CDSBC College of Dental Surgeons of British Columbia

CDSBC Committee Report to Board
For Public Agenda

Submitted by
Sedation & General Anaesthetic Services Committee

Submitted on
24 May 2019

Issue
Inspection of non-hospital ~~parenteral~~ moderate sedation facilities

Authority
Moderate Sedation Services in Dentistry (Non-Hospital Facilities) Standards and Guidelines

Analysis
The Minimal and Moderate Sedation Standards and Guidelines call for facilities in which moderate ~~parenteral~~ sedation is administered to be inspected periodically. The proposed inspection process for non-hospital ~~parenteral~~ moderate sedation facilities was created by a subcommittee and analyzed and approved by the Sedation and General Anaesthetic Services Committee.

Recommendation

That the Board approves the proposed framework for the inspection process for non-hospital ~~parenteral~~ moderate sedation facilities.

Attachments

Proposed Authorization Process for Non-Hospital ~~Parenteral~~ Moderate Sedation Facilities

Self-Assessment for Non-Hospital ~~Parenteral~~ Moderate Sedation Facility

On-Site Inspection of Non-Hospital ~~Parenteral~~ Moderate Sedation Facilities

Application for Non-Hospital Sedation Facility Inspector

Manual for the Authorization of Moderate Sedation Facilities

CDSBC College of Dental Surgeons of British Columbia

Proposed Authorization Process for Non-Hospital ~~Parenteral~~ Moderate Sedation Facility

1. **Implementation**
   - Facilities currently providing sedation are already following the guidelines. The remaining task for them to complete is to submit the application, along with an applicable fee to initiate the inspection process.
   - CDSBC would issue a "Provisional Authorization" to provide moderate sedation and the facility will carry on until their initial onsite inspection.
   - The Committee reviews the inspector's report and issues "Full Authorization" to the facility once all deficiencies have been rectified.

2. **Onsite Inspection**
   - The onsite inspection of the ~~parenteral~~ moderate sedation facilities will be conducted every 4 years.
   - CDSBC would remind the owner of upcoming inspection, 6 months prior to the expiry of the Certificate of Inspection.
   - CDSBC will arrange inspections and schedule inspection dates with facilities
   - The inspector bills CDSBC for a set/predetermined amount.
   - CDSBC reserves the right to inspect any facility at anytime.
   - The sedation dentist(s) must be personally present for an onsite inspection.

3. **Authorization to Provide ~~Parenteral~~ Moderate Sedation**
   - Each sedation facility granted Full Authorization will receive a Certificate of Inspection.
   - It is the responsibility of the facility owner(s) to submit Annual Self-Assessment in a timely manner before its due date. CDSBC will send courtesy reminders

4. **Inspectors for Non-Hospital ~~Parenteral~~ Moderate Sedation Facility**
   - Inspector must be a dentist with Full Registration with CDSBC.
   - Inspector with current experience of providing General Anesthesia, Deep Sedation and/or Moderate Parenteral Sedation can conduct inspections for Parenteral Moderate Sedation Facilities.
   - Currency of sedation practice requirement: At least 25 sedation cases per year.

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Draft - ANNUAL SELF-ASSESSMENT FOR SEDATION AND/OR GENERAL ANAESTHESIA FACILITIES

To obtain facility authorization the following attestation must be completed by the facility owner and submitted along with the required documentation. The criteria described in these forms are defined in the Standards & Guidelines for Sedation and General Anaesthesia that are available on the CDSBC website.

Facility Name: _____

Facility Owner(s): _____

Facility Address: _____

Contact Email and Phone : _____

Date of Submission: _____

Mobile Provider ☐ Yes ☐ No

If Mobile Provider:

Does mobile provider provide **all** drugs and equipment for sedation procedures ☐ Yes ☐ No

Please include facility drug list and/or biomedical reports for submission.

Section 1

Please confirm the following by checking (√) the adjacent box:

1. **Sedation/Anaesthesia Level Offered by Facility**

   ☐ Moderate Sedation

   ☐ Multiple Oral Sedatives

   ☐ Parenteral Moderate Sedation (benzodiazepine drug(s)) (Level 1) and/or (benzodiazepine with/without narcotic(s)) (Level 2)

   ☐ Deep Sedation

   ☐ General Anaesthesia

2. **Anaesthesia Team**

- ☐ The sedation and/general anaesthesia provider(s) has their qualifications registered with CDSBC

- ☐ All clinical staff have current BLS Provider or equivalent certificates

- ☐ There is a sufficient number of staff based on the current CDSBC Standards & Guidelines to ensure safe, effective patient care

- ☐ The Recovery Supervisor(s)* has/have the appropriate training/qualifications for the level of anaesthesia provided (i.e. recovery personnel are either registered nurses, physicians, dentists or DAANCE/OMAAP trained assistants; CDAs with CDAAC is acceptable only for moderate sedation)

- ☐ The facility has written protocols for emergency procedures (fire, earthquake, power failure, evacuation).

- ☐ The sedation team conducts mock emergency drills as stipulated in the Standards, and a logbook is kept.

- ☐ Each team member knows the contents and location of the emergency mobile kit/cart

*Note: Sedation assistant for Moderate Sedation and Deep Sedation need the same number of people.

3. Records

- ☐ Written pre-anaesthetic instructions are given to each patient or guardian

- ☐ Written informed consent is obtained from each patient or guardian for the anaesthetic and/or sedative agent

- ☐ Written and verbal post-operative instructions are provided to each patient and escort

- ☐ Complete and accurate record keeping procedures are followed

- ☐ The following items are recorded in the Pre-Anaesthetic Record:

  - ☐ patient demographics

  - ☐ signed and dated medical history questionnaire

  - ☐ pertinent physical findings

  - ☐ preoperative vital signs

- ☐ The following items are recorded on the Anaesthetic Record:

  - ☐ verification of NPO status, escort, medication allergies and body weight

  - ☐ IV access location and fluids administered (for parenteral moderate sedation, Deep, GA)

  - ☐ list of drugs administered, including time, dose, and route

- ☐ list of all monitors/appliances used
- ☐ blood pressure, ECG, capnography, pulse rate, respiration and oxygen saturation as per standards & guidelines
- ☐ start and end time of anaesthetic

☐ The following items are recorded on the Recovery Room Record:

- ☐ initial and periodic record of blood pressure, pulse rate, oxygen saturation, respiration, level of consciousness and general status
- ☐ dose, time route, site, reason for administration and response to any administered medications
- ☐ verification of discharge criteria
- ☐ verification of provision of verbal and written post anaesthetic instructions
- ☐ identification of discharge time and accompanying responsible individual
- ☐ name and signature of responsible recovery personnel
- ☐ resuscitations, the transfer of a patient to a hospital and deaths are **immediately** reported to the Registrar of the College of Dental Surgeons of BC

4. Infection Control

- ☐ Universal precautions are used in handling all patient materials
- ☐ Staff consistently wash their hands between patient contacts
- ☐ IV bags, tubing and connectors are discarded between patients
- ☐ The same syringe is never used to administer medication to more than one patient, even if the needle was changed
- ☐ Sharp devices are handled properly and disposed of in dedicated puncture-resistant biohazard containers
- ☐ There is a policy and procedure for management of significant exposures

5. Recovery Area

- ☐ There are appropriately trained staff, in sufficient numbers, supervising patient recovery
- ☐ All recovering patients are visually monitored
- ☐ If a separate initial post-sedation recovery area is utilized, the practitioner administering the anaesthetic accompanies the patient to the recovery area and communicates information/ orders to recovery personnel

- ☐ Anaesthesiologist(s) remain available while patient is intubated and present when extubated (GA facilities)

6. Medical Gas Storage and Piping

- ☐ If the facility has a built-in or "in-wall" medical gas piping and distribution system, it has been inspected and met all relevant requirements from the CSA standards
- ☐ The facility has a sufficient main supply of oxygen to accommodate anaesthesia delivery to the expected range of daily patient flow
- ☐ A system is in place to designate who turns medical gases on and off each day

7. Patient Monitoring Equipment

- ☐ All emergency equipment and drugs are provided by either the facility owner or the visiting dentist/physician. **The shared provision of emergency equipment and drugs is prohibited.**
- ☐ All patient monitors are certified by an organization such as CSA that is accredited by the Standards Council of Canada to approve medical equipment, and the monitors bear the mark or label of the certifying organization
- ☐ All patient monitors are inspected and/or serviced at least annually
- ☐ Details of all inspections/servicing are kept in a logbook and available at all times
- ☐ Inspection/servicing is carried out by either a registered biomedical engineer or biomedical technologist/technician
- ☐ The defibrillator/AED is tested by the facility weekly with results kept in a logbook and available at all times
- ☐ All anaesthetic machines are inspected and serviced at least every six months
- ☐ Nitrous oxide equipment must have an appropriate scavenging system and be active whenever the equipment is in use.
- ☐ At least one of the facility's patient physiologic monitors (NIBP, HR, SaO_2, ECG has battery power backup
- ☐ A portable, battery powered emergency suction unit is immediately available to the sedation/recovery areas. The unit's charging status is checked weekly, with results documented in a logbook.
- ☐ Inspection/servicing is carried out by either a registered biomedical engineer or biomedical technologist/technician

8. Essential Airway Equipment

- ☐ Must have Bag-Valve-Mask devices readily available in both operating and recovery areas

☐ The essential airway equipment outlined in the guidelines are readily available

9. Sedation Drugs and Anesthesia Supplies

☐ Sedative drugs and anaesthesia supplies outlined in the guidelines are readily available

☐ Emergency equipment and drugs consolidated and stored in a well-organized, self-contained, mobile unit (cart or kit) at a centralized location that is readily available at all times

☐ Targeted substances (benzodiazepines, opioids) are kept in a securely mounted and locked cabinet

☐ The logbook is kept in the office at all times, in a secure location.

Any identified loss or theft is reported to Health Canada within 10 days.

☐ Intravenous Equipment and Supplies are available per the Standards & Guidelines (Appendix O)

10. Drug Control

☐ Drugs are clearly identified and stored in an appropriate manner

☐ Narcotic drugs and narcotic logbook are secured in protected storage

☐ Narcotic logbook is kept up-to-date with detailed records

☐ Narcotic access key records are kept up-to-date

11. Emergency Medications

☐ Emergency medications (and doses) outlined in the guidelines are readily available

I, _____, confirm and certify the above to be accurate and true.
(*Name of Responsible Dentist)*

_____ _____
Signature of Responsible Dentist Date

Section 2

Please submit copies of the following documents:

☐ Current sedation staff list (form attached)

☐ Current inspection and service records for all monitoring/emergency equipment, anaesthesia machines, the defibrillator/AED, and the medical gas pipeline system

☐ Current drug inventory, including expiry dates, dosage, and quantity

- ☐ Current BLS/ACLS/PALS certificates as required for all sedation staff members
- ☐ Certificate of Professional Conduct or screenshots of current registration standing from CPSBC website for registrants of CPSBC who provide sedation and/or general anaesthesia
- ☐ Hospital privilege for anaesthesiologists (if not, copies of BLS, ACLS and/or PALS, and Difficult Airway Management Course (every 3 years))
- ☐ Certified Dental Assistant Sedation Course Certificates (ie. DAANCE/OMAAP/CDAAC)

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ON-SITE INSPECTION OF NON-HOSPITALMODERATE SEDATION FACILITIES

Facility Name: _____

Facility Owner(s)_____

Facility Address: _____

Contact Email and Phone: _____

Mobile Provider:
☐ Yes
☐ No

Staff List Attached

<u>**Staff List**</u>

Please complete the following information for all full-time/part-time/temporary sedation staff in your facility.

1. Sedation and/or General Anaesthesia Providers in Your Facility
(Please only list each practitioner once at their highest level of sedation)

Name	**Class**	**Registration #**	**Credentials** **(Submit copies)**	**Level of Sedation Provided**
	☐ Dentist ☐ Physician		<u>Dentist</u> ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS <u>Physician</u> ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ Dentist ☐ Physician		<u>Dentist</u> ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS <u>Physician</u> ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ Dentist ☐ Physician		<u>Dentist</u> ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS <u>Physician</u> ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ Dentist ☐ Physician		<u>Dentist</u> ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS <u>Physician</u> ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ Dentist ☐ Physician		<u>Dentist</u> ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS <u>Physician</u> ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia

	☐ Dentist ☐ Physician		Dentist ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS Physician ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ Dentist ☐ Physician		Dentist ☐ BLS or equivalent ☐ ACLS ☐ [1]PALS Physician ☐ Hospital Privilege (or BLS, ACLS,[1]PALS, & [2]Difficult Airway Course) ☐ Screenshot of Online CPSBC Status or CPC ☐ General Practitioner Documents (i.e. GPA confirmation status letter)	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia

[1]Required if providing treatment/sedation/anaesthesia to patients 12 years old and younger.
[2]Course taken within last 3 years.

2. Sedation and/or General Anaesthesia Clinical Team Members

(Staff who are purely administrative, [i.e. receptionists who are not back-up CDAs] are not required to complete this section)

Name	Class	Role/Function	Credentials (submit copies)	Level of Sedation Assisted
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other _____ ___	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other _____	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other _____	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia

	☐ Other __________		☐ Evidence of CDA Registration	
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other __________	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other __________	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia
	☐ CDA ☐ Nurse ☐ Dentist ☐ [3]Operating Dentist ☐ Other __________	☐ Operative Assistant ☐ Moderate Sedation Assistant ☐ Deep Sedation Assistant ☐ Recovery Supervisor	☐ BLS or equivalent ☐ DAANCE/OMAAP ☐ CDAAC ☐ Evidence of Nurse Registration ☐ Evidence of CDA Registration	☐ Moderate (oral) ☐ Moderate (parenteral) ☐ Deep ☐ General Anaesthesia

[3]Operating Dentist: Dentist who provides dental treatment and sedation

1. MODERATE SEDATION TEAM	Yes	No
a. Are clinical staff's BLS certificates current?	☐	☐
b. Are only qualified dentists/physicians, as stipulated in the Standards & Guidelines, currently providing moderate sedation services?	☐	☐
c. Do the Moderate Sedation Assistants have the appropriate training/qualifications as stipulated in the Standards & Guidelines?	☐	☐
d. Do the Operative Assistants have the appropriate training/ qualifications as stipulated in the Standards & Guidelines?	☐	☐

2. RECORDS	Yes	No
a. Do the pre-sedation instructions include restrictions regarding pre-sedation food/fluids?	☐	☐
b. Is the pre-sedation informed consent consistent with the requirements of the Standards & Guidelines?	☐	☐
c. Does each pre-sedation record include areas for the provider to document the following:		
- patient demographics	☐	☐
- preoperative vital signs *(BP, pulse, respirations, SaO_2)*	☐	☐
- pertinent physical examination findings	☐	☐
d. Does each sedation record include areas for the provider to document the following:		
- verification of NPO status, escort, medication allergies and body weight	☐	☐
- intravenous access location and fluids administered	☐	☐
- list of all drugs administered including dose, time, and route of administration	☐	☐
- list of all monitors, airway devices used	☐	☐
- record of blood pressure, pulse rate, respirations, and oxygen saturation	☐	☐
- record of end-tidal carbon dioxide (with capnography) or record of using amplified, audible pretracheal stethoscope (audible output must be monitored/documented by more than one sedation team member)	☐	☐
- start and end time of anaesthetic	☐	☐

	Yes	No
e. Does the recovery record include areas for the provider to document the following:		
- Initial and periodic record of blood pressure, pulse rate, oxygen saturation, respiration, level of consciousness, and general status	☐	☐
- dose, time, route, site, reason for administration and response to any administered medications	☐	☐
- verification of discharge criteria	☐	☐
- verification of provision of verbal and written post anaesthetic instructions	☐	☐
- identification of discharge time and accompanying responsible individual	☐	☐
- name and signature of responsible recovery personnel	☐	☐
f. Do the post-sedation instructions include the following:		
- written instructions	☐	☐
- notice not to drive a vehicle or operate hazardous equipment for a minimum of 24 hours	☐	☐
- the procedure for accessing emergency care if necessary	☐	☐
g. Is a Resuscitation Record form kept with the defibrillator and or AED?	☐	☐
h. Does the Resuscitation Record include areas for the provider to document the following:		
- time of cardiac event	☐	☐
- respiratory management	☐	☐
- cardiac management	☐	☐
- name, dose, time, route of all drugs administered	☐	☐
- intravenous access and location	☐	☐
- type and amount of fluids administered	☐	☐
- name and signature of involved individuals	☐	☐

3. EMERGENCY PREPAREDNESS	Yes	No
a. Does the facility have an appropriate and documented action plan for the following:		
- power failure	☐	☐
- earthquake	☐	☐
- fire and evacuation	☐	☐
- transportation of an anaesthetized patient out of the facility	☐	☐
- transportation of patient to a hospital	☐	☐

	Yes	No
b. Does the facility have an appropriate and documented action plan for the following medical emergencies?		
- syncope	☐	☐
- asthma / bronchospasm	☐	☐
- anaphylaxis	☐	☐
- hypoglycemia	☐	☐
- seizure	☐	☐
- stroke	☐	☐
- cardiac arrest	☐	☐
c. Are emergency phone numbers readily available and posted at all facility telephones?	☐	☐
d. Is emergency equipment well organized and readily available?	☐	☐
e. Is the log book of emergency mock drills up to date, including the individuals present?	☐	☐

4. INFECTION CONTROL	**Yes**	**No**
a. Are sharp devices handled properly and disposed of in dedicated puncture-resistant biohazard containers?	☐	☐
b. Is there a policy and procedure for management of significant exposures?	☐	☐

5. TREATMENT AREAS	**Yes**	**No**
a. Do the operating and recovery area(s) meet the requirements of the Standards & Guidelines?	☐	☐
b. Are the surgical lights suitable for the treatment performed?	☐	☐
c. Is emergency lighting readily available?	☐	☐
d. Does the table/chair have sufficient accessories to anaesthetize, position and restrain the patient safely?	☐	☐
e. Does the table/chair permit Trendelenburg positioning?	☐	☐
f. Are electrical outlets accessible and adequate to accommodate all necessary equipment?	☐	☐

6. RECOVERY AREAS	Yes	No
a. Are patients able to be visually monitored by recovery staff?	☐	☐
b. Are electrical outlets accessible and adequate to accommodate all necessary equipment?	☐	☐
c. Is emergency lighting readily available?	☐	☐
d. Is there adequate room to allow for emergency care for a patient?	☐	☐
e. Are the following immediately available at each patient station:		
- oxygen	☐	☐
- suction	☐	☐
- bag-valve-mask device	☐	☐
- physiologic monitor, including pulse oximetry, with audible alarm and ECG	☐	☐

7. SUCTION	Yes	No
a. In the event of a central power failure, is a battery-powered portable suction unit readily available?	☐	☐
b. Is access to the central suction restricted to staff, by either a lock or prudent location?	☐	☐
c. Is the suction unit switch situated or protected so as to prevent accidental turn-off?	☐	☐

8. GAS STORAGE / PIPING	Yes	No
a. Are gas cylinders secured to the wall or floor or in a cylinder rack?	☐	☐
b. Does the facility have a sufficient main supply of oxygen to accommodate anaesthesia delivery to the expected range of daily patient flow?	☐	☐
c. Is there an alternate source of oxygen available (with gauge, regulator and wrench) in the event of central oxygen distribution failure	☐	☐
d. If the facility has a Medical Gas Pipeline System, does it have CSA certification?	☐	☐
e. Are all gas hoses, cylinders, flow-meters and control valves colour-coded?	☐	☐

f. Are the gas connectors non-interchangeable at all connection sites? ☐ ☐

g. Are there pressure gauges and alarms to show the status of the Medical Gas Pipeline System? ☐ ☐

h. Is inspection and service of the gas system provided by qualified personnel? ☐ ☐

i. Since receiving CSA Certification, have the gas pipelines been modified or changed? ☐ ☐

9. MONITORING EQUIPMENT	Yes	No
a. Does all medical electrical equipment bear the mark or label of a certifying organization such as CSA that is accredited by the Standards Council of Canada to approve electrical medical equipment?	☐	☐
b. Does the frequency of equipment inspection/testing/service meet requirement?	☐	☐
c. Are inspections/testing/service carried out by a registered biomedical engineer or biomedical technologist/technician?	☐	☐
d. Is there evidence that equipment deficiencies/repairs are promptly corrected/carried out?	☐	☐
e. Is the monitoring equipment inspection and service logbook up to-date?	☐	☐
f. Is the manual defibrillator and/or AED testing log book up- to-date?	☐	☐
g. Are the following devices/equipment available for each sedated patient:		
- System for monitoring blood pressure	☐	☐
- Pulse oximeter	☐	☐
- ECG monitor	☐	☐
- Capnography or amplified, audible pretracheal stethoscope	☐	☐
h. Is at least one battery-powered physiologic monitor available in the event of a central power failure?	☐	☐

10. NITROUS OXIDE/ OXYGEN DELIVERY SYSTEM (if applicable)	Yes	No
a. Does the nitrous oxide/oxygen equipment have a fail-safe system?	☐	☐
b. Does the nitrous oxide/oxygen equipment have an appropriate gas scavenging system?	☐	☐
c. Is the nitrous oxide/oxygen equipment periodically inspected as recommended by the manufacturer?	☐	☐

11. ESSENTIAL AIRWAY EQUIPMENT

	Yes	No
Are the following available?:		
- rescue airways (e.g. King Airway, LMA, or iGel), oropharyngeal airways, bag-valve-mask devices and facemasks in a selection of sizes appropriate to the expected range of patient age and size	☐	☐
- 100% oxygen source (2 E tanks available)	☐	☐
- Yankauer suction tip	☐	☐
- Stethoscope	☐	☐
- capnography monitoring system or pretracheal stethoscope (for pediatric patients)	☐	☐

12. ANAESTHESIA SUPPLIES

	Yes	No
Does the facility have an adequate supply of the following?:		
- administration set for adults	☐	☐
- administration set for children	☐	☐
- physiologic intravenous solution	☐	☐
- dextrose intravenous solution	☐	☐
- intravenous catheters	☐	☐
- needles	☐	☐
- syringes	☐	☐
- ECG monitoring electrodes	☐	☐
- defibrillator pads/paste	☐	☐
- lubricant	☐	☐
- tape	☐	☐
- patient padding	☐	☐
- puncture proof biohazard container	☐	☐

13. DRUG CONTROL

	Yes	No
a. Are drugs stored in an appropriate manner and clearly identified?	☐	☐
b. Are controlled drugs (benzodiazepines, opioids, ketamine) stored in a secure, locked cabinet?	☐	☐
c. Is the controlled drug log book locked in a secure location ?	☐	☐
d. Does the controlled substance logbook contain a record of administration date, administering doctor, patient name and a drug count / reconciliation that is signed and witnessed?	☐	☐
e. Are records kept detailing who has access to the narcotics key?	☐	☐

14. EMERGENCY MEDICATIONS	Yes	No
Are the following drugs available:		
- Acetylsalicylic Acid (1 small bottle)	☐	☐
- Atropine (6 ampoules of 0.6mg)	☐	☐
- Diphenhydramine or Chlorpheniramine (2 vials of 50mg)	☐	☐
- Epinephrine (4 vials of 1 mg/mL and 2 preloaded syringes of 0.1 mg/mL)	☐	☐
- Flumazenil (1 vial)	☐	☐
- Hydrocortisone Succinate (2 vials of 100mg)	☐	☐
- Naloxone (2 ampoules) (if narcotic is used)	☐	☐
- Nitroglycerine (1 spraypump)	☐	☐
- Salbutamol Inhalation Aerosol (1 inhaler)	☐	☐
- Supplemental glucose for oral use (2 sources)	☐	☐

15. ELECTRICAL SUPPLY	Yes	No
a. If power bars are utilized in direct patient care, are they hospital grade?	☐	☐
b. Do the receptacles in the patient care areas have a green dot on their face to identify them as hospital grade receptacles? (**NOTE**: The presence of receptacles that are not hospital grade does not affect accreditation, but the clinic should assure that whenever a receptacle needs to be replaced, the replacement is a hospital grade receptacle.)	☐	☐
c. Is the electrical panelboard located such that it can be easily accessed but only by the facility staff?	☐	☐
d. Does the panelboard index clearly identify which receptacles and equipment are controlled by each circuit breaker?	☐	☐
e. Are the receptacles in the patient care areas labelled with the corresponding panelboard and circuit breaker number?	☐	☐
f. Are receptacles that are within 1.5 meters of a sink protected with a Ground Fault Circuit Interrupter (GFCI)? (**NOTE:** Receptacles that provide power to equipment to which power should not be interrupted do not need GFCI protection.)	☐	☐
g. Are receptacles that are protected with a panelboard GFCI or feed-through GFCI labelled as such?	☐	☐

Inspector Recommendations

- ❑ Full Authorization
- ❑ Provisional Authorization
- ❑ Unacceptable for Authorization

Comments:

Name of Inspector:_____ College # : _____

Signature of Inspector:_____ Date: _____

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Phone 604 736 3621
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Fax 604 734 9448

CDSBC | College of Dental Surgeons of British Columbia

APPLICATION FOR NON-HOSPITAL SEDATION FACILITY INSPECTOR

Name of Dentist: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Active BC Dental License: Yes ☐ No ☐

CDSBC Full Registration Number: _____

SEDATION EXPERIENCE:

Dates	Location	Type of Anaesthesia	Number of Sedations Performed Annually

INSPECTION PROCESS:

Willing to participate in an initial training/calibration in the protocol for evaluating offices?	Yes ☐ No ☐
Willing to evaluate whether or not the sedation clinical staff and facility meets the requirements set out in the College's Standards & Guidelines, including the physical space, equipment, equipment maintenance, sedation and emergency medications, documentation, protocols, etc?	Yes ☐ No ☐
Willing to work closely with CDSBC personnel?	Yes ☐ No ☐
Agreed to submit the inspection report to CDSBC within 2 weeks of an inspection?	Yes ☐ No ☐
Agreed to participate periodic training or re-calibration as needed?	Yes ☐ No ☐
Agreed to maintain the highest ethical standards and confidentiality in regards to their work on behalf of the CDSBC?	Yes ☐ No ☐

TYPES OF INSPECTION:

Willing to conduct inspection for general anesthetic (GA) facilities?	Yes ☐ No ☐
Willing to conduct inspection for deep sedation facilities?	Yes ☐ No ☐
Willing to conduct inspection for moderate sedation facilities?	Yes ☐ No ☐

NOTE: Inspectors with current experience of providing GA services can conduct inspections for Moderate Sedation, Deep Sedation and GA facilities. Inspectors with current experience of providing Deep Sedation services can conduct inspections for Deep and Moderate Sedation facilities. Inspectors with current experience of providing Moderate Sedation services can ONLY conduct inspections for Moderate Sedation facilities.

GEOGRAPHIC AREA(S):

Willing to travel and conduct inspections in the Lower Mainland – Southwest Area of British Columbia? Yes ☐ No ☐

Willing to travel and conduct inspections in the Vancouver Island – Coast Area of British Columbia? Yes ☐ No ☐

Willing to travel and conduct inspections in the Cariboo – Prince George Area of British Columbia (Prince George, Williams Lake)? Yes ☐ No ☐

Willing to travel and conduct inspections in the Thompson – Okanagan Area of British Columbia (Kamloops, Kelowna)? Yes ☐ No ☐

Willing to travel and conduct inspections in the Kootenay Area of British Columbia (Cranbrook, Castlegar)? Yes ☐ No ☐

Willing to travel and conduct inspections in the Northeast Area of British Columbia (Fort St. John, Dawson Creek)? Yes ☐ No ☐

Willing to travel and conduct inspections in the Skeena – North Coast Area of British Columbia (Prince Rupert, Smithers)? Yes ☐ No ☐

I hereby certify that the above statements and information are true and correct to the best of my knowledge.

Dated this _____ day of_____, 20_____.

Name of Applicant:_____

Signature of Applicant: _____

CDSBC College of Dental Surgeons of British Columbia

Manual for the Authorization of Moderate Sedation Facilities

May 2019

Table of Contents

AUTHORIZATION OF NON-HOSPITAL MODERATE SEDATION FACILITIES

INTRODUCTION

Dental offices, clinics and facilities providing moderate ~~parenteral~~ sedation services independent of a hospital must have current authorization from the College of Dental Surgeons of British Columbia (CDSBC) or the College of Physicians and Surgeons of British Columbia (CPSBC). The authorization process is designed to ensure that the delivery of moderate parental sedation conforms to the CDSBC Standards and Guidelines document Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities) and any addenda, referenced below as “Minimal/Moderate Sedation Standards”. The issuance of an authorization is not, however, an endorsement of any particular facility, anaesthetic technique or practitioner.

Note: Facilities that are authorized to provide general anaesthesia or deep sedation services automatically meet the requirements for provision of moderate ~~parenteral~~ sedation and do not require a further authorization.

AUTHORIZATION CLASSIFICATIONS

Authorization status is determined by CDSBC's Sedation and General Anaesthetic Services Committee on the basis of the information provided in an application and by an inspector's summary report following a site visit to the facility.

Full Authorization

Full authorization is granted when the facility achieves or exceeds the minimum requirements outlined in the Standards & Guidelines. This status is valid for a period of four years from the date of the approval. When full authorization is granted following a provisional or unacceptable status recommendation, the term of the authorization is for the balance of the four year term calculated from the date of the original site visit.

Provisional Authorization

Provisional authorization is granted when it has been determined that the facility has deficiencies or weaknesses in one or more areas, but is still considered adequate to provide minimum standards of patient care. This status requires follow-up and in some cases may require an additional site visit, cost borne by the facility owner

Unacceptable For Authorization

This status is indicated when identified deficiencies or weaknesses are such that patient care is at risk. This status results in immediate cessation of moderate parenteral and/or oral sedation services in the facility. Once deficiencies have been corrected, the owner may apply for another site visit, cost borne by the facility owner.

ON-SITE INSPECTION

- An on-site inspection of each facility is required every four years
- Normally conducted during regular business hours
- The facility owner must be present for the inspection
- The inspector examines the following:
    - physical facility
    - staff qualifications
    - staff training
    - patient monitoring equipment and maintenance log
    - essential airway equipment
    - sedation drugs and administration supplies/equipment
    - emergency armamentarium
    - sedation protocols
    - emergency protocols
    - sedation forms and records
    - logs for management of controlled substances and mock emergency drills

Any weaknesses or deficiencies identified, inspectors may also offer suggestions that could lead to an improvement of the facility.

FACILITY INSPECTORS

Inspectors are dentists who undergo specific training regarding the inspection process. Inspectors must hold an active registration with CDSBC and be authorized to provide the level of sedation or higher. A roster of qualified inspectors is maintained by the College.

The inspector visits the site and is responsible for preparing a written summary report of their findings. CDSBC will coordinate the inspections.

Duties of Inspector

- Conduct a site inspection of the sedation facility
- Verify that the facility meets or exceeds the requirements outlined in the Standards and Guidelines
- Identify weaknesses and/or deficiencies to the facility owner
- Prepare a written inspection report

Conflict of Interest

It is important that both the owner and inspector ensure that there is no potential

conflict of interest between them that could jeopardize the integrity of the authorization process. Any concerns must be raised to the CDSBC before the inspection takes place.

Confidentiality

Confidentiality is an integral part of the authorization process. All documentation and discussions related to the site visit are confidential. Facility inspectors must sign a confidentiality statement.

INSPECTION PROCESS

The inspection report is based on the requirements set out in the Minimal/Moderate Sedation Standards and Guidelines. Weaknesses and/or deficiencies are specifically identified. The inspector may also offer suggestions which could lead to an improvement in the facility. However, the owner is under no obligation to implement these suggestions and the results of the site visit are not affected. The process is as follows:

- The inspection report is sent to the facility owner, who then reviews the report for factual accuracies and implements the required changes.
- The owner then provides a written response to the College to confirm resolution of any identified concerns, as well as any general comments.
- The inspection report and the facility owner's response are presented to the Committee for ratification. Following this review, the appropriate authorization status is granted, effective as of the date of Committee approval.

The Committee may accept or reject the recommendation of the inspector. If the committee is having difficulty accepting the recommendation, the Committee will advise the facility owner and will allow the facility owner to their view known to the Committee before a final decision is made.

Provisional Authorization

A facility that receives provisional authorization is required to correct the deficiencies identified in the inspection report or by the Committee. The facility owner then provides a written progress report outlining how the deficiencies have been addressed. A further site visit may be required. During this time, the facility can continue to provide sedation services.

Unacceptable for Authorization

In the situation where the Committee concludes that a facility is unacceptable for authorization, the owner will be so advised in writing and the facility must immediately cease the provision of moderate parenteral and/or oral sedation services until such time that provisional or full authorization is obtained. If the facility owner presents documentation concerning the rectification of deficiencies, which satisfies the Committee that patient safety is no longer jeopardized, the Committee will issue a provisional authorization to the facility. A further site visit may be required, and an additional inspection fee may be charged.

APPEAL PROCEDURE

In the event that anything less than full approval is granted by the Committee, the facility has the right to request reconsideration. A written request must be submitted to the College within a period of 30 days of the decision. In the event of a reconsideration request, the

authorization status at the time of the site visit remains in effect until the decision of the reconsideration.

APPLICATION FOR INSPECTION

Dental offices, clinics or facilities that wish to provide moderate parenteral and/or oral sedation services must first complete an Application for Facility Authorization and submit it to the College, along with the applicable fee as set of in CDSBC's fee guide. Facility inspection and authorization typically takes 6 - 8 months.

If you own a facility and intend to have another dentist or physician administer moderate parenteral and/or oral sedation, you must have your facility inspected and authorized by the College before administering sedation services.

If you intend to administer moderate parenteral and/or oral sedation to patients in a facility, you must confirm that the facility is authorized by the College, and you must have your qualifications registered with the College. To register your qualifications, please complete the Application for Registration of Qualifications and submit it to the College along with the applicable fee as set out in CDSBC's fee guide. Your application will be processed in 2 - 3months.

Note: The authorization process for moderate ~~parenteral~~ facilities will begin in 2020. The College recognizes that many facilities in the province are currently providing sedation services and that a transition phase will be required.

The authorization process for moderate sedation facilities will commence in 2019. The College recognizes that many facilities in the province are currently providing sedation services and that a transition phase will be required. The initial step for these "active" facilities is to submit an Initial Self-Assessment along with the applicable fee. Once self-assessment is reviewed by the Committee, the office will be informed of its facility status. The next phase of the inspection process would be the initial in-office inspections. Facility owners would be asked to submit an Application for Facility Authorization along with the inspection fee. The initial authorization of all facilities in BC is expected to take approximately 5 years.

SCHEDULING AN INSPECTION

The inspection of facilities intending to undertake moderate sedation is undertaken by qualified inspectors. A roster of qualified inspectors is maintained by CDSBC.

- The College will contact the owner of a facility that is requesting certification of their facility for the administration of moderate sedation
- The College will send out a reminder to the facility owner approximately who is renewing the authorization of a facility to undertake moderate sedation six months prior to the expiry of the authorization.
- The College selects an inspector and a date for the inspection.
- The College determines whether facilities with geographical proximity might be efficiently inspected during the same visit of the inspector to the locale.
- The facility owner confirms that no conflict of interest exists with the selected inspector and confirms the proposed date for inspection.
- The College schedules the inspection, coordinating the itinerary for the inspector with respect to transportation and accommodation (if required).

MAINTAINING AUTHORIZATION STATUS BETWEEN SITE VISITS

Continued authorization to provide sedation services during the four year period between site inspections is dependent upon successful submission of Annual Self-Assessment document (see below). An annual reminder is sent to the facility approximately two months prior to the anniversary date.

ANNUAL SELF-ASSESSMENT

An Annual Self-Assessment must be submitted to the College by the facility owner in order to maintain the facility's authorization status. The aim of the assessment is to help the owner regularly scrutinize the functioning and preparedness of their facility. Each Self-Assessment is evaluated by the Committee and any identified concerns are communicated to the owner for clarification and/or correction.

EMERGENCY MANAGEMENT

In the event of an emergency, dentists and staff members need to act quickly to safeguard themselves and their patients. Facility owners are expected to create an Action Plan for each of the following emergencies: fire, building evacuation, power failure and earthquake. Each plan must clearly outline each employee's duties/responsibilities, explain the management of patients/visitors, and include a procedure for accounting for all employees in the event of an evacuation. All employees should undergo initial training followed by periodic re-training. New facility employees should be made aware of the action plan.

NON – MEDICAL EMERGENCIES

1. FIRE

If a fire breaks out in the facility or if the building fire alarm goes off, you must prepare to evacuate. If the fire is within the facility, immediately call 911 to report it. If the facility is within an office building, elevators are not to be used. A pre-determined, designated outdoor meeting space is necessary to confirm that every employee has left the building.

The following is an example of a Fire Action Plan, which can be modified to suit the facility:

FIRE ACTION PLAN

Receptionist Actions:

- Stay calm
- Evacuate reception area(s)
- Use south stairwell (just outside office door) to exit building
- Other receptionist(s) report to treatment area(s) to assist with transfer of sedated and/or recovering patients
- Do not bring family/escorts into treatment area

Assistant Actions:

- Remain calm
- Turn off all gas cylinders
- Lock drug cupboards
- Gather portable patient monitor, portable suction unit, portable oxygen supply, portable emergency drug kit, portable light source and transfer blankets

Sedated patients:

- Stop treatment
- Suture/pack any surgical sites
- Consider reversing sedation medication(s)
- Maintain intravenous access
- Transfer patient to wheelchair/stretcher (if needed)
- Transfer patient to north stairwell, using transfer blanket if necessary, and exit building

Patients recovering from sedation:

- Accompany patients to north stairwell and out of building

Designated meeting place: Parking lot west of building

2. ELECTRICAL POWER FAILURE

In the event of a central power failure, the most important consideration is for the safety of patients undergoing sedation or those in post-sedation recovery. The Action Plan should focus on rapid initial assessment and subsequent re-assessment, since power outages can be either brief or prolonged.

The following is an example of an Electrical Power Failure Action Plan, which can be modified to suit the facility:

ELECTRICAL POWER FAILURE ACTION PLAN

- Stay calm
- Stop ongoing treatment
- Assistant to bring portable battery-powered suction, battery powered patient monitor (if applicable), and flashlight into sedation area
- Open all window blinds (if applicable)
- Recovering patients to be monitored by designated staff member
- Receptionist(s) to reassure patients/visitors
- Re-evaluate situation
- Discontinue sedation/treatment as needed

3. EARTHQUAKE

The Action Plan must mitigate the risk of injury to both patients and employees. Although the incidence/risk of an earthquake varies according to where in BC the facility is located, every office should be prepared. In situations where the earthquake is slight, there may be no disruption to services and evacuation is not required.

The following is an example of an Earthquake Action Plan, which can be modified to suit the facility:

EARTHQUAKE ACTION PLAN

- Stay calm
- Stop sedation/treatment
- Maintain intravenous access and monitor patient
- Remove any objects that could fall on sedated patient

"DROP, COVER, HOLD"

- **Drop** to ground. If feasible, move sedated patient with you.
- **Cover** your head with your hands. If possible, take cover under a sturdy table or counter
- stay away from windows and look away from windows
- **Hold** onto something. If it moves, move with it.
- Wait for shaking to stop
- Stay calm
- Expect aftershocks
- If you need to evacuate, follow fire evacuation protocol

MEDICAL / ANAESTHETIC EMERGENCIES

As stipulated in the Standards and Guidelines, the facility must have written plans for the management of medical/anaesthetic emergencies and must conduct mock emergency drills on a regular basis.

Mock Emergency Drills

The best approach to working mock drill training into your office schedule is to set aside regular, pre-determined time. This allows staff to look forward to and prepare for the drills as well as eliminate interruptions from patient-related matters.

- An opportunity to rehearse various office emergencies.
- An opportunity to Identify problems with equipment and/or protocols
- All staff must participate in mock emergency drills.
- Dentist is the team leader.
- An alternative leader is a good idea (in case the dentist is incapacitated).
- The facility should be empty.
- The emergency simulations should be conducted in a serious tone.
- A permanent log of dates, participants, and scenarios must bekept.

During Drills

- Participants must speak clearly and directly, with eye contact.
- Participants must use closed loop communication.
- Comments or suggestions are welcome.
- A pre-planned protocol for communicating with a 911 operator must be implemented.

Duties / Roles of Sedation Team Members

Person 1

- Directs team members
- Positions the patient
- Performs ABCs (Airway, Breathing and Circulation)
- Communicates clearly and calmly
- Promotes closed loop communication

Person 2

- Brings emergency kit / cart
- Brings portable oxygen
- Brings automated external defibrillator (AED)
- Monitors vital signs
- Assists with basic life support (BLS)

Person 3

- Calls 911
- Recorder
- Assists with BLS

Person 4

- Manages other patients
- Assists with BLS
- Meets and guides emergency medical services (EMS) crew

Debriefing following Drills

- Extremely valuable learning opportunity
- Complete debriefing immediately after the drill.

1. Situation

- When was the emergency detected?
- Was it unexpected or predictable?

2. Team

- Performance of team members should be assessed.

- Problems identified should be addressed.
- Modify roles requirements and/or assignments if necessary.
- Other changes can be implemented for improvement.
- Designate specific team member(s) to implement change(s)

3. Equipment

- Was the emergency kit in the designated location?
- Was all the equipment present and functional?
- Were any of the medications expired?

ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) GUIDELINES

The most current guidelines for BLS/ACLS/PALS (if appropriate) must be present within the facility.

FREQUENTLY ASKED QUESTIONS (FAQ)

Q1: If a patient has a heart attack in my office, I would call 9-1-1 and provide basic life support until the paramedics arrive. So why do I need to be certified in Advanced Cardiac Life Support (ACLS)?

A1: ACLS courses provide the dentist with skills in the management of any emergency situation and are readily available across the province. In addition, they reinforce airway management techniques.

Q2: In the past, our staff used to take CPR-C. Why do we now have to take BLS Provider)?

A2: BLS Provider provides instruction in the use of a bag-valve-mask device which is not included in CPR-C.

Q 3: I would like to provide moderate sedation to patients using multiple oral sedative agents. Can my colleague teach me?

A 3: No. Your mentor must have an “arms length” relationship with you (no business or personal relationship, or interest).

Q4: Why does an Ambubag need to be immediately available in the operatory and recovery area?

A 4: Rapid assessment and treatment of an airway emergency is essential to prevent complications. Emergencies can happen during treatment or in recovery.

Q5: A dentist visits my office to provide intravenous moderate sedation and brings his own monitoring equipment. How do I know that the equipment has been inspected?

A5: It is the responsibility of the facility owner to confirm that the monitoring equipment has been at least annually inspected/serviced. The visiting dentist must provide you with the appropriate log book/records.

Q6: How do I go about having my nitrous oxide delivery system inspected/serviced?

A6: Contact your dental supply company. Manufacturers of nitrous oxide delivery units have recommendations and can work with you and your supplier to have your equipment periodically tested/serviced.

Q7: In the past, I would supply the emergency airway equipment and the visiting dentist would bring their own emergency drugs. Why is this no longer allowed?

A7: By having either the facility or the visiting dentist supply the equipment and drugs, there is much less chance for important item(s) to be misplaced, forgotten, or overlooked.

Q8: My patient monitor does not have a Canadian Standards Association (CSA) label or sticker. Is this a problem?

A8: As long as the equipment is certified by an organization that is accredited by the Standards Council of Canada to approve medical equipment, and the monitor bears the mark or label of that organization, it is acceptable.

Q9: I usually keep track of the narcotics for my sedation cases. Why do I now need a second person involved?

A9: Health Canada requires dental professionals to maintain accurate record- keeping practices regarding Controlled Substances. This involves maintenance of a log that includes a “Count and Reconciliation” where the quantity of the drug on hand must equal the initial quantity, minus that utilized on the day of sedation. The count must be done by two regulated health professionals concurrently; one performs the count and one witnesses the count.

Q10: Our protocol for mildly anxious patients is to provide them with Ativan beforehand. The patient arrives an hour before their appointment and my CDA gives them the Ativan. Why can they no longer do this?

A10: According to the Health Professions Act, CDAs are not allowed to dispense medications to patients.

Q11: Do we need to use a pulse oximeter when we provide minimal sedation to our adult patients?

A11: No. It is up to the individual practitioner to decide whether or not they feel it is useful or valuable.

Q12: We provide IV moderate sedation 1-2 times per week to patients. Occasionally, we are short staffed and have a CDA help us out who has not participated in our emergency mock drills. Is this a problem?

A12: Yes. In the event of a medical anaesthetic emergency, each member of the team must be familiar with protocols and equipment.

Q13: While providing oral moderate sedation, there is usually just my CDA (who has completed the DAANCE course) and I in the operatory. Does a third staff member need to be in the room?

A13: No. The third staff member does not have to be in the room, but they must be immediately available to assist you if needed.

Q14: Why do I need to have emergency airway equipment immediately available if my patients are conscious?

A14: It is not always possible to predict how an individual will respond to sedative medications. In the event that a patient enters deep sedation, the dentist must be able to "rescue" the patient, which often requires the support of ventilation. Rapid intervention is critical.

Q15: I provide oral moderate sedation in my office. Our patient monitor has a printer that provides a "strip" of the patient's blood pressure and oxygen saturation. Is this sufficient?

A15: A printed record of the patient's vital signs is sufficient and must be kept as part of the permanent patient record.

Q16: The Standards & Guidelines state that during intravenous sedation we must record vital signs at a minimum of every 15 minutes. A lot can change in 15 minutes. Is this often enough?

A16: Documenting is not the same as monitoring. While the recording must be documented at a minimum of every 15 minutes, the actual taking of the vital signs can be done more often. It is up to the practitioner to determine the frequency that measurements are taken, typically based on was it clinically indicated. In other words, while the minimum documentation is every 15 minutes, the practitioner may check vital signs every 5 minutes. As well, remember that the most important part of patient monitoring is the team's ongoing focus on the patient's oxygenation, ventilation, circulation and level of consciousness.

Q17: Can any physician administer intravenous moderate sedation to my patients while I do dentistry?

A17: No. Only physicians who are qualified and registered with the College of Physicians and Surgeons of BC to provide anaesthetic services may provide sedation.

Q18: I use a "butterfly needle" to administer the intravenous sedative. Is this sufficient/ reasonable?

A18: A continuous venous access must be maintained throughout the sedation and recovery period. The best choice for armamentarium is an indwelling catheter connected to an intravenous administration set and fluid. This assures a continuous patent access.

Q19: We provide minimal sedation with either lorazepam or nitrous oxide/oxygen. Are we required to run mock emergency drills?

A19: You are encouraged to, but not required.

Q20: We have a portable "E" cylinder of oxygen in our office that we occasionally use when administering intravenous sedation. Do we need to have a second cylinder as well?

A20: Yes. You must have an oxygen source specifically designated for use in case of an emergency.

Q21: I own a dental office that provides intravenous moderate sedation. Periodically I have a dentist, who is registered and approved by the College to provide deep sedation, visit as well. Is it okay for them to provide deep sedation in my office?

A21: No. Dentists qualified to provide deep sedation services must only do so in facilities authorized to provide deep sedation or general anesthesia.

Q22: My CDA has assisted me during IV sedation cases for many years. Does she need to take a course in order to continue to assist me?

A22: Yes. The new Standards & Guidelines require the sedation assistant to have completed a course specific to dental anaesthesia assisting.

Q23: When sedating a patient, I inject the medication into a port on the IV administration set. If I change the injection needle between patients, why can't I use the same medication syringe for several patients?

A23: Syringes, needles, and cannulas are considered contaminated once used to access a patient's IV bag or administration set.

Q24: How often do I need to replace essential airway equipment?

A24: Most single-use items (i.e. laryngeal mask airway) have expiry dates. If an item has no identifiable date, you must replace the item when it shows signs of deterioration.

Q25: Do I need to copy and send in each staff member's BLS certificate?

A25: Yes, copies of current BLS are required for annual self-assessment submissions. Inspectors may also request to review them during in-office inspections.

Q26: What are mock drills and why are we required to do them?

A26: Mock drills are “practice drills” where the dental team rehearses their roles and actions in various emergencies. It has been shown that individuals and teams that practice emergency scenarios are much more effective if/when a crisis arises.

Q27: What is the difference between “continual” and “continuous” with regard to patient monitoring?

A27: Continual means something is repeated regularly and frequently in steady succession. An example is taking a patients’ blood pressure during sedation. Continuous means there is no interruption, such as when utilizing a pulse oximeter to measure oxygen saturation/heart rate.

Q28: Why do our extension cords for our equipment have to be “hospital grade”?

A28: Hospital grade power bars have superior quality, strength and grounding capability compared to standard “residential” type bars/cords.

Q29: What do I need to know about storage of oxygen cylinders?

A29: The cylinders must be stored in a fashion that prevents injury to the gas outlet on the top of the tank. It is not appropriate to have cylinders laying on the floor or standing up unsecured. The best method of storage of “E” cylinders is to have them standing up and chained to the wall or solid object. You can also purchase cylinder racks that hold the bottles upright. Larger gas cylinders must be secured to the wall with chains.

Q30: Why do we have to label electrical receptacles and the electrical panel?

A30: If patient monitors or other sedation-related equipment lose their power supply during sedation/recovery, the labeling of receptacles and circuit board allows for more rapid trouble-shooting.

Q31: Do we need to label all of the facility receptacles?

Answer 31: No, only the receptacles in the sedation and recovery area(s) require labels.

Q32: Can I use a King Airway instead of an LMA as my rescue airway?

A32: It is always best to utilize equipment which you are familiar/comfortable with. A King Airway is a suitable choice for a rescue airway. Depending on the size of your patient, you will need to stock size 3, 4 and 5.

Q33: What is an i-Gel and is it suitable as a rescue airway?

A33: Some courses recommend clinicians to use an i-Gel airway as their rescue airway. They feel an i-Gel is easier to use in an emergency situation where the doctor is not as familiar with airway management. The i-Gel is also a suitable rescue airway.

Q34: What type of epinephrine should we have: ampoules or pre-filled syringes?

A34: It ultimately comes down to what the clinician feels most comfortable with. Many choose pre-filled syringes because of their ease of use during an emergency.
Their disadvantage is in a situation where multiple doses need to be administered to a patient, such as in a cardiac arrest. Several syringes would need to be stocked, which occupies space in the kit/cart, and is also significantly more expensive than ampoules.
In most cases, facilities choose to stock ampoules of epinephrine 1mg/mL. They are relatively inexpensive and easy to store. It is also the dilution used for administration by the intramuscular or subcutaneous route. The disadvantage of the 1 mg/mLampoules is if administered by the IV route it must be first diluted to 0.1 mg/mL concentration, which requires time and an individual trained in diluting medications.
Another disadvantage of the 1mg/mLform is the potential for accidental undiluted IV administration of the drug. Some clinicians choose to stock both forms of epinephrine in their kit / cart.

APPENDIX A - AED CHECKLIST

AED CHECKLIST

Manufacturer_____

Model Number _____

Serial Number _____

Date	General Condition ✓	Battery ✓	Non-Expired Pads ✓	Comments / Corrective Action	Initial

APPENDIX B
EMERGENCY SIMULATIONS (MOCK DRILLS) LOG

EMERGENCY SIMULATIONS (MOCK DRILLS) LOG

Scenario	Completed ✓	Debrief ✓	Staff Present	Notes
Syncope				
Anaphylaxis				
Asthma/bronchospasm				
Hypoglycemia				
Seizure				
Stroke				
Cardiac Arrest				
Difficult Airway				
Laryngospasm				
Unresponsiveness				

Signature of Dentist_____ **Date** _____

APPENDIX C - CALLING 911

CALLING 911

- It is best to call 911 from a landline because it provides the operator with information regarding your office location, should you be disconnected.
- Stay on the telephone until the operator tells you to hang up.
- Tell the operator that a staff member will meet the EMS crew and guide them to the emergency location
- Post the following guide beside your telephone(s) to refer to in an emergency

Questions from 911 operator	**Your answer (example)**
1. Police, fire or ambulance?	"Ambulance"
2. Who are you?	"This is ..... " (give your first name only).
3. Your address?	" _____ "
4. Nature of emergency?	"We have a 75 year old man who had extreme chest pain and is now unconscious"
5. What is being done?	"We are providing CPR"
6. What is the best entrance to your office/building?	"The main entrance on Columbia Street"

APPENDIX D - CONTROLLED DRUG RECORD

The following is an example record that illustrates how to keep track of Controlled Drugs in your facility. Each day sedation drugs are used, a Count and Reconciliation must be completed and witnessed (refer to Standards and Guidelines).

According to Federal Regulations, you must keep records for 2 years'

time. The following page is a blank form that you can copy and use.

A common approach is to keep the Record in a binder, inside a locked cabinet.

SAMPLE CONTROLLED DRUG RECORD

		DRUG							
		USED	WASTED						INITIALS
Date	Patient Name	mg or ml	mg or ml	Vials or Vol	Vials or Vol.	Vials or Vol	Vials or Vol	Vials or Vol.	

SAMPLE - CONTROLLED DRUG RECORD

This is an example of a Controlled Drug Record, which illustrates:

- The date of sedation and patient name
- The amounts of drug(s) administered and wasted
- A running Count/Reconciliation
- Initials of the individual counting and the witness
- The addition of drugs to the stock and subsequent Count

Note: This Record is for a facility where only one dentist is administering sedation. If the facility has multiple sedation providers, the record must include the name of the dentist who was administering the drug(s).
Per federal regulations, Controlled Drug Records must be kept for a minimum of 2 years following administration.

SAMPLE - CONTROLLED DRUG RECORD

		DRUG							
		USED	WASTED	Fentanyl 2 ml	Fentanyl 5 ml	Midazolam 1mg/ml (5ml)			INITIALS
Date	**Patient Name**	**mg or ml**	**mg or ml**	**Vials or Vol**	**Vials or Vol.**	**Vials or Vol**	**Vials or Vol**	**Vials or Vol.**	
01/01/17	Count			10	2	3			NC BB
01/01/17	S. Black	75	25	9					
		3	2			2			
01/01/17	T. Roberts	60	40	8					
		2	3			1			
01/01/17	Count			8		1			NC BB
08/01/17	Add			10		5			
08/01/17	Count			18		6			NC BB
08/01/17	L. Turner	75	25	17					
		3	2			5			
08/01/17	S. Smith	60	40	16					
		3	2			4			
08/01/17	Count			16		4			NC BB