

Deep Sedation and General Anesthesia Inspection Guide and Checklist: Type A Facility and Visiting Providers

Introduction

This guide and checklist was developed by the College to assist Deep Sedation and General Anesthesia Type A facility permit holders and Deep Sedation and General Anesthesia visiting providers prepare for initial sedation facility/visiting kit inspections and re-inspections.

During inspections and re-inspections the facility or visiting providers must demonstrate they are in compliance with the *Standard of Practice – Use of Sedation and General Anesthesia in Dental Practice* (“Standard of Practice”).

Providers that have authorization to administer parenteral (2 drug) sedation must comply with the facility/visiting kit requirements for Deep Sedation and General Anesthesia.

We encourage you to review each section in detail as not every item may be applicable to your situation. Requirements vary slightly for initial inspections, re-inspections, Type A Facility Inspections and Visiting Provider Inspections. These differences are noted under each item. All items are mandatory unless specifically noted as a recommended or optional item.

This guide and checklist also lists documentation that may be requested by the Inspector in advance of the inspection. Inspectors have the discretion to request the documentation in advance, during, or after the inspection. The facility permit holder/visiting provider **must comply** with the request and deadline provided by the Inspector. If documents are not provided

when requested, the inspection may be cancelled at the Inspector’s discretion.

The facility permit holder/visiting provider **may be required to pay an additional fee for inspections or re-inspections that are cancelled or re-scheduled less than 24 hours before the originally scheduled time**. Additionally, facilities/visiting providers due for re-inspection may be directed to cease sedation and general anesthesia until the re-inspection is completed and it is verified they are in compliance with the *Standard of Practice*. This includes inspections that are re-scheduled because the facility/visiting provider did not provide requested documentation in advance.

Attendance at the Inspection

It is strongly recommended that a sedation provider attend the Type A initial facility inspection and re-inspections.

It is strongly recommended that the visiting provider attend the Visiting Kit initial inspection and re-inspections.

The person attending the inspection must be able to identify the required equipment and demonstrate the equipment is functioning without the assistance of the Inspector. They must also be able to explain sedation procedures and emergency protocols, if asked.

The Inspector has the discretion to cancel the facility inspection if the person attending the inspection is not able to meet these requirements.

Equipment

PRESENT

MANDATORY EQUIPMENT

| | |
|---|--------------------------|
| <p>Vitals monitor</p> <ul style="list-style-type: none"> • The monitor must meet the following requirements: <ul style="list-style-type: none"> – Programmable to take vitals at the required intervals and have audible programmable alarms. – Have a valid Health Canada medical device license at the time of purchase. – Be used in accordance with the manufacturer’s ‘intended use’ (note: the equipment cannot be designed for home use). • The facility must ensure the annual maintenance is performed by a third-party provider. • More than one monitor is required if the facility does concurrent sedation cases. | <input type="checkbox"/> |
| <p>Defibrillator/AED</p> <ul style="list-style-type: none"> • Battery and defibrillator/AED pads must not be expired. • Adult defibrillator/AED pads required. • Pediatric defibrillator/AED pads required if treating patients under 3 years. • Annual maintenance required. | <input type="checkbox"/> |
| <p>Capnography</p> <ul style="list-style-type: none"> • May be built-in or independent. If independent, annual maintenance is required. | <input type="checkbox"/> |
| <p>Portable auxiliary systems for light (Flashlight recommended)</p> | <input type="checkbox"/> |
| <p>Portable auxiliary systems for battery-powered suction</p> <ul style="list-style-type: none"> • Annual maintenance is recommended but not required. | <input type="checkbox"/> |
| <p>Portable apparatus for intermittent positive pressure resuscitation</p> <ul style="list-style-type: none"> • Required sizes: Adult, Pediatric | <input type="checkbox"/> |
| <p>Full face masks of appropriate sizes and connectors for the administration of positive pressure</p> <ul style="list-style-type: none"> • Required sizes: Small, Medium, Large | <input type="checkbox"/> |
| <p>Tonsil suction (Yankauer) adaptable to the high-volume suction outlet</p> | <input type="checkbox"/> |
| <p>Endotracheal tubes and appropriate connectors.</p> <ul style="list-style-type: none"> • Required sizes: 4, 4.5, 5, 5.5, 6, 6.5, 7, 8, 9 | <input type="checkbox"/> |
| <p>Laryngeal mask airways and appropriate connectors.</p> <ul style="list-style-type: none"> • Required sizes: 2, 2.5, 3, 4, 5 | <input type="checkbox"/> |
| <p>Laryngoscope with an adequate selection of blades</p> <ul style="list-style-type: none"> • Required sizes: 1, 2, 3, 4 | <input type="checkbox"/> |
| <p>Laryngoscope spare batteries</p> | <input type="checkbox"/> |
| <p>Laryngoscope spare bulbs</p> | <input type="checkbox"/> |
| <p>Magill forceps</p> <ul style="list-style-type: none"> • Required sizes: Adult, Pediatric | <input type="checkbox"/> |

MANDATORY EQUIPMENT (continued)

| | |
|--|--------------------------|
| Oral airways <ul style="list-style-type: none"> • Required sizes: 6, 7, 8, 9, 10, 11 | <input type="checkbox"/> |
| Apparatus for emergency tracheotomy or cricothyroid membrane puncture <ul style="list-style-type: none"> • Adult required • Pediatric (optional, advanced training recommended if present) • Note: Facility made kits are acceptable. Must contain scalpel, bougie/stylet, smaller diameter ETT (size 4 or 5), a hemostat/mosquito to help with stretching the opening in the tissue to aid in insertion of the ETT and a roll of surgical tape to help stabilize the ETT when in position. | <input type="checkbox"/> |
| Stethoscope <ul style="list-style-type: none"> • Adult size required • Pediatric required if treating patients under 3 years | <input type="checkbox"/> |
| Sphygmomanometers of appropriate sizes <ul style="list-style-type: none"> • Required sizes: Small, Medium, Large | <input type="checkbox"/> |
| IV Needles (Intravenous indwelling catheters and needles) | <input type="checkbox"/> |

OPTIONAL EQUIPMENT FOR DENTAL FACILITIES

| | |
|---|--------------------------|
| N ₂ O/O ₂ delivery system <ul style="list-style-type: none"> • Must have: <ul style="list-style-type: none"> – Fail-safe mechanism that prevents delivery of gas with O₂ concentration <30%. – Pipeline inlet fittings, or pin-indexing, that do not permit interchange of connections with oxygen and nitrous oxide. – Reserve supply of oxygen that is ready for immediate use. <ul style="list-style-type: none"> ▪ For a portable gas delivery system, the reserve supply of oxygen must be connected to the system (i.e. a "4-yoke" system). ▪ For a centrally plumbed gas delivery system, two oxygen cylinders must be connected to the system at all times. • Must receive annual maintenance or more frequent if recommended by the manufacturer. | <input type="checkbox"/> |
| Aesthetic gas delivery system <ul style="list-style-type: none"> • Must have: <ul style="list-style-type: none"> – Connectors and tubing which allow use of a full face mask for resuscitative ventilation with 100% oxygen. – A reserve supply of oxygen ready for immediate use. Portable an "E" size cylinder as a minimum and attached with appropriate regulator, flowmeter and connectors. – Equipped with a scavenging system installed per manufacturer's specifications. • Vaporizer required if using anesthetic gas delivery system. <ul style="list-style-type: none"> – Built-in or independent. • Agent analyzer required if using volatile inhalational anesthetic agent. • Oxygen analyzer required if using volatile inhalational anesthetic agent. | <input type="checkbox"/> |

Emergency Drugs and Controlled Substances

All emergency kit drugs must be kept together in one location with the exception of substances that require refrigeration and the portable oxygen which must be stored safely.

It is recommended that the emergency kit drugs be kept separate from similar drugs which may be used procedurally for the sedation or general anesthesia (i.e. corticosteroid, fentanyl, IV fluids, etc.).

PRESENT

MANDATORY EMERGENCY DRUGS AND SUBSTANCES

| | |
|--|--------------------------|
| Portable E size cylinder of oxygen dedicated to emergencies <ul style="list-style-type: none"> • Required for Type A Facilities. • Must have a regulator and flowmeter connected and the wrench available. • Not required for visiting providers. Visiting provider must ensure the Type B facility has portable E size cylinder of oxygen if they do not have one in the visiting kit. | <input type="checkbox"/> |
| 1:1,000 Epinephrine <ul style="list-style-type: none"> • Minimum 4 doses (ampules or auto-injectors). | <input type="checkbox"/> |
| Nitroglycerin | <input type="checkbox"/> |
| Parenteral Diphenhydramine <ul style="list-style-type: none"> • To treat allergic reactions. Not recommended as means of achieving sedation. | <input type="checkbox"/> |
| Salbutamol | <input type="checkbox"/> |
| Flumazenil | <input type="checkbox"/> |
| Naloxone | <input type="checkbox"/> |
| Parenteral Morphine or Fentanyl | <input type="checkbox"/> |
| Acetylsalicylic Acid (ASA, non-enteric coated) | <input type="checkbox"/> |
| Parenteral Atropine | <input type="checkbox"/> |
| Parenteral Corticosteroid | <input type="checkbox"/> |
| Parenteral Vasopressor [i.e. Ephedrine] | <input type="checkbox"/> |
| Parenteral Amiodarone <ul style="list-style-type: none"> • Recommend minimum dose of 450mg. | <input type="checkbox"/> |
| Parenteral Beta-blocker [i.e. Esmolol, Metoprolol, Propranolol, Labetalol] | <input type="checkbox"/> |
| Succinylcholine | <input type="checkbox"/> |
| Dantrolene <ul style="list-style-type: none"> • Only required if using inhalational anesthetic gases. • 36 vials required as per MHAUS guidelines. | <input type="checkbox"/> |

MANDATORY EMERGENCY DRUGS AND SUBSTANCES (continued)

| | |
|---|--------------------------|
| D50W | <input type="checkbox"/> |
| Insulin | <input type="checkbox"/> |
| Intravenous fluids | <input type="checkbox"/> |
| STORAGE OF DRUGS AND DISPENSING CONTROLLED AND TARGETED SUBSTANCES | |
| Emergency medications stored in appropriately labeled bins/cupboards and a policy or system in place to ensure the facility/visiting provider maintains the required quantity of viable drugs. | <input type="checkbox"/> |
| Medications are stored according to manufacturer's recommendations. | <input type="checkbox"/> |
| Controlled and targeted substances are stored in designated locked cabinets or a safe and key is stored in a separate location. | <input type="checkbox"/> |
| A qualified staff person is assigned to manage the controlled substances (RN, RT, physician or dentist recommended). | <input type="checkbox"/> |
| Drug register for each controlled or targeted substance which includes the following: <ul style="list-style-type: none"> • Name of patient • Name of the drug • Quantity of drug dispensed • Date drug received and dispensed • Name and signature of person who made the entry • Additional patient identification (e.g. OHIP number), if dispensing drugs to the patient to take at home. | <input type="checkbox"/> |

Documentation

The following documentation must be available 48 hours in advance of an inspection, if requested by the Inspector. All documentation must be in PDF format, organized, labeled to reflect nature of document, be clear and legible.

SEDATION/ANESTHESIA TEAM

| | |
|---|--------------------------|
| Sedation/Anesthesia Practitioners <ul style="list-style-type: none"> • Full name registered with RCDSO and RCDSO Registration number or full name registered with CPSO and CPSO Registration number. • Life support training documentation: <ul style="list-style-type: none"> – Current CPR (HPC or equivalent) for each sedation practitioner. – Current ACLS. – Current PALS <u>required</u> for all anesthesia practitioners who administer deep sedation or general anesthesia to patients under 12 years. – Note: Current is defined as 2 years unless the certificate expires after one year. | <input type="checkbox"/> |
|---|--------------------------|

SEDATION/ANESTHESIA TEAM (continued)

| | |
|--|--------------------------|
| <p>Anesthesia Team Members – anesthetic assistant and recovery supervisor</p> <ul style="list-style-type: none"> • Full name registered with regulatory body and proof of current registration (i.e. registration number). • Life support training documentation: <ul style="list-style-type: none"> – Current CPR (HCP or equivalent) – Current ACLS <ul style="list-style-type: none"> ▪ There <u>must</u> be one anesthetic team member with current ACLS in addition to the anesthesia provider. – Current PALS <ul style="list-style-type: none"> ▪ If administering deep sedation or general anesthesia to patients <u>under 12 years</u> it is required that there be one anesthetic team member with current PALS <u>in addition</u> to the anesthesia practitioner. – Note: Current is defined as 2 years unless the certificate expires after one year. | <input type="checkbox"/> |
| <p>Operative Assistants</p> <ul style="list-style-type: none"> • Recommend CPR (HCP or equivalent). | <input type="checkbox"/> |
| SEDATION/ANESTHESIA DOCUMENTS | |
| <p>Medical History</p> | <input type="checkbox"/> |
| <p>Out-of-facility Instructions for sedatives/anxiolytics (if applicable)</p> | <input type="checkbox"/> |
| <p>Pre-Sedation Instructions</p> | <input type="checkbox"/> |
| <p>Post-Sedation Instructions</p> | <input type="checkbox"/> |
| <p>Emergency Protocols</p> <ul style="list-style-type: none"> • Adverse event protocols, including roles and responsibilities for each team member, emergency drug doses and method of administration. • Fire evacuation protocol – only required for the dental facility. | <input type="checkbox"/> |
| <p>Annual equipment maintenance or invoice</p> <p>Must provide an invoice (if recently purchased) or maintenance report from third party dated within the previous 12 months, for the following equipment.</p> <ul style="list-style-type: none"> • Vitals Monitor • Defibrillator/AED • N₂O/O₂ delivery system, if present in facility • Syringe Pump • Anesthesia Machine • Vaporizer (if separate from Anesthesia Machine) • Agent Analyzer • Oxygen Analyzer | <input type="checkbox"/> |
| <p>Recommended maintenance for other equipment</p> <ul style="list-style-type: none"> • Portable auxiliary systems for battery-powered suction | <input type="checkbox"/> |

ANESTHESIA RECORDS - RE-INSPECTIONS ONLY

Sedation records

- 3 sedation records for each practitioner who administered sedation at the facility in the last 36 months.
 - Sedation records must be in PDF format, organized by practitioners and patients, and be clear and legible. No other documentation from the patient chart is required.
- If treating pediatric and adult patients, must submit at least one of each.

ANNUAL MAINTENANCE - RE-INSPECTIONS ONLY

Required for the following equipment for each year since the last facility inspection. If the equipment was replaced mid-inspection cycle then the facility must provide maintenance for the retired equipment and invoice for the new equipment.

- Vitals Monitor
- Defibrillator/AED
- Syringe pump, if present
- N₂O/O₂ delivery system, if present in facility
- Anesthesia Machine
- Vaporizer (if separate from Anesthesia Machine)
- Agent Analyzer
- Oxygen Analyzer

Recommended maintenance for other equipment

- Portable auxiliary systems for battery-powered suction, recommended not required.

Questions?

Contact the Facility Inspection Program via sedation@rcdso.org or email the College Inspector assigned to your inspection directly.