

Oral Moderate Sedation Inspection Guide and Checklist:

Type A Facility and Visiting Providers

Introduction

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

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 and 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

Vitals monitor

- The monitor must meet the following requirements:
 - 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.

Portable auxiliary systems for light (Flashlight recommended)

Portable auxiliary systems for battery-powered suction

- Annual maintenance is recommended but not required.

Portable apparatus for intermittent positive pressure resuscitation

- Required sizes: Adult, Pediatric

Full face masks of appropriate sizes and connectors for the administration of positive pressure

- Required sizes: Small, Medium, Large

Stethoscope

- Adult size required
- Pediatric required if treating patients under 3 years

RECOMMENDED EQUIPMENT

Defibrillator/AED

- 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.

OPTIONAL EQUIPMENT FOR DENTAL FACILITIES

N₂O/O₂ delivery system

- Must have:
 - 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.
 - 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

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.

		PRESENT
MANDATORY EMERGENCY DRUGS		
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 2 doses (ampules or auto-injectors). 	<input type="checkbox"/>	
Nitroglycerin	<input type="checkbox"/>	
Parenteral Diphenhydramine (for emergency use only) <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"/>	
Acetylsalicylic Acid (ASA, non-enteric coated)	<input type="checkbox"/>	
RECOMMENDED EMERGENCY DRUGS		
Naloxone <ul style="list-style-type: none"> • Due to the opioid epidemic in Ontario, it is recommended that dental facilities carry naloxone and that all staff are trained in the administration of naloxone. 	<input type="checkbox"/>	
STORAGE OF DRUGS AND DISPENSING CONTROLLED AND TARGETED SUBSTANCES		
Emergency medications are stored in appropriately labeled bins/cupboards and a policy or system is 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"/>	

STORAGE OF DRUGS AND DISPENSING CONTROLLED AND TARGETED SUBSTANCES (continued)

Drug register for each controlled or targeted substance which includes the following:

- 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.

Documentation

The following documentation must be available 48 hours in advance of an inspection, if requested by the Inspector.

SEDATION/ANESTHESIA TEAM

Sedation Practitioners

- Full name registered with RCDSO and RCDSO Registration number
- Life support training documentation:
 - Current CPR (HPC or equivalent) for each sedation practitioner.
 - PALS or PEARS
 - Current PALS or PEARS required for all sedation practitioners who administer sedation to patients under 3 years.
 - Current PALS or PEARS recommended for all sedation practitioners who administer sedation to patients under 12 years.
 - Note: Current is defined as 2 years unless the certificate expires after one year.

Operative Assistants

- Recommend CPR (HCP or equivalent).

SEDATION/ANESTHESIA DOCUMENTS

Medical History

Out-of-facility Instructions for sedatives/anxiolytics (if applicable)

Pre-Sedation Instructions

Post-Sedation Instructions

Emergency Protocols

- 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 facility.

SEDATION/ANESTHESIA DOCUMENTS (continued)

<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, if present in facility • N₂O/O₂ delivery system, if present in facility 	<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"/>
SEDATION RECORDS – RE-INSPECTIONS ONLY	
<p>Sedation records</p> <ul style="list-style-type: none"> • 3 sedation records for each practitioner who administered sedation at the facility in the last 36 months. <ul style="list-style-type: none"> – 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. 	<input type="checkbox"/>
ANNUAL MAINTENANCE – RE-INSPECTIONS ONLY	
<p>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.</p> <ul style="list-style-type: none"> • Vitals Monitor • Defibrillator/AED if present • N₂O/O₂ delivery system, if present in facility 	<input type="checkbox"/>
<p>Recommended maintenance for other equipment</p> <ul style="list-style-type: none"> • Portable auxiliary systems for battery-powered suction, recommended not required 	<input type="checkbox"/>

Questions?

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