the dental board

- Death of a patient during dental or hygiene treatment
- Discovery of death of a patient related to dental or hygiene treatment
- Removal to hospital or emergency center

Adverse Occurrence Guide

41

Completing Comprehensive Patient Assessments & Health Histories

42

Alex, 45-year-old male

- Appears nervous
- Anxious about dental visits
- Seems agitated

Is a blood pressure assessment necessary?

43

Age: 52

Blood Pressure Reading: 155/95 mm Hg

Symptoms: Reports feeling somewhat anxious, has a history of hypertension.

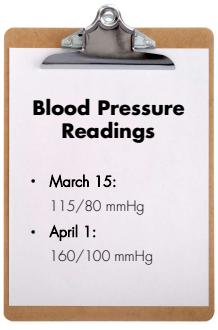
Additional Info: First dental visit in several years, mentions occasional headaches.

Should you proceed with treatment?

44

When there are noticeable changes:

- **Dentists** should discuss readings with patients.
- Consider not treating.
- Refer to their physician for evaluation.
- Refrain from making a medical diagnosis.



45

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

*revised in 2017

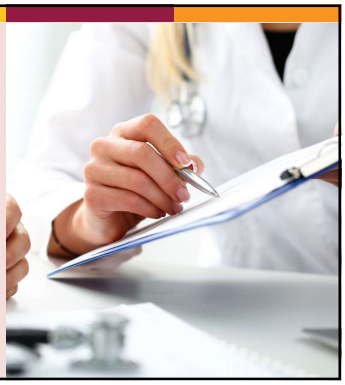
46

Review, update, sign, and date a health history form:

- At every appointment

or

- At least every six months



47

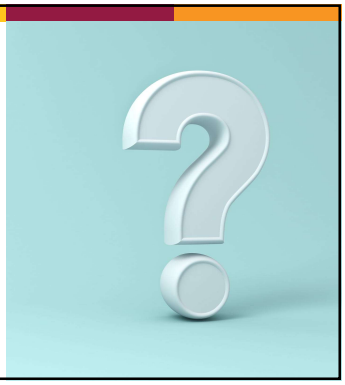
Keeping complete and accurate health history forms is essential to keeping your patients safe and providing appropriate care.

Sample Health History Forms in multiple languages

Health History Guidelines Reference Guide

48

Questions & Answers



49

Case Study 2:

Jones v. Miller DDS

50

Avery Jones, a 58-year-old software designer, established care with **Dr. Casey Miller** in **1991** when she was 26 years old.

Remained a patient for eighteen years.

- Crowns
- Root canals
- Fillings on several teeth
- **1994 – 2011**
  Intermittent Periodontal Charting
- **2014 – 2019**
  No Periodontal Charting

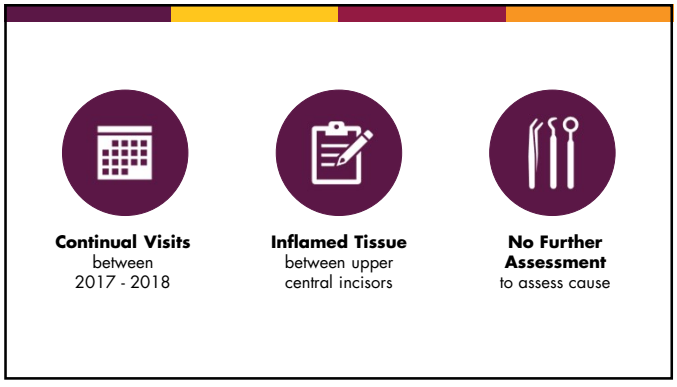
51


It hurts in the top left of my mouth.
That sounds really bad…and that's really expensive.
If you think it's necessary…I'll do it…
Tooth number 15 is non-restorable with a 2+ mobility with both horizontal and vertical bone loss.
I recommend extraction.

52


It hurts over here now.
There's swelling around the furcation area of tooth number 19.
I'm going to prescribe you antibiotics.
Chart notes do not include:
a specific diagnosis
recommendations for follow up
further treatment recommendations

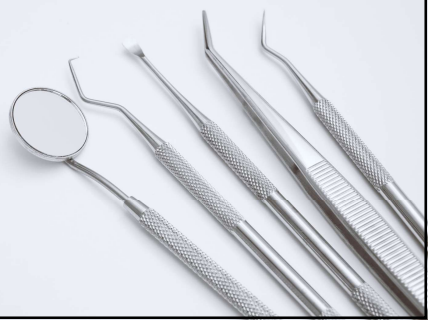
53


Continual Visits between 2017 - 2018
Inflamed Tissue between upper central incisors
No Further Assessment to assess cause

54

Diagnosis:

- Advanced stage periodontal disease
- Localized severe periodontitis
- Poor oral hygiene
- Pockets of 6 mm and greater throughout



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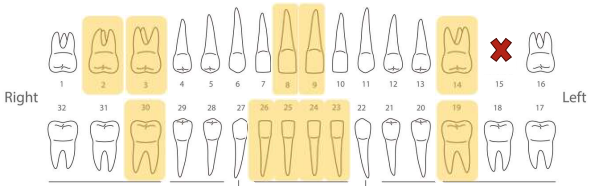

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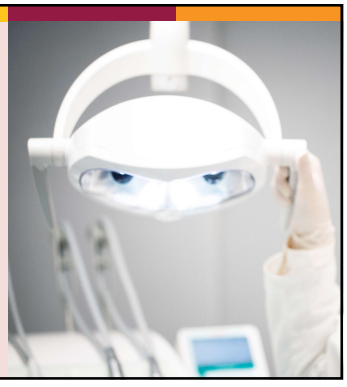
During the patient's subsequent visits, the periodontist noticed:

- Reduction in plaque buildup
- Overall improvement in appearance of gingival tissue
- Substantial improvement in overall oral health



57

58

Dr. Miller

59

Defense Expert

Periodontist

60


Plaintiff Expert
Periodontist
AI generated video

61

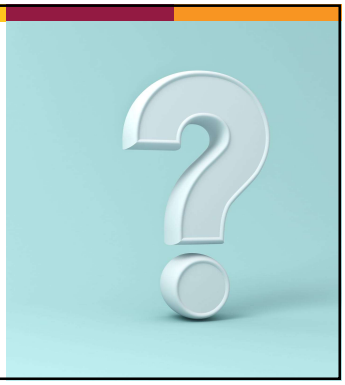

Defense experts:
Could not support the care and treatment rendered to Ms. Jones.

62


Defendant:
Uncooperative behavior

63

Questions & Answers



64

BREAK

65

Main Contributing Factors

★☆☆

Practicing Below the Standard of Care

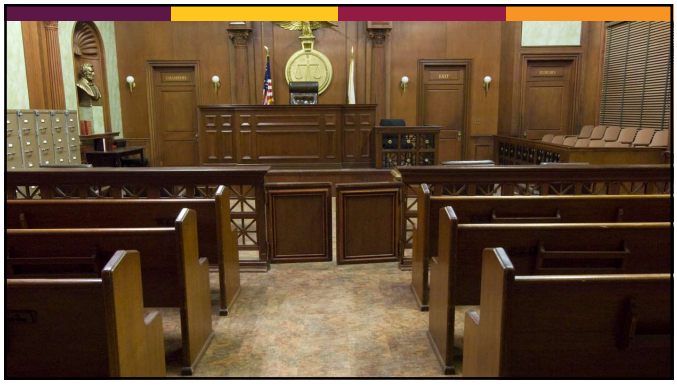
Inadequate Documentation

66

Scheduling Regular Radiographs & Providing Patient Education

67

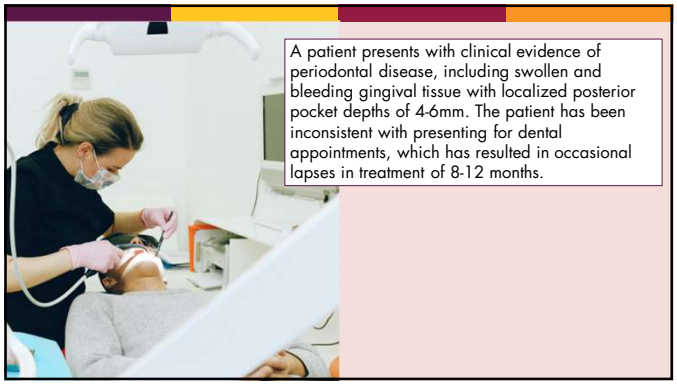
68



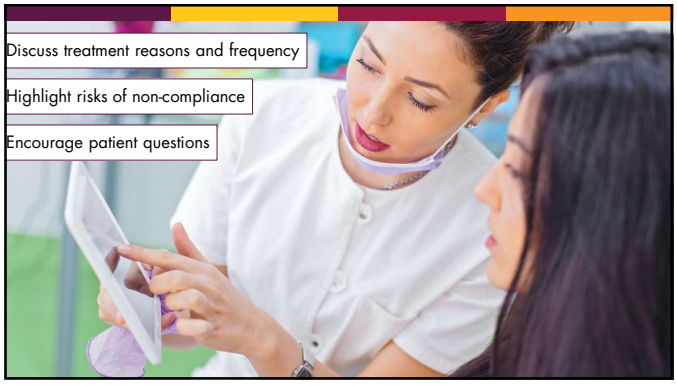
69


Sporadic radiographs with no clear plan or schedule
Usually only taken with hygienist
Dr. Miller's notes didn't document any plan for radiographs
Lapses up to seven years

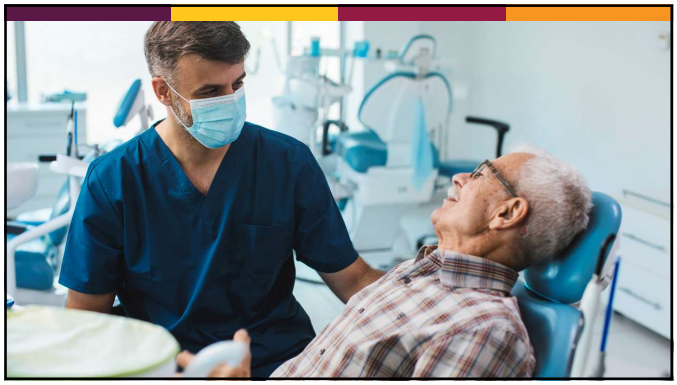
70


A patient presents with clinical evidence of periodontal disease, including swollen and bleeding gingival tissue with localized posterior pocket depths of 4-6mm. The patient has been inconsistent with presenting for dental appointments, which has resulted in occasional lapses in treatment of 8-12 months.

71


Discuss treatment reasons and frequency
Highlight risks of non-compliance
Encourage patient questions

72



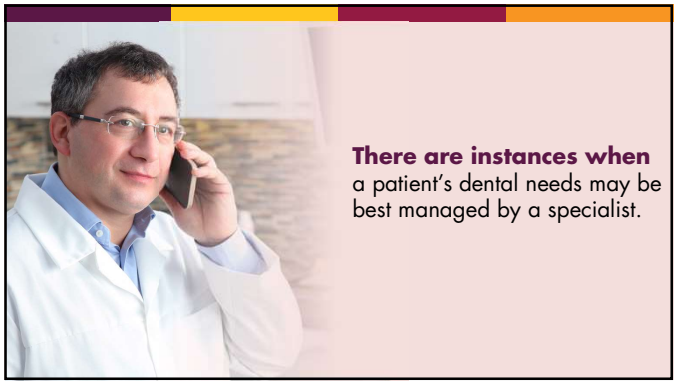
73

Dr. Miller fell short in promptly identifying and addressing his patient's needs.

74

Providing Referrals & Ensuring Accurate Documentation

75



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PATIENT NON-COMPLIANCE

Risk of Supervised Neglect
Continuing care despite non-compliance may lead to allegations of supervised neglect.

Standard of Care Responsibility
Dentists must adhere to the accepted standard of care

Patient Refusal vs. Standard of Care
Patient refusal doesn't excuse deviation from the standard of care

77

78

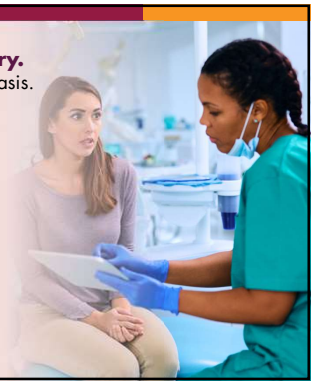
79

Facts and circumstances can vary.
Assess dismissals on a case-by-case basis.

Sample letters, forms and reference guides

www.tdicinsurance.com

877-269-8844



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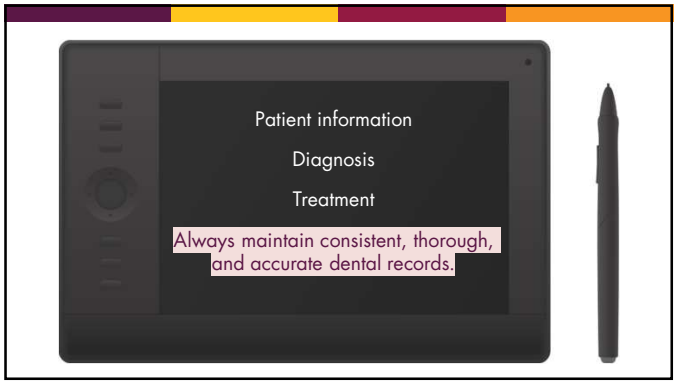
A **pattern** of failed and canceled appointments can also be considered **noncompliant behavior**.

Call

Document

Dismiss

81



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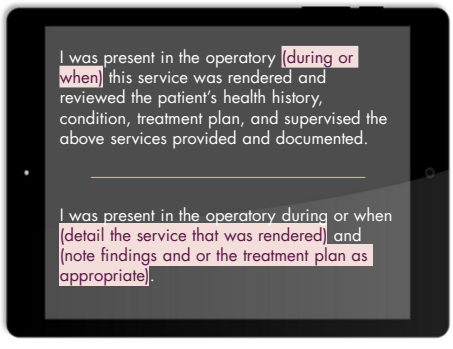
The patient record can be the single most important source of supporting evidence. Insufficient documentation, errors or inadequacies in the patient record can lead to an unsuccessful defense.

83



84

Subjective Objective Assessment Plan

85

Attachments provide supporting documentation:

- Compare patient oral health over time
- Treatment diagnosed and performed
- Potential for complications

They can also reinforce:

- Cooperation needed from the patient
- Patient's refusal of treatment recommendations

86

Dr. Miller's records contained several deficiencies that compromised the quality of care provided to Ms. Jones and made the case difficult to defend.

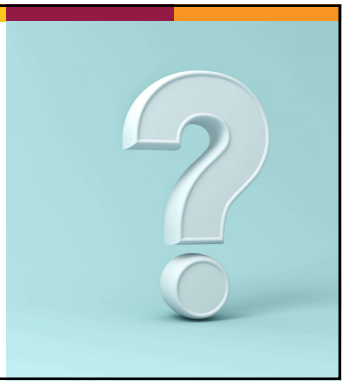
Health History

Name Change

Patient Records

87

Questions & Answers



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Case Study 3:

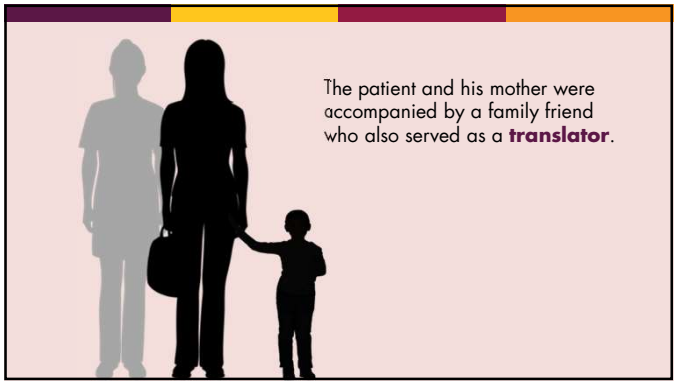
Nguyen v. Silva DDS

89

Tony, an energetic four-year-old boy, was visiting the U.S. with his family from Vietnam. His mother scheduled him for his **first ever dental visit** with a local general dentist.

90

91



92

When Dr. Silva attempted to awaken the patient, **his eyes were open**, and he was **breathing** but was **unresponsive**.

93

94

It is crucial to **immediately contact your professional liability carrier** when faced with a critical situation.

- Manage potential liability
- Determine the potential for reporting adverse events
- Provide guidance on how to communicate critical information effectively and efficiently

95

Allegations:

- Medical negligence leading to wrongful death
- Lack of informed consent
- Intentional infliction of emotional distress
- Negligent infliction of emotional distress

96

DEFENSE STRATEGY

- Nature of the case
- Relationship between defendants
- Treatment aspects
- Level of care

97

Ms. Nguyen & Translator

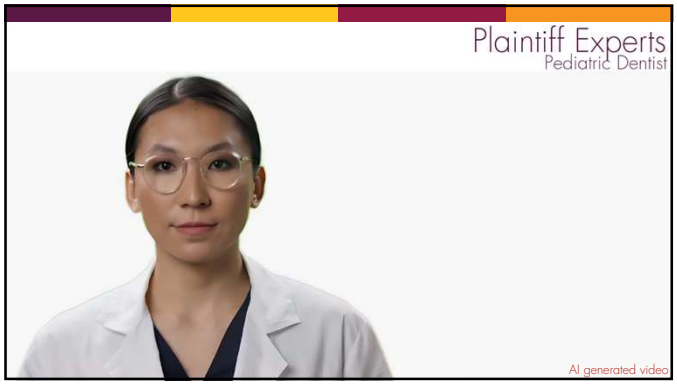
98

Dr. Silva

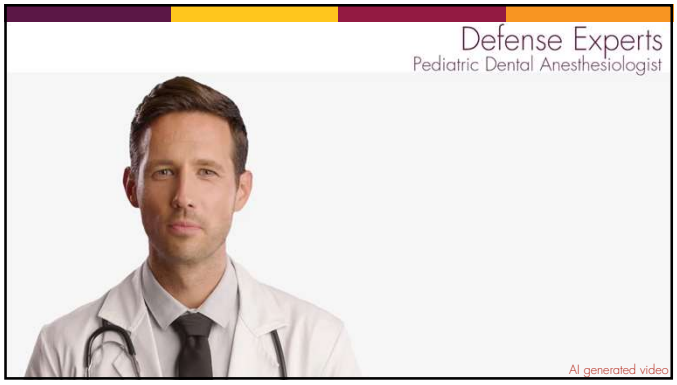
99


The administration of oral conscious sedation carries inherent risks.

100


Plaintiff Experts
Pediatric Dentist
AI generated video

101


Defense Experts
Pediatric Dental Anesthesiologist
AI generated video

102

103

Main Contributing Factors

Patient Monitoring

Documentation

Informed Consent

Pediatric Care

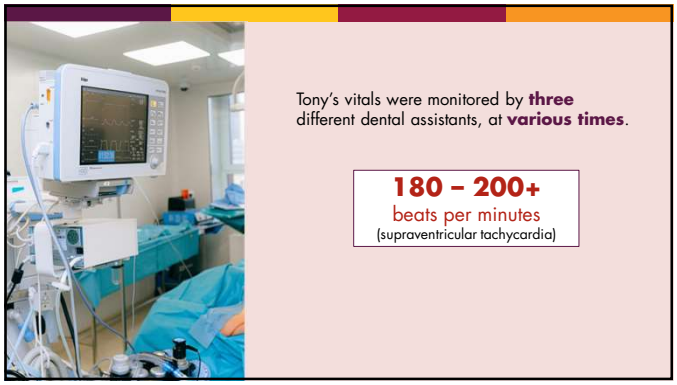
104

Training Staff to Monitor and Document Vital Signs

105

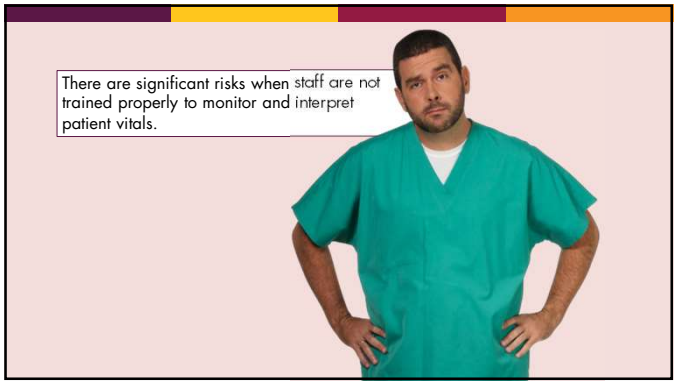

Monitor patient vitals
to ensure patient safety
during procedures involving
the use of sedation.

106


Tony's vitals were monitored by three
different dental assistants, at various times.
180 – 200+
beats per minutes
(supraventricular tachycardia)

107

108



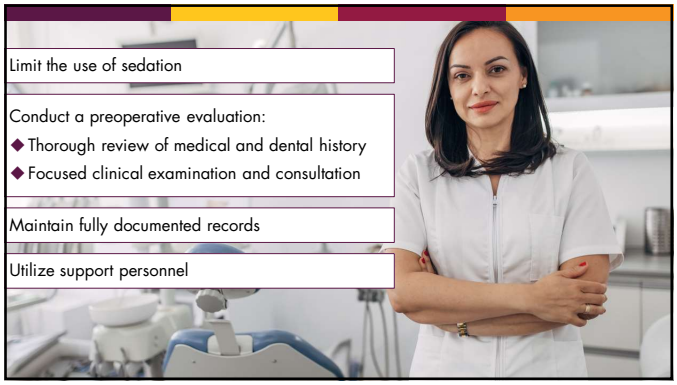
109

110

ADA requirements for documenting health evaluations

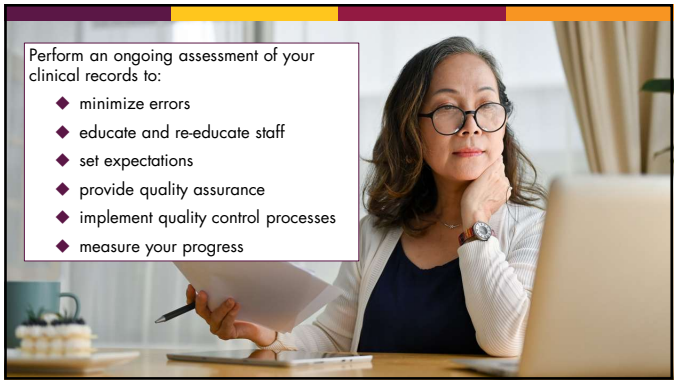
- Age, weight, & BMI
- Health History
- Vital Signs & Physical Exam

111


Limit the use of sedation
Conduct a preoperative evaluation:
◆ Thorough review of medical and dental history
◆ Focused clinical examination and consultation
Maintain fully documented records
Utilize support personnel

112

113


Perform an ongoing assessment of your clinical records to:
◆ minimize errors
◆ educate and re-educate staff
◆ set expectations
◆ provide quality assurance
◆ implement quality control processes
◆ measure your progress

114

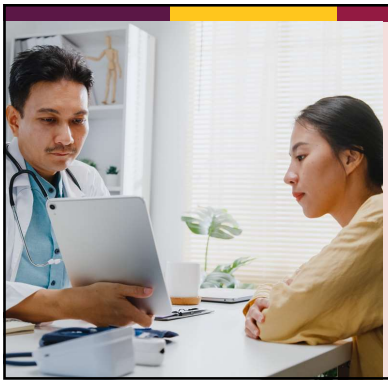
If an emergency occurs during sedation, follow the ADA guidelines.

"If a patient enters a deeper level of sedation than the dentist is qualified to provide, who? *must* do what? *until the patient returns to the intended level of sedation.* who? *is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs, and protocol for patient rescue."*

115

Obtaining Informed Consent & Providing Specialty Care

116



Imagine this:

A parent, unable to comprehend English due to a language barrier, signs a consent form without being adequately informed of the risks, benefits, and alternatives of their child's dental procedure.

117

Informed consent is a discussion that involves:

1. Dentist
2. Patient
3. Staff

118

The actions taken at Dr. Silva's office could have resulted in negative consequences.

- Provided forms only in English
- Interpreter relayed information
- Informed consent delegated to staff

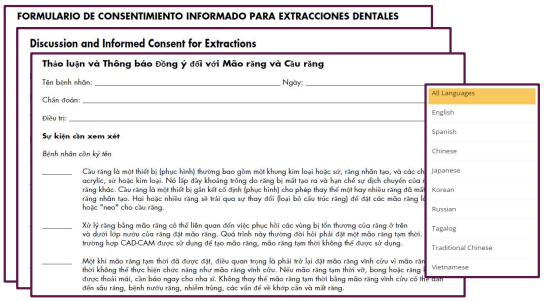
119

Translators must:

- be fluent in both the patient's language and the dentist's language.
- have cultural competence.
- be impartial.

120

Procedure Specific Informed Consent Forms



121

122

Questions & Answers

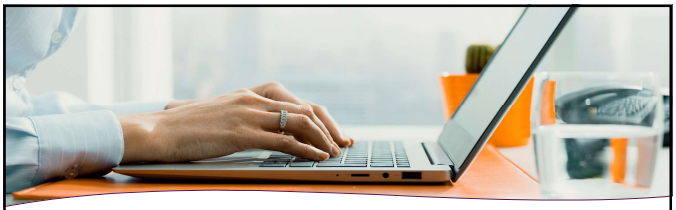
123

Call to Action

Review your office protocols and staff training regarding:

- Medical Emergencies
- Patient Education
- Documentation

124



Upcoming RM Courses

- Course
- Course

RM courses and registration: https://www.tdicinsurance.com/Manage-Risks/Seminars

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tdic

Thank you!

126

TDIC Risk Management

Call our free, confidential Advice Line **877-269-8844**

Email us at **riskmanagement@tdicins.com**

Visit tdicinsurance.com to find informed consents, reference guides and sample forms

127

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877.269.8844 **tdicinsurance.com**

911 Call Documentation

Date: _____ Time: _____

Injured Party Name: _____

Office Address (*please pre-fill*): _____ Cross Street: _____

Office Phone Number: _____

Injured Party's Age: _____

Injured Party's Gender M ☐ F ☐ Other ☐

Type of medical emergency: _____

_____

Is the injured party conscious? Yes ☐ No ☐

Is the injured party breathing? Yes ☐ No ☐

BP/pulse/respiration rate captured: Yes ☐ No ☐

Medications administered: _____

_____

Pertinent medical history (if known): _____

_____

Emergency treatment currently underway: _____

_____

Any other questions? _____

_____

Additional instruction for responding emergency personnel: Example: Come to back door of suite – someone will be waiting to let you in.

Reporting caller's name: _____

Reporting caller's signature _____

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Office Phone Number: _____

Injured Party's Age: _____

Injured Party's Gender M ☐ F ☐ Other ☐

Type of medical emergency: _____

_____

Is the injured party conscious? Yes ☐ No ☐

Is the injured party breathing? Yes ☐ No ☐

BP/pulse/respiration rate captured: Yes ☐ No ☐

Medications administered: _____

_____

Pertinent medical history (if known): _____

_____

Emergency treatment currently underway: _____

_____

Any other questions? _____

_____

Additional instruction for responding emergency personnel: Example: Come to back door of suite – someone will be waiting to let you in.

Reporting caller's name: _____

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Access to Patient Records and Retention Guidelines

This resource provides a listing by state of requirements and regulations related to timelines for producing patient records, allowable fees for duplication and record retention. Regulations regarding allowable fees for record duplication and the timelines to produce patient records vary by state. Federal regulations also provide specific guidance and therefore the guidance which outlines the most stringent requirement should be observed and followed. Federal specific guidelines can be found here. Ultimately, patients are entitled to receive a copy of their records and records should not be withheld pending payment of an outstanding balance, or for failure to pay records duplication fees. Awareness of and adherence to these requirements ensures that your practice remains in compliance. Not all states provide specific guidance or requirements. These differences have been identified and outlined in this document.

For expert guidance and answers to your questions, contact TDIC's Risk Management Advice Line at 877.269.8844, Monday through Friday, 8 a.m. to 4:30 p.m. PST.

State	Guidelines	Resource link
Alaska	**Records request** 30 days to comply with a request. ** **Allowable fee for photocopies** Alaska does not have specific guidelines or requirements addressing reimbursement for photocopies. **Records retention** No specific statutes or regulations for Alaska. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	AK Health, Safety and Housing Code 18.23.005 www.akleg.gov

Arizona	**Records request** 15 days to comply with a written request. **Allowable fee for photocopies** The patient may be charged an undefined cost for copying or forwarding records. **Records retention** Adults - At least six years after the last date of dental services. Minors - At least three years after the child's 18th birthday or at least six years after the last date the child received services, whichever occurs later. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	AZRS §12-2293 www.azleg.gov/ars/12/02293.htm AZRS §32-1264 (d) www.azleg.gov/ars/32/01264.htm
California	**Records request** Five working days to comply with a request to *inspect* records upon receipt of a written request. The patient has the right to *copies* of records within 15 days upon receipt of a written request. The patient has the right to copies of X-rays or tracings within 15 days upon receipt of a written request. **Allowable fee for photocopies**	CA Evidence Code §1158 H & S code §123100-123149.5 leginfo.legislature.ca.gov

	25 cents per page for standard copies and 50 cents per microfilm and any additional cost incurred in making records available. **Records retention** Adults- it is suggested that medical records be kept for a *minimum* of 10 years after the last date the patient is seen as there are no statutory requirements for active practices. Minors- records should be kept 10 years from patient's last treatment, or seven years past age 18. Practice closures - Providers of health services that are licensed pursuant to H&S 123145 sections 1205, 1253, 1575, and 1726 have an obligation, if the licensee ceases operation, to preserve records for a minimum of seven years following discharge of the patient except that the records of unemancipated minors shall be kept at least one year after the minor has reached the age of 18 years, and in any case, not less than seven years. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	
Hawaii	**Records request** 10 days to comply with a request. ** **Allowable fee for photocopies** The patient may be charged an undefined cost for copying records.	Haw. Rev. Stat. §622-57 §622-58 www.capitol.hawaii.gov/hrscurrent/Vol13_Ch0601-0676/HRS0622/HRS_0622-0057.htm www.capitol.hawaii.gov

	Records retention Adults - At least seven years after the last data entry. Minors - Records shall be retained during the period of minority plus seven years after the minor reaches the age of majority (18). Basic information - Must be retained for a minimum of 25 years. Basic information shall include patient name, date of birth, a list of dated diagnosis and intrusive treatments. A record of drugs prescribed or given as defined in section 323D-2. TDIC recommends that records be kept for a minimum of 25 years from the last date of service given the above requirement.	
Idaho	**Records request** 30 days to comply with request. ** **Allowable fee for photocopies** 50 cents per page for the first 25 pages for paper format and 20 cents for each additional page. Flat fee of $15 for electronic records. The actual reproduction fee for copying X-rays may be charged. If the request is fulfilled within 10 days in a format that may be immediately viewed or downloaded the patient? may be charged an additional $10 fee. **Records retention** Seven years from last date of entry. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	Senate Bill NO. 1346 Chapter 97 title 39 §19.01.01 adminrules.idaho.gov

Illinois	**Records request** 30 days to comply following a written request. **Allowable fee for photocopies** The fee for independent copying services not to exceed $20 handling charge for processing the request and accrual postage or shipping charge. For paper copies 75 cents per page for first 25 pages and 50 cents per page for the 26th through 50th page. Excess of 50 pages may be charged 25 cents per page except that the charge shall not exceed $1.25 per page for any copies made from microfiche or microfilm; records retrieved from scanning, digital imaging, electronic information or other digital format do not qualify as microfiche or microfilm retrieval for purposes of calculating charges; and for electronic records, retrieved from a scanning, digital imaging, electronic information or other digital format in an electronic document, a charge of 50% of the per page charge for paper copies under subdivision (d)(1). This per-page charge includes the cost of each CD-ROM, DVD or other storage media. **Records retention** Adults - 10 years from the date the patient was last seen. Minors - 10 years from the date the patient was last seen or seven years past the patient's 18th birthday, whichever is longer. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	§225 ILCS 25/50 735 ILCS 5/8-2001(e) ilga.gov/legislation
Minnesota	**Records request**	§144.292.293

	30 days to comply following a written request. **Allowable fee for photocopies** When requesting to review the records for purposes of reviewing current care, the provider must not charge a fee. When copies are requested, they may charge no more than 75 cents per page and $10 for time provided to reproduce the records. **Records retention** Adults - Seven years from last date of service. Minors - Patient file must be maintained until the patient reaches the age of 25. TDIC recommends records be kept for a minimum of 10 years from the last date of service.	144.341-144.347 www.revisor.mn.gov/statutes/cite/144.291
Montana	**Records request** 10 days to comply upon receipt of written request. **Allowable fee for photocopies** Not to exceed 50 cents for each page for a paper copy or photocopy. An undefined fee may include an administrative fee that may not exceed $15 for searching and handling recorded health care information. **Records retention** No specific statutes or regulations.	§ MCA 50-16-541 § MCA 50-16-540 leg.mt.gov/bills/mca/title_0500/chapter_0160/part_0050/sections_index.html

	TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	
Nevada	**Records request** Inspection of the records within 10 days and copy of the record within 30 days following a request. ** **Allowable fee for photocopies** 60 cents per page for photocopies and a reasonable fee for cost of duplicating X-rays. No additional fee may be charged, and records cannot be withheld if the patient is unable to pay. If a copy is needed to support a Social Security claim or appeal, the dentist must provide a free copy. **Records retention** Adults - The health care records of a person who has attained the age of 23 years may be destroyed for those records that have been retained for at least five years or for any longer period provided by federal law; unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after five years. Minors - The health care records of a person who is less than 23 years of age may not be destroyed. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	NRSA §629.061 NRS §629.051 www.leg.state.nv.us
New Jersey	**Records request** 14 days to comply following a written request.	NJAC §13:30-8.7(e)

	Allowable fee for photocopies The patient may be charged a reasonable fee for the reproduction of records, which shall be no greater than $1 per page or $100 for the entire record, whichever is less. If the record is less than 10 pages, the licensee may charge up to $10 to cover postage and miscellaneous costs. The reproduction of X-rays and any other material within a patient record that cannot be routinely copied or duplicated can be charged a fee for a set of up to nine radiographs shall not exceed $15 The duplication fee for a set of up to 18 radiographs shall not exceed $30 and the fee for a Panorex shall not exceed $3. **Records retention** Seven years from the last date of service. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	Chapter-30-New-Jersey-Board-of-Dentistry.pdf
North Dakota	**Records request** Undefined. Produced in a timely manner following a request. ** **Allowable fee for photocopies** No more than $20 for the first 25 pages and 75 cents per page after 25 pages or in an electronic, digital or other page No. 9 computerized format at a charge of $30.00 for the first 25 pages and $.25 per page after 25 pages. This charge includes any administration fee, retrieval fee, and postage expense. **Records retention**	§23-12-14 ND admin rule 20-02-01-09 www.nddentalboard.org/laws-and-rules

	Adults - A minimum of six years from last date of service. Minors - Records for minors for a minimum of one year after the patient reaches 18 years of age or six years after date of service. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	
Oregon	**Records request** 14 days to comply following a written request. **Allowable fee for photocopies** $30.00 for copying 10 or fewer pages of written material, no more than 50 cents per page for pages 11 through 50 and no more than $.25 for each additional page. A bonus charge of $5.00 may be charged if the records are mailed by first class mail within seven business days after the date of request. The cost to mail copies or an explanation or summary of protected health information may be charged for the actual cost of preparing an explanation. **Record retention** Seven years from last date of entry TDIC recommends records be kept for at least 10 years from the last date of service.	§192.563 https://oregon.public.law/statutes/ors_192.563 OAR 818-012-00309 OAR 818-012-0032 https://www.oregon.gov/ https://oregon.public.law/rules/oar_818-012-0070

Pennsylvania	**Records request** 30 days to comply following a written request. **Allowable fee for photocopies** Amount charged for pages. 1 - 20 not to exceed $1.70 21 - 60 not to exceed $1.26 61 - end not to exceed $.44 Amount charged per page for microfilm copies not to exceed $2.51. Flat fee for production of records to support any claim under Social Security or any Federal or State financial need program not to exceed $31.94. Flat fee for supplying records requested by a District Attorney does not exceed $25.20. Search and retrieval of records not to exceed $25.20. **Record retention** Five years from the last date of entry. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	§49 Pa.C.S. 33.209(c) https://www.pacodeandbulletin.gov/ https://www.padental.org/
Tennessee	**Records request** 10 days following a written request. **Allowable fee for photocopies**	T. C. A. § 63-2-101 (a)(1) T. C. A. § 63-2-102 (e)

	The Dentist may charge reasonable costs of duplicating the records and may be required before the records are furnished. **Record Retention** Adults - Minimum of seven years from the last professional contact with the patient, except for the following: Dental records for incompetent patients must be retained indefinitely. Minors - Dental records of minors must be retained for a minimum of one year after the minor reaches the age of majority or seven years from the dentist's last professional contact with the patient, whichever is longer, Dental records involving services under dispute must be maintained until the dispute is resolved. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	https://www.tn.gov/health/health-program-areas/health-professional-boards/cp-board/cp-board/statutes-and-rules.html
Washington	**Records request** 15 days following a request the Dentist shall make information available during regular business hours and provide a copy if requested. ** **Allowable fee for photocopies** A health care provider may charge a reasonable fee as defined in RCW 70.02.010 for searching and duplicating health care	WAC § 246-817-310 Chapter 70.2 RCW WAC 246-817-310: WAC 246-08-400

	records. In accordance with RCW 70.02.010 the fees a provider may charge cannot exceed the fees listed below: No more than $1.24 per page for the first 30 pages and no more than 94 cents per page for all other pages. Additional charges: The provider can charge a $28 clerical fee for searching and handling records; if the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit. No requirement to permit examination or copying until the fee is paid. **Records retention** A licensed dentist shall keep readily accessible patient records for at least six years from the date of last treatment. TDIC recommends that records be kept for a minimum of 10 years from the last date of service.	

*This communication does not constitute and should not be considered a substitute for legal, financial, or other advice provided by licensed professionals. For that, you must consult your own attorney, accountant, or other professional advisor.

** Some state statutes do not specify if a records request must be in writing. Therefore, a best practice is to simply document the request and when the records were provided.

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The majority of state dental boards require a licensee to report adverse occurrences or events such as the death of a patient following or believed to be related to dental treatment, to their state licensing board. Failure to submit a report to the state licensing agency can result in discipline against a dentist license and potentially a finding of unprofessional conduct.

The reporting window varies by state and can be as immediate as 48 hours. The Dentist Insurance Company (TDIC) has developed this chart as a reference guide to increase dentists' awareness of these reporting requirements; TDIC recommends engaging the services of an attorney or reaching out to your professional liability carrier, to seek assistance with the board notification process.

State	Adverse Occurrence	State Code
Alaska	If a dental patient dies or experiences sedation or anesthesia complications that require hospitalization or emergency room care during or immediately after receiving sedation or general anesthesia, the dentist who treated the patient shall submit a written or electronic report of the incident to the board not later than 48 hours after learning of the death or hospitalization.	12 AAC 28.080 Alaska Admin.Code
Arizona	If a death, or incident requiring emergency medical response, occurs in a dental office or dental clinic during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.	R4-11-1305 Arizona Administrative Code
California	Any licensed dental health care provider must report in writing within seven days to the Dental Board of California or the Dental Hygiene Board of California: A) the death of a patient during the performance of any dental or dental hygiene procedure, B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by the dental care provider: or C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical	BPC 1680(z) CA Bus. & Prof. Code

	treatment of any patient as a result of dental or dental hygiene treatment.	
Hawaii	All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a direct result of anesthesia related thereto.	16-79-79 Haw. Code 16-79-79
Idaho	Dentists must report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered No reporting requirement for non-sedation related events	24.31.01.049 IDAPA 24 Current Administrative Rules
Illinois	A dentist must report in writing to the Illinois Department of Financial and Professional Regulation regarding an adverse incident that occurs within 24 hours after the administration of a dental procedure. An adverse occurrence involving the death of a patient must be reported in writing within 72 hours. If the incident involves the permanent organic brain dysfunction of a patient, or the patient is hospitalized for physical injury, the dentist has 30 days to report the incident in writing. In the event that a dentist does not have knowledge or cannot reasonably be expected to have knowledge, but subsequently obtains actual knowledge of an adverse occurrence, then such dentist shall file an adverse occurrence report within 72 hours after obtaining knowledge of the death of a patient or within 30 days after obtaining knowledge of the permanent organic brain dysfunction or hospitalization of a patient.	68IAC 1220.405 Illinois Administrative Code
Minnesota	Any incident that arises from the administration of nitrous oxide inhalation analgesia or of a pharmacological agent for the purpose of general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental	3100.3600 Minnesota Administrative Rules

	effect to one or more of a patient's body system(s). It is NOT necessary to report incidents such as nausea, a single episode of emesis, or mild allergic reaction. This report and relevant records shall be submitted within 10 days of the incident	
Montana	All dentists engaged in the practice of dentistry in Montana must submit written reports to the board within seven days of any incident, injury, or death resulting in temporary or permanent physical or mental disability, or death involving the application of minimal sedation, moderate sedation, deep sedation, general anesthesia, or nitrous oxide/oxygen sedation, administered alone or in conjunction with another oral agent, to any dental patient for whom said dentist, or any other dentist, has rendered any dental or medical service. Routine hospitalization to guard against postoperative complications or for patient comfort need not be reported where complications do not, thereafter, result in injury or death, as hereinbefore set forth.	24.138.3231 MAR Notices
Nevada	Each licensee shall, within 30 days after the occurrence of the event, notify the Board in writing by certified mail of the death of a patient during the performance of any dental procedure; any unusual incident occurring in his or her dental practice which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient.	NRS 631.155 Nev.Amin.Code
New Jersey	Any licensed dental health care provider must report in writing within seven (7) days to the NJSBD New: (a) any incident occurring in a dental office, clinic or any other dental facility after dental treatment has been initiated, which requires the removal of a patient to a hospital for observation or treatment; (b) any death, which may be related to dental treatment, whether or not the death occurred in a dental office, clinic or any other dental facility. The form to be filled out and submitted to the NJSBD can be found at the NJSBD website.	N.J.A.C. 13:30-8.8 NJ Admin. Code

Oregon	If a death or any serious complication or injury occurs that may have been the result of anesthesia being administered, the dentist should write a detailed report to the dental board within five days. Licensees shall report to the Board incidents of any mortality that occur in the course of the licensee's practice. (1.) The licensee performing the dental procedure must submit a written detailed report to the Board within five working days of the incident along with the patient's complete original dental records. Reports filed with the Board under this rule are confidential and are only subject to public disclosure pursuant to ORS 192.502(2).	OAR 818-026-0120 Oregon Administrative Rules
Pennsylvania	All licensees engaged in the practice of dentistry in the Commonwealth of Pennsylvania are required, within 30 days from the date of the occurrence, to submit a complete report to the board regarding the following: a) any mortality or unusual incidents requiring medical care and resulting in physical or mental injury of patients as a direct result of the administration of anesthesia or drugs; b) mortalities not related to drugs or anesthesia.	63 P.S. §130d P.A. Acts
Tennessee	A written report shall be submitted to the board by the dentist within thirty (30) days of any anesthesia-related incident resulting in patient injury or mortality, which occurred when the patient was under the care of the dentist and required hospitalization. In the event of patient mortality, concurrent with a sedation or anesthesia-related incident, this incident must be reported to the board within two (2) working days, to be followed by the written report within thirty (30) days.	0460-02-.07 Tenn.Comp.R.& Regs
Washington	All licensees engaged in the practice of dentistry must submit a report of any patient death or other life-threatening incident or complication, permanent injury or admission to a hospital that results in a stay at the hospital for more than twenty-four hours, which is or may be a result of a dental procedure caused by a dentist or dental treatment. The dentist involved must notify the department of health/DQAC, by telephone, email, or fax within seventy-	WAC 246-817-780 Washington State Legislator

	two hours of discovery and must submit a complete written report to the DQAC within thirty days of the incident.	

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Consent Form for Use or Disclosure of Patient Health Information

Instructions: *Please complete and provide to the above dental practice. You may request a copy of this completed form. For questions, ask to speak with the dental practice's privacy officer.*

I authorize [Practice Name] to use or to disclose to [Recipient's Name] the health information of [Patient's Name] for the purpose of [Description of the Purpose of the Release]. I understand the receiving party may not further disclose this health information without first obtaining a new written authorization from me. I understand this authorization may be canceled or modified at any time upon provision of a written notice to this dental practice. I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan or eligibility for benefits. I understand I may have a copy of this authorization.

The health information to be used or disclosed is limited to the following: *(you may note dates, procedures or use other description)*

_____

_____

This authorization is valid until [Date or event]: _____

_____

Signature: _____

Print name: _____

Date Signed: _____

Signed by: ☐ Patient ☐ Parent/legal guardian

☐ Personal representative of the patient — *describe the legal authority that permits the representation:* _____

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This resource provides state-specific documentation guidelines related to the information to be included in the patient chart when sedation is administered as part of the treatment process.

Documentation requirements for all types of sedation, including mild, moderate or deep sedation, can vary by state. Not all states provide guidance or have specific requirements on what written content should be included in the patient record when using sedation. Note that this resource focuses on the specific documentation needed when providing sedation to dental patients. Please contact your state dental board for questions regarding the education, licensing/permit requirements or clinical guidelines pertaining to mild, moderate or deep sedation provided by a licensed dentist.

State	Documentation Requirements for General Anesthesia/Sedation	State Code
California	California Code of Regulations (CCR) outlines documentation guidelines for General Anesthesia, Moderate Sedation and Oral Conscious Sedation. **General Anesthesia and Moderate Sedation** The following records shall be maintained: • Adequate medical history and physical evaluation records updated prior to each administration of moderate sedation, deep sedation or general anesthesia. Such records shall include but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient and visual examination of the airway, and for general anesthesia or deep sedation only, auscultation of the heart and lungs. • Moderate sedation, deep sedation or general anesthesia-records, which shall include a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry (every 5 minutes intraoperatively and every 15 minutes postoperatively for general anesthesia or deep sedation) and blood pressure and pulse readings (both every 5 minutes intraoperatively for general anesthesia or deep sedation), drugs, amounts administered and time administered, length of the procedure, any complications of	16 CCR § 1043.3 16 CCR § 1044.5 CA Code of Regulations

anesthesia or sedation and a statement of the patient's condition at time of discharge.

- Records shall include the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of the provider monitoring the patient during sedation and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.

- Written informed consent of the patient or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient, or if the patient is a minor, his or her parent or guardian, pursuant to Section 1682(e) of the Code.

Oral Conscious Sedation
The following records shall be maintained:

- An adequate medical history and physical evaluation, updated prior to each administration of oral conscious sedation. Such records shall include, but are not limited to, an assessment including at least visual examination of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification) and rationale for sedation of the patient as well as written informed consent of the patient or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient.

- Oral conscious sedation records shall include baseline vital signs. If obtaining baseline vital signs is prevented by the patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local and inhalation anesthetics, the

	length of the procedure, any complications of oral sedation and a statement of the patient's condition at the time of discharge. ADA members can access a resource that documents the guidelines for the use of sedation and general anesthesia by dentists on the ADA website. American Academy of Pediatric Dentistry offers the following resource for treating pediatric patients under sedation: Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures	

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Addressing Medical Emergencies in the Dental Office

Topics Covered

- Prevention
- Education
- Developing an action plan
- Training
- Documentation
- Emergency Drugs and Equipment

Sample Forms:

- Assignment Cards
- Premises Incident Report
- Health History Form
- Health History Reference Guide
- Adverse Occurrence Guide

Introduction

Addressing medical emergencies in the dental office setting can be traumatic and occasionally chaotic if a well-defined plan has not been established and rehearsed. It can be difficult to predict how team members will react when faced with a medical emergency, but what is known is that seconds count. The ultimate responsibility for addressing medical emergencies will rest with the practice owner as the licensed professional. Establishing and implementing a medical emergency response plan is crucial to ensuring that your practice is equipped and prepared to respond should such an event occur. TDIC has created this reference guide to provide you with the tools to create a detailed medical emergency response plan including staff roles and assignments. Assigned duties and roles will vary depending on your practice specifics and the size of your team.

Prevention

In the dental office environment, a medical emergency may be defined as any occurrence in which the dentist's attention is diverted from the dental procedure to attend to the patient's physiological or psychological needs. The concern at that moment is protecting the patient, not the dentistry that was anticipated to be performed.

The ADA cites two common factors which contribute to medical emergencies in the dental office environment: failures to recognize a patient's dental fears or anxiety, and inadequate pain control. The keys for success are proper planning, prevention of avoidable emergencies, training to create a cohesive and reliable team and a simple approach to managing the inevitable emergency. Thorough knowledge of the patient's current health status and an updated and complete health history form can be considered the best tools to prevent an emergency. Knowledge of the patient's health should include any allergies, illnesses and a current list of medications the patient is taking including the name, dosage and condition the medication is treating.

For quick reviews, updates or confirming that existing information is current, the dentist should ask the following key questions:

1. Has there been any change in the patient's health status or conditions since the last visit including any hospitalizations?
2. Is the patient currently under the care of a physician?
3. Are there any new allergies?
4. Is there a change in tobacco use?
5. Is the patient pregnant or nursing?
6. Are there any recent changes to the patient's medications?

When reviewing an existing health history form, ask open-ended questions so the patient can elaborate. They may not recollect if a diagnosis or hospitalization was discussed or documented earlier. Significant changes in the patient's health warrant the completion of a new form to ensure all information is current and up to date. TDIC policyholders can log into access Health History Guidelines with best practices. TDIC also offers a Health History sample form in nine languages online at tdicinsurance.com.

Addressing Medical Emergencies in the Dental Office

Education

Licensure requirements vary by state, but the majority dictate that dental professionals have current, valid basic life support (BLS) training and it's advised that all chairside staff be certified. Staff that are certified in basic life support will have the ability to effectively manage medical emergencies in your dental office.

The ability of all office personnel to implement the steps of basic life support can represent the single most important factor in office preparedness.

All office personnel should be trained to recognize and manage medical emergencies. The ADA's Preparation and Management of Medical Emergencies resource states that "Most state dental regulatory bodies require a currently valid CPR (basic life support for Healthcare Providers) card for a dentist to renew their license. Increasingly, this mandate also includes dental hygienists, and in some states, dental assistants. Dentists, through their academic, clinical and continuing education, should be familiar with the prevention, diagnosis, and management of common emergencies. In addition, they should provide appropriate training to their staff so that each person knows what to do and can act promptly. Since these skills are not used every day, regular review is necessary: at least annually but preferably more often. Conducting mock emergencies may help office staff to be more confident with their roles when a real emergency occurs. As a result, dentists and their staff should be prepared to recognize, respond and effectively manage a medical emergency."

Response Plan Development

The emergency response plan should address multiple types of emergencies and identify the specific duties delegated to dental team members' roles. Incorporating assignment cards, checklists or laminated reference sheets in the emergency response plan can assist staff in working efficiently and calmly in an emergency. This process will prioritize addressing the patient's needs and ensure that emergency personnel arrive in a timely manner.

The emergency response plan should outline clear protocols and procedures to follow during a medical emergency. Examples of potential medical emergencies include handling external bleeding, epilepsy/seizures, hypoglycemia, high blood pressure, allergic reactions and hyperventilation.

The ADA store also offers Medical Emergencies in the Dental Office: Response Guide as a helpful resource.

It's essential that the practice has a plan in place for summoning medical assistance in the event of an emergency. The plan should include information needed to share with emergency services including office location, the phone number the call is coming from (especially if the office has multiple lines), patient information and details of the patient's condition (name, age, consciousness or breathing), and directions for entrance and exit points. Ensure that the assigned staff member who calls emergency services stays on the line with until the dispatcher authorizes ending the call. If an emergency occurs and the dentist is unable to diagnose it, can diagnose it but is uncomfortable managing it, or is told by the patient to call an ambulance, emergency medical services should be summoned immediately.

Assessment and management of specific medical emergency scenarios should also be included in the response plan. Include detailed steps on how the dentist and staff should address emergencies such as allergic reactions, asthma, blood pressure issues, cardiac arrest, chest pains, hypoglycemia, respiratory distress, seizures and syncope. The JADA article "Basic management of medical emergencies: Recognizing a patient's distress" offers additional guidance.

Emergency situations may lead to chaos and distractions if a defined and rehearsed plan is not in place. The goal is to be responsive, effective, and work together efficiently as a cohesive team. The medical response plan should include written expectations of team members when an

Addressing Medical Emergencies in the Dental Office

emergency occurs. Color-coded assignment cards can direct staff to work productively and efficiently in a heightened situation that may be compromised by fear or emotion. Assignments should be given to team roles and not to specific individuals to address unexpected turnover or changes in positions.

Though most dental facilities will have multiple employees in different roles, TDIC suggests well-defined roles for at least four team members, including but not limited to the doctor, hygienist, front office and chairside/assistant. The number of roles should be adjusted to accommodate the individual size of each practice and the specific practice dynamics.

Sample descriptions are offered below for a four-person team. See the sample forms section for a printable resource with color-coded assignments for team members. These forms will provide clear staff assignments to ensure that duplicative assignments have not been tasked to multiple team members while another important task is overlooked.

Team Member 1: The Leader
This member takes on the leadership or decision-making role as the first person at the scene of the medical emergency. This role will typically be the dentist. When the dentist arrives at the scene, they become the leader of the team, directing the actions of other team members. The leader's role is to manage the crisis and remain with the patient throughout the emergency until the patient either recovers or has their care transferred to responding emergency personnel. Additional leader responsibilities are to assign tasks to team members using closed-loop communication methods, position the patient and initiate BLS.

Team Member 2: Primary Support
This member is usually a clinical assistant or staff member who is chairside to the dentist. This team member stays with the patient and assists the dentist or Team Member 1 with assigned duties, primarily administering BLS or rotating with Team Member 1 to administer BLS.

Team Member 3: The Recordkeeper
This role can be filled by another clinical assistant or hygienist. Team member 3 assists with gathering supplies such as portable oxygen, automated external defibrillator (AED) and the emergency kit. This team member also starts and maintains chronological records of all events, vital signs, timing and amount of drugs administered (if any) and the patient's response to the treatment.

Team Member 4: The Rover
This role is usually fulfilled by the office manager or primary front office support team member. The team member collects medications and equipment as needed, calls EMS and controls the environment.

All team members should be able to relieve other team members as needed or required.

Training

Upon completion of a detailed medical emergency response plan or manual, the next step is to build an "emergency-trained team" for your office. Being prepared before a medical emergency occurs requires that each member of the office staff be cognizant of their role on the team. ADA advises this should be through a combination of hands-on education and memorized or automated algorithms on medical emergencies management, which will support implementing the steps in an organized and effective manner that reduces confusion and delays in treatment.

The ADA's "Basic Management of Medical Emergencies: Recognizing a Patient's Distress" offers a brief review of some commonly encountered medical emergencies in the dental office.

Once you have a well-trained team and clear guidelines on how to handle an unexpected medical emergency, it is important to continually practice skills with team drills and review of current policies and practices. An effective emergency plan accounts for the training of team members needed to provide optimum care to the person in distress. This would include regular scenario-based

Addressing Medical Emergencies in the Dental Office

exercises using role playing or simulated emergencies that address recognizing a patient's distress and managing a medical emergency.

Documentation

When an accident or injury occurs, document the incident right away. Documentation should include actions taken by you and your staff, what treatment was delivered and whether the patient was referred out for further evaluation and possible treatment. If appropriate, take photographs of the injured area. In addition to a chronological timeline of events, the dentist and staff should document personal statements of the incident separately. Documentation should be factual and consist of all the steps taken from the time an incident occurred to its conclusion. Proper documentation of an incident will be the best evidence of the details and timeline of the event should a claim be pursued, or lawsuit filed after the event.

TDIC's Premises Incident Report sample form can assist with documentation of an incident or injury.

Note: Adverse outcomes resulting from dental procedures or treatment may also be reportable to the dental board on a state-by-state basis. Failure to submit a report could lead to an investigation by the dental board with the potential for a licensure action. These adverse occurrences include the death of a patient during dental or hygiene treatment, the discovery of the death of a patient related to dental or hygiene treatment, and removal to a hospital or emergency center. TDIC offers an Adverse Occurrence Guide that outlines state-specific reporting requirements.

If a report to the dental board is required, TDIC recommends seeking legal counsel to assist with this report.

Emergency Drugs and Equipment

Every dental office should have a basic emergency kit that contains drugs and equipment to provide necessary care. The following factors should be considered when creating or purchasing an emergency kit and equipment for the practice:

- Contents appropriate to the training of the dentist
- State requirements for emergency kits and equipment.
- The type of patients being treated (for example, geriatric, special needs, pediatric or medically compromised patients)
- The procedures performed (for example, if sedation or general anesthesia are being used in the practice setting)
- The geographical location (for example, an urban setting in which emergency help is in close proximity versus a rural location in which there may be a significant delay for help to arrive)

In addition to the items listed above, if you are contracted with any dental plans, the contract may have specific requirements for emergency kits in the dental office. The dental plan carrier may be accountable to regulatory agencies that put stipulations on emergency protocols as a measure of consumer protection. The dental plan in turn may perform quality and utilization audits on the practice to ensure that the contractual obligations are being met. For example, Delta Dental of California relies on ADA's recommendations for emergency kit contents for patients. Offices who provide minimal or moderate sedation or general anesthesia in the office setting will need to adhere to more stringent documentation and emergency kit requirements.

If you do not offer any form of sedation in your general practice and there are no state-specific guidelines, TDIC recommends following ADA's guidelines as documented in "Preparing for medical emergencies: The essential drugs and equipment for the dental office."

The article advises the following items for basic equipment and emergency drugs for the dental practice:

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Equipment

Oxygen in a portable E cylinder with a regulator that can be transported easily to any office location in which an emergency may arise.

Supplemental oxygen delivery devices such as a nasal cannula, nonbreathing mask with oxygen reservoir and nasal hood

Bag-valve mask device with oxygen reservoir

Oropharyngeal airways (in multiple sizes to accommodate patients of every size)

Magill forceps

Automated external defibrillator (AED)

Stethoscope

Sphygmomanometer with multiple cuffs to accommodate patients of all sizes

Wall clock with second hand

Emergency Drugs

Oxygen

Epinephrine

Diphenhydramine

Nitroglycerine

Bronchodilator

Glucose

Aspirin

Aromatic ammonia

Dentists must know reflexively when, how and in what doses to administer these specific agents for life threatening situations. Equipment must be checked on a regular schedule and those checks must be documented. Emergency medications should be checked monthly, and replacements should be ordered for specific drugs before the expiration dates have passed. Any supplies used should be restocked immediately. These tasks should be part of the emergency action plan and staff assignments. Include documentation for reviewing, replacing and equipment checks in the emergency plan.

Addressing medical emergencies in the dental office setting relies on proper team education and a structured emergency plan. Implementation of training through hands-on education, mock drills and repetitive procedure practice can support a calm, organized and consistent approach if or when a medical emergency should occur in the practice. Using sample forms such as color-coded assignment roles for team members and a Premises Incident Report can ensure that necessary assignments are completed and documented properly.

Sample Forms

Log in to tdicinsurance.com to access these sample forms and other helpful resources:

- Health History Reference Guide
- Health History Form
- Premises Incident Report
- Adverse Occurrence Guide
- See below for sample assignment cards.

For expert guidance and answers to your questions, contact TDIC's Risk Management Advice Line at 877.269.8844, Monday through Friday, 8 a.m. to 4:30 p.m. PST.

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Team Member 1

- ☐ Assumes leadership role
- ☐ Positions the patient and stays with the patient
- ☐ Diagnoses the medical symptoms, issues or emergency
- ☐ Implements CABs of BLS or CPR
- ☐ Directs team members in a calm manner
- ☐ Administers any medications as appropriate

Team Member 2

- ☐ Stays with the patient
- ☐ Monitors the patient's vitals
- ☐ Assists with compressions
- ☐ Assists the dentist as directed

Team Member 3

- ☐ Retrieves AED (if applicable)
- ☐ Retrieves oxygen tank and attaches appropriate delivery system
- ☐ Keeps chronological log of events (vitals, medications, actions of team members and times)
- ☐ Takes vitals as directed

Team Member 4

- ☐ Activates 911
- ☐ Retrieves emergency kit, supplies and manual
- ☐ Meets EMS personnel at entrance and directs them to the scene
- ☐ Controls the environment, including other patients in the office
- ☐ Calls the patient's family or emergency contact if indicated

SAMPLE LETTER

Patient continues to miss appointments

(Send by regular mail)

Date

Patient's name and address

Dear **(name of patient)**:

You have missed your appointment(s) scheduled on _____ **(date)** for _____ **(explain treatment needed)**. We have tried to contact you by phone to reschedule your treatment but have been unsuccessful to date.

The treatment plan we agreed upon requires regularly scheduled appointments. If you can not adhere to the schedule for the treatment plan, consequences may include, but are not limited to_____. **(List all consequences related to lack of treatment.)**

Please contact my office to reschedule and resume treatment by _____ **(date)**. If you have any questions or issues that are preventing you from keeping your appointments, please call us at _____.

Sincerely,

Signature
DENTIST'S NAME

COPY TO BE PLACED IN PATIENT'S CHART

[AS 7/2003]

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CONFIDENTIAL HEALTH HISTORY

Patient Name: _____ Date of Birth: _____

I. CIRCLE APPROPRIATE ANSWER (Leave blank if you do not understand the question)

1. Yes / No Is your general health good?
   If NO, explain: _____
2. Yes / No Has there been a change in your health within the last year?
   If YES, explain: _____
3. Yes / No Have you gone to the hospital or emergency room or had a serious illness in the last three years?
   If YES, explain: _____
4. Yes / No Are you being treated by a physician now? If YES, explain: _____
   Date of last medical exam? _____ Reason for exam: _____
   Primary Care Physician Name: _____ Phone Number: _____
5. Yes / No Have you had problems with prior dental treatment?
   If YES, explain: _____
   Date of last dental exam: _____ Name of last treating dentist: _____
6. Yes / No Are you in pain now?
   If YES, where and explain: _____

II. HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING? (Please circle Yes or No for each)

Yes / No Chest pain (angina)	Yes / No Blood in stools	Yes / No Frequent vomiting
Yes / No Fainting spells	Yes / No Diarrhea or constipation	Yes / No Jaundice
Yes / No Recent significant weight loss	Yes / No Frequent urination	Yes / No Dry mouth
Yes / No Fever	Yes / No Difficulty urinating	Yes / No Excessive thirst
Yes / No Night sweats	Yes / No Ringing in ears	Yes / No Difficulty swallowing
Yes / No Persistent cough	Yes / No Headaches	Yes / No Swollen ankles
Yes / No Coughing up blood	Yes / No Dizziness	Yes / No Joint pain or stiffness
Yes / No Bleeding problems	Yes / No Blurred vision	Yes / No Shortness of breath
Yes / No Blood in urine	Yes / No Bruise easily	Yes / No Sinus problems

Other: _____

III. HAVE YOU EVER HAD OR DO YOU HAVE ANY OF THE FOLLOWING? (Please circle Yes or No for each)

Yes / No Heart disease	Yes / No AIDS/HIV	Yes / No Psychiatric care
Yes / No Family history of heart disease	Yes / No Surgeries	Yes / No Osteoporosis
Yes / No Heart attack	Yes / No Hospitalization	Yes / No Thyroid disease
Yes / No Artificial joint: Type/ Date of surgery: _____		Yes / No Hepatitis
Yes / No Loss of hearing; full or partial	Yes / No Family history of diabetes	Yes / No Asthma
Yes / No Stomach problems or ulcers	Yes / No Tumors or cancer	Yes / No Diabetes
Yes / No Heart defects	Yes / No Sexually transmitted diseases	Yes / No Herpes
Yes / No Pacemaker: Date implanted: _____		Yes / No Heart murmur
Yes / No Chemotherapy	Yes / No Rheumatic fever	Yes / No Radiation
Yes / No Canker or cold sores	Yes / No Skin disease	Yes / No Arthritis, rheumatism
Yes / No Anemia	Yes / No Hardening of arteries	Yes / No Liver disease
Yes / No Emphysema or other lung disease	Yes / No High blood pressure	Yes / No Eye disease

Yes / No	Kidney or bladder disease	Yes / No	Seizures	Yes / No	Stroke
Yes / No	Transplants	Yes / No	Cosmetic surgery	Yes / No	Eating disorders
Yes / No	Tuberculosis	Yes / No	General Anesthesia	Yes / No	Conscious Sedation
Yes / No	Deep Sedation	Yes / No	Moderate Sedation	Yes / No	Mild/Minimal Sedation

Other: _____

IV. ARE YOU ALLERGIC TO OR HAVE YOU HAD A REACTION TO ANY OF THE FOLLOWING?

(Please circle Yes or No for each)

Yes / No	Aspirin	Yes / No	Valium or sedatives	Yes / No	Codeine or other opioids
Yes / No	Penicillin or other antibiotics	Yes / No	Latex	Yes / No	Food
Yes / No	Nitrous oxide	Yes / No	Local anesthetic	Yes / No	Metal
Yes / No	General Anesthesia	Yes / No	Sedation Anesthesia	Yes / No	Conscious Sedation

Others: _____

V. ARE YOU TAKING OR HAVE YOU TAKEN ANY OF THE FOLLOWING IN THE LAST THREE MONTHS?

(Please circle Yes or No for each)

Yes / No	Recreational drugs	Yes / No	Tobacco in any form	Yes / No	Antibiotics
Yes / No	Over-the-counter medicines	Yes / No	Alcohol	Yes / No	Supplements
Yes / No	Weight loss medications	Yes / No	Bisphosphonate (Fosamax)	Yes / No	Aspirin
Yes / No	Antidepressants	Yes / No	Herbal supplements		

Yes / No Opioids (e.g., Norco, Vicodin, Percocet, Percodan, Tramadol) If YES, please explain reason:

_____

Please list all prescription medications taken within the last 14 days: _____

_____

VI. WOMEN ONLY (Please circle Yes or No for each)

Yes / No Are you or could you be pregnant? If YES, how many months? _____

Yes / No Are you nursing?

Yes / No Are you taking birth control pills?

VII. ALL PATIENTS (Please circle Yes or No for each)

Yes / No Do you have, or have you had any other diseases or medical problems NOT listed on this form?
If YES, please explain: _____

_____

Yes / No Have you ever been pre-medicated for dental treatment? If YES, why: _____

Yes / No Have you tested positive for COVID-19?
If YES, date of positive test result: _____

Yes / No Are you experiencing any ongoing or lasting symptoms or effects as a result of exposure to Covid-19?
If YES, what are these symptoms or effects? _____

Yes / No Are you currently under the care of a physician or taking any medications for any of the conditions listed above?
If YES, please list _____

If patient answers "yes" to any of the questions above, consider seeking additional information from the patient regarding their symptoms and medications, prior to treatment.

Yes / No **Are there any issues or conditions that you would like to discuss with the dentist in private?**

The practice of dentistry involves treating the whole person. If the dentist determines that there may be a potentially medically compromised situation, medical consultation may be needed prior to commencement of dental treatment.

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I authorize the dentist to contact my physician.

Patient's Signature: _____ Date: _____

Physician's Name: _____ Phone Number: _____

Whom would you like us to contact in case of an emergency?):

Name: _____ **Relationship:** _____ **Phone Number:** _____

I certify that I have read and understand this form. To the best of my knowledge, I have answered every question completely and accurately. I will inform my dentist of any change in my health and/or medication. Further, I will not hold my dentist, or any other member of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form.

Signature of Patient (Parent or Guardian)	Date	Signature of Dentist	Date
_____	_____	_____	_____

MEDICAL UPDATES
I have reviewed my Health History and confirm that it accurately states past and present conditions.

DATE	PATIENT SIGNATURE	CHANGES TO HEALTH HISTORY	DENTIST INITIALS

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HISTORIA CLÍNICA CONFIDENCIAL

Nombre del paciente _____ Fecha de nacimiento: _____

I. MARQUE CON UN CÍRCULO LA RESPUESTA QUE CORRESPONDA (deje el espacio en blanco si no entiende la pregunta)

1. Sí / No En general, ¿goza de buena salud?
   Si la respuesta es NO, explique: _____

2. Sí / No En el último año, ¿ha habido algún cambio en su salud?
   Si la respuesta es Sí, explique: _____

3. Sí / No En los últimos tres años, ¿ha ido al hospital o a la sala de emergencias, o ha tenido alguna enfermedad grave?
   Si la respuesta es Sí, explique: _____

4. Sí / No En este momento, ¿lo está tratando un médico? Si la respuesta es Sí, explique: _____
   ¿Cuándo se realizó el último examen médico? _____ Motivo del examen: _____
   Nombre del médico de atención primaria: _____ N.° de tel.: _____

5. Sí / No ¿Ha tenido problemas con tratamientos dentales anteriores?
   Si la respuesta es Sí, explique: _____

   Fecha del último examen dental: _____ Nombre del último dentista de cabecera: _____

6. Sí / No En este momento, ¿siente dolor?
   Si la respuesta es SÍ, indique en qué parte y explique: _____

II. ¿HA PRESENTADO ALGO DE LO SIGUIENTE? (Encierre Sí o No en un círculo)

Sí / No Dolor torácico (angina de pecho)	Sí / No Sangre en las heces	Sí / No Vómitos frecuentes
Sí / No Desvanecimientos	Sí / No Diarrea o estreñimiento	Sí / No Ictericia
Sí / No Pérdida de peso significativa reciente	Sí / No Ganas de orinar frecuentes	Sí / No Sequedad de boca
Sí / No Fiebre	Sí / No Dificultad para orinar	Sí / No Sed excesiva
Sí / No Sudor nocturno	Sí / No Zumbido de oídos	
Sí / No Problemas para tragar	Sí / No Tos constante	Sí / No Dolores de cabeza
Sí / No Inflamación de tobillos	Sí / No Tos con sangre	Sí / No Mareos
Sí / No Dolor o rigidez articular	Sí / No Hemorragias	Sí / No Visión borrosa
Sí / No Problemas para respirar	Sí / No Sangre en la orina	
Sí / No Propensión a presentar hematomas	Sí / No Problemas sinusales	

Otro: _____

III. ¿TIENE O HA TENIDO ALGUNA DE ESTAS AFECCIONES/SITUACIONES? (Encierre Sí o No en un círculo)

Sí / No Cardiopatía	Sí / No Sida/VIH	Sí / No Atención psiquiátrica
Sí / No Antecedentes familiares de cardiopatía	Sí / No Cirugías	Sí / No Osteoporosis
Sí / No Infarto de miocardio	Sí / No Hospitalización	Sí / No Enfermedad tiroidea
Sí / No Articulaciones artificiales: Tipo/fecha de la cirugía: _____		Sí / No Hepatitis
Sí / No Pérdida total o parcial de la audición	Sí / No Antecedentes familiares de diabetes	

Sí / No Asma
Sí / No Problemas o úlceras estomacales
Sí / No Tumores o cáncer
Sí / No Diabetes
Sí / No Defectos cardíacos
Sí / No Enfermedades de transmisión sexual
Sí / No Herpes
Sí / No Marcapasos: Fecha del implante: _____
Sí / No Soplo cardíaco
Sí / No Quimioterapia
Sí / No Fiebre reumática
Sí / No Radiación
Sí / No Aftas o herpes labial
Sí / No Enfermedad cutánea
Sí / No Artritis y reumatismo
Sí / No Anemia
Sí / No Endurecimiento de las arterias
Sí / No Hepatopatía
Sí / No Enfisema u otra enfermedad pulmonar
Sí / No Presión arterial alta
Sí / No Enfermedad ocular
Sí / No Enfermedad de los riñones o la vejiga
Sí / No Convulsiones
Sí / No Accidente cerebrovascular
Sí / No Trasplantes
Sí / No Cirugía estética
Sí / No Trastornos alimentarios
Sí / No Tuberculosis
Sí / No Anestesia general
Sí / No Sedación consciente
Sí / No Sedación profunda
Sí / No Sedación moderada
Sí / No Sedación leve/mínima
Otras: _____

IV. ¿TIENE ALERGIA O HA TENIDO ALGUNA REACCIÓN A ALGUNO DE ESTOS PRODUCTOS?

(Encierre Sí o No en un círculo)

Sí / No Aspirina
Sí / No Valium o sedantes
Sí / No Codeína u otros opiáceos
Sí / No Penicilina u otros antibióticos
Sí / No Látex
Sí / No Alimentos
Sí / No Óxido nitroso
Sí / No Anestesia local
Sí / No Metal
Sí / No Anestesia general
Sí / No Anestesia con sedación
Sí / No Sedación consciente
Otros: _____

V. ¿CONSUME ALGUNA DE LAS SIGUIENTES SUSTANCIAS O LAS HA CONSUMIDO EN LOS ÚLTIMOS TRES MESES?

(Encierre Sí o No en un círculo)

Sí / No Drogas recreativas
Sí / No Tabaco de cualquier forma
Sí / No Antibióticos
Sí / No Medicamentos de venta libre
Sí / No Alcohol
Sí / No Suplementos
Sí / No Medicamentos para bajar de peso
Sí / No Bisfosfonato (Fosamax)
Sí / No Aspirina
Sí / No Antidepresivos
Sí / No Suplementos herbarios
Sí / No Opiáceos (p. ej., Norco, Vicodin, Percocet, Percodan, Tramadol) Si la respuesta es SÍ, explique el motivo:

_____

Enumere todos los medicamentos con receta que tomó en los últimos 14 días: _____

_____

VI. SECCIÓN PARA MUJERES ÚNICAMENTE (encierre Sí o No en un círculo)

Sí / No ¿Está o podría estar embarazada? Si la respuesta es SÍ, ¿de cuántos meses? _____
Sí / No ¿Está amamantando?
Sí / No ¿Toma anticonceptivos?

VII. SECCIÓN PARA TODOS LOS PACIENTES (encierre Sí o No en un círculo)

Sí / No ¿Tiene o ha tenido alguna otra enfermedad o problema médico que NO figure en este formulario?
Si la respuesta es SÍ, explique: _____

_____

Sí / No Alguna vez, ¿ha recibido medicamentos previo a un tratamiento dental? Si la respuesta es SÍ, explique:

_____

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Sí / No ¿Ha dado positivo para COVID-19?
Si la respuesta es SÍ, indique la fecha del resultado positivo: _____

Sí / No ¿Tiene algún síntoma o efecto continuo o duradero como resultado de la exposición a la COVID-19?
Si la respuesta es SÍ, ¿cuáles son estos síntomas o efectos? _____

Sí / No En la actualidad, ¿lo controla algún médico o toma algún medicamento para las afecciones mencionadas?
Si la respuesta es SÍ, indíquelos _____

Si el paciente responde "Sí" a alguna de las preguntas anteriores, antes del tratamiento, se recomienda solicitarle más información sobre sus síntomas y medicamentos.

Sí / No **¿Hay algún problema o afección que le gustaría comentar con el dentista en privado?**

La práctica de la odontología implica tratar a la persona en su totalidad. Si el dentista determina que puede existir un problema de salud desde el punto de vista médico, puede ser necesaria una consulta médica antes de iniciar el tratamiento dental.

Autorizo al dentista a comunicarse con mi médico.

Firma del paciente: _____ Fecha: _____

Nombre del médico: _____ Número de teléfono: _____

En caso de emergencia, ¿con quién quiere que nos comuniquemos?:

Nombre: _____ Parentesco: _____ Número de teléfono: _____

Certifico que he leído y comprendido este formulario. A mi leal saber y entender, he respondido todas las preguntas de forma completa y precisa. Informaré a mi dentista todo cambio en mi salud o en mis medicamentos. Asimismo, no responsabilizaré a mi dentista ni a ningún otro miembro de su personal por los errores o las omisiones que yo pueda haber cometido al completar este formulario.

_____	_____	_____	_____
Firma del paciente (del padre, la madre o el tutor)	Fecha	Firma del dentista	Fecha

ACTUALIZACIONES MÉDICAS
He revisado mi historia clínica y confirmo que expone con exactitud las afecciones pasadas y presentes.

FECHA	FIRMA DEL PACIENTE	CAMBIOS EN LA HISTORIA CLÍNICA	INICIALES DEL DENTISTA

Health History Guidelines

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Topics Covered

Best Practices
Emergency Contact Information
Confidentiality Restrictions
Sample Form

Introduction

The health history form is a tool that introduces the patient to the practice and contains valuable information to help the dentist safely treat the patient. The patient's interaction with the staff and dentist during the information-gathering process is just as important as the information included on the completed form. The process can set the tone for a positive patient experience for new patients as well as existing patients of record.

Implementing the following recommendations into your practice will help to establish stronger relationships with your patients, provide detailed, current information for diagnosis and treatment planning and provide the critical information you would need to take immediate action should a patient emergency occur.

Best Practices

Begin by ensuring you have a complete and accurate medical and dental health history for every new or active patient of record before any diagnosis or treatment takes place.

While the dentist may designate a staff member to assist with collecting a patient's completed forms, remember that you, as the dentist, are responsible for obtaining and maintaining patients' health history forms and reviewing them for accuracy.

The Dentist Insurance Company advises that the patient (or the legal guardian if the patient is a minor) review, update and sign a health history form at every appointment or at least every six months. Active patients should complete a new form every two years. When a minor patient reaches the age of majority or is considered a self-sufficient minor, they should complete a new form. New forms should be stored with the previous forms and all versions of the forms should be kept in the patient file.

Once the patient completes the form, the dentist should review it at the new patient visit and at every return visit in addition to reviewing the form prior to treatment.

Because a patient's health history is an essential piece of the patient record, no treatment should be performed prior to verifying a completed document is on file. Proceeding with treatment without a complete and updated health history creates significant risk for the patient. Review of the form should be an interactive process with the patient so that the dentist has the opportunity to address any concerns or questions about details disclosed on the form in addition to confirming that vital information was not omitted or overlooked.

When examining the form, note any conditions requiring premedication, history of infectious disease or illness, allergies and any tobacco, drug or alcohol usage. A medical history should record information pertaining to general health and appearance, systemic disease, allergies and reactions to anesthetics or medications.

When reviewing the completed form with the patient, ask questions about any areas that raise concerns, appear to be incomplete or lack sufficient detail. For example, in a list of current medications, you may see that the area listing the patient's physician was left blank. Write the clarifications on the form along with the date of the discussion. All treating providers who work with the patient should review the form. Once your review of the form with the patient is complete, you should also sign and date the form.

Health History Guidelines

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Emergency Contact Information

When inspecting a revised health history for any changes, be certain to ask the patient whether they have provided a current emergency contact and identified who they have authorized the dental provider to discuss their patient care with. The emergency contact may change over time, especially in the instance of a divorce or death of a spouse or family member. It is essential that this form contain accurate and current information.

Confidentiality Restrictions

Note that certain areas of medical information bear confidentiality restrictions. Federal and state laws already provide stronger protections for certain information.

- **Mental health records:** The HIPAA Privacy Rule requires a covered entity to obtain a patient's authorization prior to a disclosure of psychotherapy notes for any reason, including a disclosure for treatment purposes to a health care provider other than the originator of the notes.

  *A notable exception within the HIPAA Rule exists for disclosures required by other law, such as for mandatory reporting of abuse and mandatory "duty to warn" situations regarding threats of serious and imminent harm made by the patient. (State laws vary on whether such a warning is mandatory or permissible.)

- **Substance abuse information:** The release of drug and alcohol abuse records can occur without patient authorization only when pursuant to a court order (not a subpoena).

Remember that other applicable laws, e.g., state confidentiality statutes, or professional ethics may impose stricter limitations on sharing personal health information, particularly when the information relates to a patient's mental health.

Additional restrictions relating to other sensitive matters may apply for your state. For example, in California the release of HIV/AIDS status requires the written authorization of the patient that specifically authorizes disclosure of that status.

California also requires that pregnancy of a minor cannot be released to the parent or guardian without the minor's permission.

Sample Form

Locate the sample Health History form at tdicinsurance.com/Manage-Risks/Sample-Forms.

If you have any questions or would like to discuss in more detail, contact the TDIC Risk Management Advice Line at 877.269.8844, Monday through Friday from 8 a.m. to 4:30 p.m. PST.

*This communication does not constitute and should not be considered a substitute for legal, financial or other advice provided by licensed professionals. For that, you must consult your own attorney, accountant or other professional advisor.

Informed Refusal: Recommendations to the treating dentist

Just as patients should know the risks, benefits, and alternatives of accepting a treatment recommendation, they should also know the potential consequences of refusing a proposed treatment or procedure (e.g., a patient who refuses a recommendation for evaluation or consultation regarding periodontal disease, must understand the potential for continued decline in their overall dental health, increased symptoms, inability to reverse resulting damage, bone loss and serious, potentially life-threatening infection).

All states impose a duty on dentists to obtain a patient's informed refusal whenever refusal holds potentially serious complications. Depending on the circumstances, dentists should be aware of continuing to treat when the patient's refusal jeopardizes the possibility for a successful outcome or the patient's health, in which case terminating care may be the only reasonable option. In any case, a patient's refusal should be thoroughly documented in the chart, along with the dentist's attempts to inform the patient of the consequences of refusal. A patient's refusal for treatment does not allow a dentist to practice below the standard of care (e.g., continued or repeated refusal to have diagnostic radiographs). Patients cannot consent to substandard care, but can refuse treatment recommendations.

If you use the attached informed refusal form, plan to evaluate the patient in a timely manner (3 months, 6 months, 9 months etc.) to ensure his or her oral health is not jeopardized by not receiving the recommended treatment.

If you experience issues with a patient(s) refusing necessary or recommended treatment, please call the Risk Management Advice Line at 877.269.8844. Analysts are trained to offer suggestions for these scenarios.

Informed Refusal

Patient Name: _____

Diagnosis: _____

Dr. _____has advised me that the following treatment **(describe the treatment)** _____

_____

_____

test, or evaluation needs to be performed on **(name of patient)** _____.

I have discussed with Dr. _____the risks, benefits, and alternatives of this treatment, test or evaluation. The consequences of no treatment, test or evaluation could lead to, but are not limited to: _____. I have had the opportunity to ask any questions I have regarding the treatment, test or evaluation. All of my questions have been answered to my satisfaction, and I hereby confirm that I do **not** want the treatment, test or evaluation.

I also understand that if refusing this treatment, test or evaluation could lead to a departure in the standard of care, Dr. _____may dismiss me from the practice.

_____ _____

Patient's or Legal Guardian's/Representative's Signature Date

_____ _____ _____

Witness' Signature Relationship Date

I have explained the nature, purpose, benefits, and alternatives of the proposed treatment, test or evaluation, as well as the risks and consequences of proceeding or not proceeding with the treatment, test or evaluation. I have answered all of the patient's questions, and I believe the patient/guardian/representative fully understands my answers and explanations.

_____ _____

Dentist's Signature Date

PLACE A COPY IN THE PATIENT'S CHART

Access to patient records and retention guidelines.

This resource provides a listing by state of requirements and regulations related to timelines for producing patient records and record retention.

Regulations regarding allowable fees for record duplication and the timelines to produce patient records vary by state. Ultimately, patients are entitled to a copy of their records. Dentists should not withhold patient records due to nonpayment of an outstanding balance, or record duplication fees. Awareness of and adherence to these requirements ensures that your practice remains in compliance. Not all states provide specific guidance or requirements, and these differences have been identified and outlined in this document.

For additional information, contact the TDIC Risk Management Advice Line at 877.269.8844, Monday through Friday, 8 a.m. to 4:30 p.m. PST.

Consultation Request for Dental Treatment

Immediate Reply Requested

To: _____

Physician's name | Physician's phone | Physician's fax | Physician's Email

From: _____

Dentist's name | Dentist's phone | Dentist's fax | Dentist's Email

Re: _____

Patient's name | Patient's date of birth

_____

Patient's signature authorizing exchange of information between dentist and physician | Date

Our mutual patient, _____, reports the following medical, history, condition(s), prior treatment(s) or prescription(s) and use of medication(s), which may warrant special consideration(s) for dental treatment(s):

_____

_____

Planned dental care, treatment(s) or operation(s) and medications (including Local Anesthesia type):

_____

_____

_____

Dentist's Signature | Date

For the Physician to complete:

1. Regarding information provided above, please confirm the diagnosis and any other related or relevant medical treatment(s), including medications for

   _____

   _____

2. Please note any other medical conditions, medications or concerns in relation to the medical care you have provided for _____ that I should consider when planning for his/her dental treatment? (Enter "none" if not applicable)

   _____

   _____

3. I have concerns about this patient's fitness for the planned dental treatment and request a consultation prior to treatment:

   _____

   _____

   (Please initial) Yes _____ No _____

_____

Physician's Signature | Best telephone number where I may be reached for consultation. | Date

****Please Return Completed form by Fax to:** _____

(Dentist's Fax Number)

Patient Request for Access to Records

California

[Dental Practice Name]
[Dental Practice address]
[City, State, Zip]
[Telephone number]

Instructions: Please complete and provide to the above dental practice. Applicable fees may be collected in advance. You may request a copy of this completed form. For questions or to make a complaint, ask to speak with the dental practice's privacy officer or submit it to us in writing.

Print patient's full name and date of birth:

Requested by: ☐ Patient ☐ Parent/legal guardian ☐ Personal representative of the patient

_____

Photo ID and other proof of representation may be required

If requestor is not the patient, print full name, address and telephone number of the requestor:

_____

_____

_____

I request: *(check one only; complete another form for each additional request)*

☐ Inspection of requested patient record within the next five business days.

☐ A copy of requested patient record.

☐ An electronic copy of requested patient record.

Electronic format requested: _____

(We can discuss an acceptable electronic format if the requested electronic format is not available at our practice.)

If copy is to be mailed, provide name and address of recipient:

_____

_____

_____

☐ Please send requested record via unencrypted email. I recognize that email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties.

Email address of the recipient: _____

☐ A written summary of requested patient record. I agree to pay in advance a fee in the amount of $ _____.

Describe the requested records, including the approximate dates of the records: _____

_____

Any and all information may be released including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as the patient has specifically provided below:

_____

_____

Is this copy necessary to submit an appeal to a public/government benefit program (for example, DentiCal or disability insurance)? ☐ Yes ☐ No

I hereby authorize this dental practice to release information contained in the health record of *(patient name)* _____ as described on this form.

Signature: _____

OFFICE USE ONLY

Date request received _____ Received by _____

Type of identification and documentation reviewed to verify requestor's status as parent, legal guardian or personal representative* of the patient:

_____

_____

_____

_____

* Guardian or conservator of the patient or beneficiary or representative of a deceased patient

☐ Date access was provided: _____

☐ Request denied. Date notice mailed: _____

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Premises Incident Report

Occasionally you may be alerted to an injury that has occurred to a patient or visitor within the office or in the area outside your office. A patient may fall when leaving or arriving at the office for reasons that could be weather related or due to a patient's physical limitations. Injuries can also occur when there is patient contact with dental equipment such as bumping into the overhead light or the arm of the x-ray head. It is important that you document the details of these events as soon as possible to ensure that the specifics are captured timely and while recollections of the event by witnesses have not been affected by the passage of time.

This report should **not** be contained in the patient chart if the individual involved is a patient. A separate file should be created for storing this report. A brief reference to the incident can be noted in the patient chart including the action taken, i.e. patient left the office under their own power or patient was transported to the hospital via ambulance.

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PREMISES INCIDENT REPORT

INCIDENT INFORMATION

Date: _____ Time: _____ ☐ AM ☐ PM

Location of incident: _____

Description of incident: _____

_____

_____

PATIENT/ CLAIMANT INFORMATION

Last name: _____ First name: _____

Age: _____ Sex: ☐ Male ☐ Female

If minor, was child supervised? ☐ Yes ☐ No

If no, explain: _____

_____

Address: _____

Telephone: Home: (_____)_____ - _____ Cell Phone: (_____)_____ - _____

Any assistive devices being used, i.e., walker, cane, wheelchair? _____

_____

Eyeglasses being worn? ☐ Yes ☐ No ☐ Unknown If yes, why? _____

EQUIPMENT/ INJURY

Was the patient/claimant injured by equipment/items within the office? _____

_____

What was the equipment/office item? _____

Has this been preserved for safekeeping and possible inspection? _____

If this was equipment, when was the item installed? _____

When was the equipment last inspected or serviced? By whom? _____

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WEATHER CONDITIONS

Weather conditions: _____

Walking surface conditions: _____

Incident reported when it occurred? _____

Who was incident reported to? _____

If no, how was it reported/when? _____

_____

Was the patient/claimant coming to or leaving the office? _____

_____

If patient was leaving, what treatment was rendered prior? _____

_____

INVESTIGATION

Was the site inspected immediately after the incident? ☐ Yes ☐ No

Time: _____ ☐ AM ☐ PM Inspected by: _____

Describe conditions at scene i.e., raining, snow, icy, etc.: _____

_____

Were any photos or video taken of the area in question? ☐ Yes ☐ No ☐ Unknown If yes, by whom? _____

Was the injured person taking medication? ☐ Yes ☐ No ☐ Unknown If yes, why? _____

_____

How did the office become aware of the incident? i.e., staff personally witnessed another patient, passerby, etc. _____

_____

_____

Were there any obvious signs of an injury? _____

_____

Was the injured person taken to medical facility? ☐ Yes ☐ No

If yes, where? _____

How were they transported? (name of agency) _____

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ADDITIONAL INFORMATION

Did the patient/claimant make any statements i.e., I didn't see the steps, these shoes are too loose for me, etc.? _____

_____

_____

_____

WITNESSES

Name: _____ Address: _____

Phone: _____ Comments: _____

Name: _____ Address: _____

Phone: _____ Comments: _____

SIGNATURES

Report completed by: _____ Signature: _____

Date completed: _____

Disclaimer: This document is created in anticipation of litigation.

SAMPLE REFERRAL LETTER
REFERRING PATIENT FOR EVALUATION AND/OR TREATMENT

Date

(Doctor's name)
Address

RE: (Patient's name)

Dear Dr. _____:

I am referring _____ (patient's name) to your office for: _____. This patient should be seen:

- ☐ Immediately
- ☐ Within a week
- ☐ On your first available appointment
- ☐ Not later than _____

Patient's chief complaint: _____

My diagnostic findings: _____

_____

_____

Factors to consider: _____

_____

_____

For your reference:

Radiographs:

- ☐ Were not taken
- ☐ Are enclosed dated _____
- ☐ Will be sent by e-mail
- ☐ Have been ordered

Photos:

- ☐ Were not taken
- ☐ Are enclosed dated _____
- ☐ Will be sent by e-mail

Models:

- ☐ Were not taken
- ☐ Are enclosed dated _____

Please return the enclosed form noting your assessment/findings, along with any treatment recommendations, to our office, as well refer the patient back to us. Should you have any questions or would like to discuss the treatment plan, I can be reached at _____.

Sincerely,

Signature
DENTIST'S NAME

cc: Patient

(PLACE A COPY IN THE PATIENT'S CHART)

SAMPLE REFERRAL REPLY LETTER
SUMMARY OF FINDINGS AND/OR TREATMENT

Date

(Referring dentist's name)
Address

RE: (Patient's name)

Dear Dr. _____:

I saw_____ (patient's name) in my office on _____(date). Below are the results of my evaluation:

Patient's chief complaint: _____
_____

Clinical findings: _____
_____

Assessments: _____
_____

Treatment objective: _____
_____

Proposed treatment plan (to include treatment phases and anticipated timeline): _____
_____
_____

For your reference:

Radiographs:
- ☐ Were not taken
- ☐ Are enclosed dated _____
- ☐ Will be sent by e-mail
- ☐ Have been ordered

Photos:
- ☐ Were not taken
- ☐ Are enclosed dated _____
- ☐ Will be sent by e-mail

Models:
- ☐ Were not taken
- ☐ Are enclosed dated _____

Thank you for the referral. If you have any questions or would like to discuss the treatment, please contact me at _____.

Sincerely,

Signature
DENTIST'S NAME

cc: Patient

(PLACE A COPY IN THE PATIENT'S CHART)

SAMPLE LETTER TO PATIENT
SUMMARY OF TREATMENT FINDINGS AND TREATMENT PLAN

Date

Patient's name
Address/Phone number

Dear _____ (Patient's name):

This letter is an overview of treatment recommendations outlined by the specialist(s) to whom I referred you.

Your dental condition: _____

Your general treatment plan is: _____
_____
_____

The specifics of your treatment plan are as follows:
As your general dentist, I will be providing the following care: _____
_____
_____

Treatment sequence and projected timeframe of other provider(s): *(Please provide a summary of the proposed treatment for <u>each</u> provider involved.)*

Dr. _____ (name and specialty)

Treatment plan or procedure(s): _____
_____

Anticipated timeline: _____
_____

Scheduling sequence: _____
_____

Your responsibilities are:

1) Make and keep all appointments with all dental care providers as recommended.
2) Advise your dental care providers of any change in your health status.
3) Follow all pre and post treatment instructions.
4) Continue regular general dental consultations and/or examinations and/or radiographs as recommended, but at least every _____ months.

Your dental care team will review your treatment plan. Enclosed is a copy of all proposed treatment plan(s). By keeping routine appointments and notifying us of any changes, you contribute to a successful treatment outcome. In the event that you have questions or decide not to pursue with the treatment(s) outlined above, contact me immediately at _____.

Sincerely,

Signature
DENTIST'S NAME

cc: Specialist(s)

(PLACE A COPY IN THE PATIENT'S CHART)

Shaping a Safe Future: Optimizing Care with Patient Education and Team Training

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Links and resources mentioned during the presentation:

Access to Patient Records and Retention Guidelines
State Specific considerations for access to patient records and retention guidelines.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides

Addressing Medical Emergencies in the Dental Office
Helpful tips and best practices for addressing medical emergencies in the dental practice.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides

Adverse Occurrence Guide
Reporting requirements for a licensee to report adverse occurrences or events.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides

Authorization for Release of Dental Records
Form for patient to authorize release of records to another dentist, physician or authorized representative.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Consent to Use or Disclose Patient Health Information
Form and recommendations for obtaining consent to disclose patient health information to a third party.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Consultation for Dental Treatment
Form for a mutual patient's physician to confirm medical condition diagnosis and/or fitness for treatment.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Documentation Requirements for Sedation
Documentation requirements for when sedation is administered to patients.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides

Failed Appointment Letter
Sample letter to a patient who continues to miss dental appointments to address needs and consequences.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Health History Form
Sample form for capturing a patient's health and medical concerns.

10 different languages
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms/PID/718/SearchID/729/cfs/True?sscfid_13=health+hisltory

Health History Guidelines
Best practices and considerations for intake, review, and updates to health history forms.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides/PID/705/SearchID/708/cfs/True?sscfid_5=health%20history

Informed Consent Forms
Informed consent is more than just a form. It's a dialogue between you and your patient about treatment risks, benefits, alternatives and likelihood of success. Use these multilingual forms to support documenting those dialogues.

- Downloadable forms - your policyholder benefit
- 16 common dental procedures
- 10 different languages
  https://www.tdicinsurance.com/Manage-Risks/Informed-Consent

Informed Refusal
Form and recommendations for documenting a patient's refusal of a test or treatment.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Patient Dismissal Letter
Risk Management analysts offer assistance with patient dismissal letters. *Contact the Advice Line for support.*
https://www.tdicinsurance.com/Manage-Risks/Advice-Line

Premises Incident Report
Form for documenting injuries involving patients or visitors inside or outside the practice.
https://www.tdicinsurance.com/Manage-Risks/Reference-Guides

Referral Letters (set of three)
A set of sample letters for referring a patient, referral replies or findings and a patient summary.
https://www.tdicinsurance.com/Manage-Risks/Sample-Forms

Claims Reporting and Advice
TDIC Risk Management Advice Line, for policyholders and CDA member dentist. **877.269.8844**, or schedule a 30-minute consultation
www.tdicinsurance.com/advice-line

ADA/External resources:
ADA: Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure
https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/dental_radiographic_examinations_2012.pdf?rev=fd33893f4d634cbaab92733c2313c354&hash=45F728CEF900B5B654539635A9147AA9

ADA: Link to Periodontitis resources and to buy pamphlets at the ADA Store
Periodontitis | American Dental Association (ada.org)

ADA Documentation Guidelines
What and How to Write, or Change, in the Dental Record | American Dental Association (ada.org)

American Heart Association: Understanding Blood Pressure Readings
Understanding Blood Pressure Readings | American Heart Association CPR & First Aid