



# DENTAL MEDICAL EMERGENCIES

**FRIDAY  
10/28/22**

## MULTIPLE ATTENDANCE OPTIONS:

**PART 1** (attend via Webex or via videoconference)

**PARTS 1 & 2** (attend on-site only at MAHEC)

### EARLY FEES AVAILABLE THROUGH 10/21/2022

#### Part 1    Parts 1 & 2

**\$90.00 \$175.00** Dentists

**\$60.00 \$100.00** Hygienists and Assistants

**\$54.00 \$90.00** Community College Allied Dental Faculty

**FREE    FREE** MAHEC Employees (must register to attend)

**You may register for Part 1 alone (live webinar), or Parts 1 & 2 together (on-site), but not Part 2 alone.**

[CLICK HERE  
TO REGISTER](#)

### PART 1 (via Webex or via videoconference)

**DATE** Friday, October 28, 2022

**REGISTRATION** 8:30 am–9:00 am

**PROGRAM** 9:00 am–12:15 pm

### PARTS 1 & 2 (on-site only at MAHEC)

**LOCATION** **MAHEC Simulation Center**  
Mary C. Nesbitt Biltmore Campus  
119 Hendersonville Rd  
Asheville, NC 28803

**DATE** Friday, October 28, 2022

**REGISTRATION** 8:30 am–9:00 am (light breakfast provided)

**PROGRAM** 9:00 am–4:15 pm (lunch provided)

*MAHEC assumes permission to use audio, video, and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.*

## DESCRIPTION

### How well prepared is your office for medical emergencies?

This lecture/discussion and case-based afternoon lab activity is designed to review basic principles of reducing risk factors; identifying signs and symptoms; and rendering fast, effective treatment for selected emergency situations.

Topics include syncope, orthostatic hypotension, aspiration of foreign object, allergic reactions, hypertension, diabetic reactions, seizure disorder, and cardiac emergencies.

**Again this year:** those who are attending the entire day on-site live at MAHEC (Parts 1 & 2 together) will participate in afternoon labs in the MAHEC Simulation Center. Lab slots are limited—register early!

- **Part 1** (3 hours) meets the CE requirement for “a 3-hour course in dental office emergencies” for DA II training per the NCBDE rules, and those dental auxiliaries involved in sedation procedures per 21 NCAC 16Q .0207 (e)(5), 21 NCAC 16Q .0305 (e)(5), and 21 NCAC 16 Q .0407 (e)(5).
- **Parts 1 & 2 together** (6 hours total) meet the annual continuing education requirement in dental office medical emergencies for limited supervision hygienists per NCSBDE Rule 21 NCAC 16Z .0101 (a)(5) and (b)(1); and the CE requirement for sedation dentists per 21 NCAC 16Q .0207 (e)(1)(B), 21 NCAC 16Q .0305 (e)(1)(B), 21 NCAC 16 Q .0407 (e)(1)(B), 21 NCAC 16 Q .0501 (d)(1)(B), and 21 NCAC 16 Q .0501 (f)(2).

**Please note:** you may register for Part 1 alone (live webinar), or Parts 1 & 2 together (on-site only), but not Part 2 alone.

If only attending the 3-hour Part 1, then must attend via live webinar; If attending all day (Parts 1 & 2), then must be on-site at MAHEC.

Additionally, upon request, MAHEC can video conference the Part 1 webinar to groups of attendees at host sites (health departments or hospitals) in the MAHEC service region—contact [rosalyn.wasserman@mahec.net](mailto:rosalyn.wasserman@mahec.net) to request a group video conference option.

## AUDIENCE

Dental Healthcare Providers

[f](#) **MAHECED** [t](#) **MAHECwnc** [i](#) **mahec.education**

## PART 1 AGENDA *(via Webex or via videoconference)*

8:30 am	Webinar Login
9:00 am	<b>Dental Medical Emergencies Part 1:</b> <b>Lecture/Discussion</b> <i>(includes one 15min break)</i>
12:15 pm	Adjourn

## PARTS 1 & 2 AGENDA *(on-site only at MAHEC)*

8:30 am	Registration and Light Breakfast <i>(provided)</i>
9:00 am	<b>Dental Medical Emergencies Part 1:</b> <b>Lecture/Discussion</b> <i>(includes one 15min break)</i>
12:15 pm	Adjourn Part 1
12:15 pm	Registration and Lunch <i>(provided only for those attending Parts 1 &amp; 2 together)</i>
1:00 pm	<b>Dental Medical Emergencies Part 2:</b> <b>Simulation Center Experiential Scenarios</b> <i>(includes one 15-min break)</i>  Includes the following (4) 30-minute Simulation Scenarios in groups of up to 15 participants: <ol style="list-style-type: none"><li>1. Syncope and Hypoglycemia</li><li>2. Heart Attack &amp; Sudden Cardiac Arrest, including correct use of nitroglycerin</li><li>3. Airway Obstruction &amp; Hyperglycemia</li><li>4. Asthma Attack &amp; Allergic Reaction, including administration of oral meds and EpiPen</li></ol>
3:00 pm	Break
3:15 pm	All afternoon Simulation Center participants will gather in one room at the end of the scenarios for a 15-minute demo on Naloxone Administration, plus: <ul style="list-style-type: none"><li>• Case-based Discussions</li><li>• Simulation Scenario Debriefs</li><li>• Final Lecture/Discussion</li></ul>
4:15 pm	Adjourn Part 2

## OBJECTIVES

**Upon completion of this activity, participants will be able to:**

- Evaluate the effectiveness of your current state of preparation for common dental office emergencies and develop a more effective plan for handling these occurrences
- Explain the importance of the following factors in preventing and managing an emergency situation: patient's medical history, patient's vital signs, portable oxygen tank and adjunct supplies, and emergency kit
- Describe the etiology, symptoms, and preferred treatment for several dental office emergencies

**For those attending on-site at MAHEC all day, including the afternoon simulation lab sessions during Part 2:**

- Demonstrate appropriate responses in demo case-based scenarios of common dental office emergencies

## FACULTY

**Karen Ledford Schwabenlender, RDH, BS**, is a graduate of Central Piedmont Community College's Dental Hygiene Program. She also holds a Bachelor of Science degree from Pfeiffer University, where she specialized in Healthcare Management. Karen has been an adjunct clinical professor for the University of North Carolina in Chapel Hill, served on the Young Dental Advisory Panel, and written book reviews for the "Journal of Dental Hygiene."

**Katie Neligan, MSN, RN, CNL, PCCN**, is the RN Refresher Coordinator and a Simulation Educator/Planner in the Department of Continuing Professional Development at MAHEC in Asheville, NC.

## DIRECTIONS

**MAHEC Mary C. Nesbitt Biltmore Campus**  
**119 Hendersonville Road, Asheville, NC 28803**

**I-40 E:** Take Exit 50 and turn left onto Hendersonville Road.

**I-40 W:** Take Exit 50B and merge onto Hendersonville Road.

At the first light, turn left into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn right and go up that driveway to the MAHEC Biltmore Campus.

**19-23 (I-26):** Take 240 East to Exit 5B (Charlotte St). Exit right onto Charlotte St. At the 4th light, make a left onto Biltmore Ave. Proceed through 8 lights. At the 9th light, turn right into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn up that driveway to the MAHEC Biltmore Campus.

### HAVE A QUESTION?



### Special Services

#### Program Planner

Rosalyn Wasserman, PT, DPT  
828-257-4437 | [rosalyn.wasserman@mahec.net](mailto:rosalyn.wasserman@mahec.net)

#### Registration Phone

828-257-4475

#### Email

[registration@mahec.net](mailto:registration@mahec.net)

#### Registration Fax

828-257-4768

#### Mail

MAHEC Registration  
121 Hendersonville Road  
Asheville, NC 28803

#### Online Registration

[www.mahec.net/cpd](http://www.mahec.net/cpd)

## CREDITS

### ADA CER.P® | Continuing Education Recognition Program

The North Carolina Health Education Centers (NC AHEC) are an ADA CER.P Recognized Provider. ADA CER.P is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CER.P does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

NC AHEC designates this activity for up to **3.0 hours (Part 1) or 6.0 hours (Parts 1 & 2)** of continuing education credits.

Disclosure Statement/Conflict of Interest: In accordance with the ADA CER.P Standard V, everyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests and this information will be made available to participants at the start of the activity. As a continuing education provider, MAHEC—as part of NC AHEC—is responsible for ensuring the content, quality, and scientific integrity of all continuing dental education activities for which credit is provided. MAHEC is also responsible for taking steps to protect against and/or disclose any conflict of interest of the faculty/instructors presenting those courses.

**CEUs:** MAHEC designates this live continuing education activity as meeting the criteria for **0.3 CEUs (Part 1) or 0.6 CEUs (Parts 1 & 2)** as established by the National Task Force on the Continuing Education Unit.

**Contact Hours:** MAHEC designates this live continuing education activity as meeting the criteria for **3.0 contact hours (Part 1) or 6.0 contact hours (Part 1 & Part 2)**.

## REGISTRATION

Event fees include administrative costs and educational materials. If your registration is received after the early registration deadline, the total fee will be the registration fee + \$15.00.

MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Registrations that are received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.

Unless otherwise noted in course materials, the following cancellation policy applies to all programs:

- Cancellations must be in writing (via fax, email, or mail)
- Cancellations received more than 2 weeks prior to the event will receive 100% refund
- Cancellations received between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee
- No refunds or credits will be given for cancellations received less than two full business days prior to the event
- No vouchers will be issued in lieu of a refund
- Transfers/substitute(s) are welcome (please notify us in advance of the program)



# DENTAL MEDICAL EMERGENCIES

**FRIDAY**  
**10/28/22**

## MULTIPLE ATTENDANCE OPTIONS:

**PART 1** (attend via Webex or via videoconference)

**PARTS 1 & 2** (attend on-site only at MAHEC)

## ATTENDANCE & FEES

**Please Note:** You may register for Part 1 alone (live webinar), or Parts 1 & 2 together (on-site only), but not Part 2 alone.

### OPTION 1: Part 1 Only (via Webex or via videoconference)

#### Dentists

☐ \$90.00 ☐ \$105.00 if paying after 10/21/2022

#### Hygienists & Assistants

☐ \$60.00 ☐ \$75.00 if paying after 10/21/2022

#### Community College Allied Dental Faculty

☐ \$54.00 ☐ \$69.00 if paying after 10/21/2022

#### MAHEC Employees

☐ Free

**I will attend** ☐ via Webex ☐ via videoconference\*

\*MAHEC has the ability to provide videoconference for Part 1 to certain satellite locations in the MAHEC region. Please contact the program planner, Rosalyn Wasserman, to arrange a videoconference.

Videoconference location: \_\_\_\_\_

### OPTION 2: Parts 1 & 2 Together (on-site only at MAHEC)

#### Dentists

☐ \$175.00 ☐ \$190.00 if paying after 10/21/2022

#### Hygienists & Assistants

☐ \$100.00 ☐ \$115.00 if paying after 10/21/2022

#### Community College Allied Dental Faculty

☐ \$90.00 ☐ \$105.00 if paying after 10/21/2022

#### MAHEC Employees

☐ Free

**Meal Preference** ☐ Vegetarian ☐ Gluten-free ☐ Vegan

**Send completed registration to:** MAHEC Registration  
121 Hendersonville Road, Asheville, NC 28803

**Fax completed registration to:** 828-257-4768

## REGISTRATION FORM

☐ Updated contact information Event #68008

**Name** \_\_\_\_\_

**Credentials** \_\_\_\_\_

**PIN #** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (4 digits of your choosing that you will use each time you register)

**Occupation** \_\_\_\_\_

**Email Address** \_\_\_\_\_

*Program announcements will be sent to your email unless you opt out from receiving MAHEC emails.*

*We never share our mailing lists.*

☐ Please remove me from the MAHEC mailing list

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **ZIP** \_\_\_\_\_

**Home County** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Department** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **ZIP** \_\_\_\_\_

**Work County** \_\_\_\_\_

*Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.*

☐ Check is enclosed ☐ Credit card information below

☐ Visa ☐ MasterCard ☐ Discover Card ☐ AmEx

**Account #** \_\_\_\_\_

**Expiration Month/Year** \_\_\_\_\_ / \_\_\_\_\_

**Verification Code** \_\_\_\_\_ (3 or 4-digit number)

**Name on Card** \_\_\_\_\_

**Signature** \_\_\_\_\_