

SEDATION & GENERAL ANESTHESIA COMPLIANCE ASSESSMENT

To maintain confirmation of compliance with Sedation and General Anesthesia Standards & Guidelines for registrants and the facility in which they operate, the following attestation must be completed by the facility owner and submitted along with the required documents. The criteria described in these forms are defined in the Standards & Guidelines for Sedation and General Anesthesia that are available on the British Columbia College of Oral Health Professional's (BCCOHP) website. **One sedation & general anesthesia compliance assessment is required per facility.** Compliance will be confirmed based on the self-reported information provided to the College.

Incomplete submissions will result in delay in assessment. It is the responsibility of the facility owner to ensure all information provided is current and accurate. Information related to minimal sedation is **not** required for this assessment.

Section 1 – Facility Contact Information

Facility Name (as appears on signage): _____

Facility Owner(s): _____

(Full legal names of **all** registrant owners only, **no** corporation names)

Facility Address: _____

Primary Contact Email: _____ Primary Contact Phone: _____

Date of Submission M/D/Y: _____

Section 2 – Mobile Anesthesia Providers

The following section may **only** be applicable to moderate sedation facilities. Facility owners are welcome to complete the questionnaire with their providers.

Note: For mobile anesthesia providers who service more than one facility, each facility is required to submit a set of records as assessments are evaluated in accordance with registrants and the facilities in which they operate.

A mobile anesthesia provider administers moderate sedation for this facility.

☐ Yes ☐ No – Proceed to Section 3

Mobile Provider Full Legal Name(s) (please list all):

The mobile anesthesia provider:

- ☐ Does not bring any moderate sedation emergency equipment, emergency drugs, or airway management supplies to the facility. The facility is self-sufficient.
- ☐ Provides all emergency equipment, emergency drugs, **and** airway management supplies to the facility.

Section 3 – Facility Information

1. Sedation/Anesthesia Level Offered by Facility – check all that applies

- ☐ Moderate Sedation
 - ☐ Multiple Oral Sedatives
 - ☐ Parenteral Moderate Sedation Level 1 (benzodiazepine drug(s) only)
 - ☐ Parenteral Moderate Sedation Level 2 (benzodiazepine drugs with/without narcotics)
- ☐ Deep Sedation
- ☐ General Anesthesia

2. Age of Patients Treated in Facility with Sedation and/or General Anesthesia

- ☐ 13 Years of Age and Older
- ☐ 12 Years of Age and Below

3. Facility has age-appropriate emergency equipment.

- ☐ Yes
- ☐ No

Section 4 – Pediatric Patients

The following section is required for facilities that provide sedation and/or general anesthesia to patients 12 years of age and below. Proceed to section 5 if only patients 13 years of age and above receive sedation and/or general anesthesia.

4. What is the lowest age a patient may receive sedation and/or general anesthesia in your facility: _____ years old.

5. Facility has pediatric specific emergency guidelines and pediatric emergency armamentarium

- ☐ Yes
- ☐ No

6. Please confirm level of sedation provided to pediatric patient – check all that applies

- ☐ Minimal Sedation
- ☐ Moderate Sedation
- ☐ Deep Sedation
- ☐ General Anesthesia

*The following section **only** pertains to those who provide moderate sedation utilizing oral Ketamine in a **moderate sedation facility**.*

In accordance with the Minimal and Moderate Sedation Standards & Guidelines, only pediatric dentists with additional oral ketamine authorization may utilize oral ketamine. Drugs that do not have a wide margin of safety are restricted for use by all route of administration and may only be used by dentists who are registered with BCCOHP to administer deep sedation or general anesthesia. These drugs include but are not limited to barbiturates, etomidate, ketamine, propofol, remifentanyl, and sufentanil.

7. Name of dentist who utilizes oral ketamine _____

8. Pediatric dentist participates in a course for demonstration of emergency skills must be done on a yearly basis utilizing pediatric human simulation and must include airway management.

****Proof of current course completion must be included with the sedation & GA compliance assessment.***

☐ Yes ☐ No

9. When oral ketamine is used, capnography or a pretracheal stethoscope is used as part of patient monitoring.

☐ Yes ☐ No

Section 5 – Sedation/Anesthesia Team

Please confirm the following by checking yes, no, or n/a. All questions **must** be completed.

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The sedation and/or general anesthesia provider(s) has/have their qualifications registered with BCCOHP or CPSBC.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All clinical sedation and/or general anesthesia staff have current BLS that meets BCCOHP requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a sufficient number of staff based on the current BCCOHP Sedation and General Anesthesia Standards & Guidelines to ensure safe, effective patient care.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Recovery Supervisor(s) has/have the appropriate training/qualifications for the level of anesthesia provided (i.e. recovery personnel are either registered nurses, physicians, dentists or DAANCE/OMAAP trained assistants; CDAs and hygienists with CDAAC or sedation assistant training with University of Alberta are acceptable only for moderate sedation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility has written protocols for emergency protocols for emergency procedures (fire, earthquake, power failure, evacuation).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The sedation team conducts mock emergency drills as stipulated in the Standards & Guidelines, and a logbook is kept.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each team member knows the contents and location of the emergency mobile kit/ cart (required for deep sedation and GA).

Section 6 – Records

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written and verbal pre-sedation/pre-anesthetic instructions are given to each patient or guardian.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written informed consent is obtained from each patient or guardian for the anesthetic and/or sedative agent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written and verbal post-sedation/post-anesthetic instructions are provided to each patient and escort.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete and accurate record keeping procedures are followed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical history and questionnaire are signed and dated (<i>required for deep sedation & GA</i>).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The following items are recorded on the Pre-Anesthetic Record:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient personal health information <input type="checkbox"/> Pertinent physical findings and ASA <input type="checkbox"/> Preoperative vital signs (e.g., heart rate, blood pressure, SPO₂)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The following items are recorded on the Pre-Anesthetic/Anesthetic Record</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of NPO status, escort, medication allergies and body weight <input type="checkbox"/> IV access location and fluids administered (<i>for parenteral moderate sedation, deep sedation, GA</i>). IV placement and removal must only be inserted/removed by dentist, physician, or registered nurse. <input type="checkbox"/> List of drugs administered, including time, dose, and route <input type="checkbox"/> List of all monitors/appliances used <input type="checkbox"/> Blood pressure, ECG, *capnography, pulse rate, respiration and oxygen saturation as per Standards & Guidelines <input type="checkbox"/> *If an amplified, audible pretracheal stethoscope is used during moderate sedation instead of capnography, the audible output is monitored by more than one sedation team member. <input type="checkbox"/> Start and end time of sedation/anesthetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The following items are recorded on the Recovery Room Record:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial and periodic record of blood pressure, pulse rate, oxygen saturation, respiration, level of consciousness and general status <input type="checkbox"/> Dose, time, route, site reason for administration and response to any administered medications <input type="checkbox"/> Verification of discharge criteria <input type="checkbox"/> Verification of provision of verbal and written post-sedation/post-anesthetic instructions <input type="checkbox"/> Identification of accompanying responsible individual and discharge time <input type="checkbox"/> Name and signature of responsible recovery personnel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Resuscitations, the transfer of a patient to a hospital and deaths are immediately reported to the Registrar of BCCOHP.

Section 7 – Infection Control

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV bags, tubing and connectors are discarded between patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The same syringe is never used to administer medication to more than one patient, even if the needle was changed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharp devices are handled properly and disposed of in dedicated puncture-resistant biohazard containers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a policy and procedure for management of significant exposure.

Section 8 – Recovery Area

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are appropriately trained staff, 1:1, supervising patient recovery.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recovering patients are continuously monitored.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If a separate initial post-sedation recovery area is utilized, the practitioner administering the sedative/anesthetic accompanies the patient to the recovery area and communicates information/orders to recovery personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anesthesiologist(s) remain available while patient is intubated and present when extubated (<i>GA facilities</i>).

Section 9 – Medical Gas System

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility has a built-in medical piping and distribution system (i.e. the pipes are built "in-wall").
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the facility has a medical gas system that is built-in:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical gas system has been inspected and met all relevant requirements from CSA standards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical gas piping and distribution system is inspected at least annually.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility has a sufficient main supply of oxygen to accommodate anesthesia delivery to the expected range of daily patient flow.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A system is in place to designate who turns medical gases on and off each day.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An alternate source of oxygen is available in the event of central oxygen distribution failure (a typical back-up source is the E-size cylinders with regulator/wrench).

Section 10 – Nitrous Oxide/Oxygen Mixers and Sedation/Anesthetic Delivery System

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Deep Sedation and/or GA facilities – all nitrous oxide/oxygen mixers, and/or anesthetic machines (if applicable) are inspected and serviced at least every six months or as recommended by manufacturers, whichever is more frequent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Moderate Sedation facilities – nitrous oxide machines are inspected annually or as recommended by the manufacturer, whichever is more frequent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitrous oxide/oxygen equipment has an appropriate scavenging system that is active whenever the equipment is in use (required for all sedation levels).

Section 11 – Patient Monitoring Equipment

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All emergency equipment, drugs, and airway management supplies are provided by either the facility owner or the mobile anesthesia provider. The shared provision of emergency equipment and drugs is prohibited.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patient monitors meet provincial and federal regulations; they 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patient monitors are inspected and/or serviced at least annually.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is at least one capnography (preferred)/ETCO ₂ monitor or audible pretracheal stethoscope (<i>ETCO₂ is mandatory for deep sedation</i>).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details of all inspections/servicing are kept in a logbook and are available at all times.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection/servicing is carried out by either a registered biomedical engineer or biomedical technologist/technician.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There is an AED and/or defibrillator.</p> <p><input type="checkbox"/> How often is the green light checked by staff on the AED _____</p> <p><input type="checkbox"/> Expiry date of pad: _____</p> <p><input type="checkbox"/> Battery expiry date: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The defibrillator/AED is tested by the facility weekly with results kept in a logbook and it's available at all times (<i>required for deep sedation & GA</i>).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one of the facility's patient physiological monitors (NIBP, HR, SpO ₂ , ECG) has battery power backup.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A portable, battery-powered emergency suction unit is immediately available to the sedation/recovery areas.

Section 12 – Essential Airway Equipment

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required bag-valve-mask devices are readily available in operating and recovery areas.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The essential airway equipment outlined in the Standards & Guidelines is immediately available.

Section 13 – Drug Control and Anesthesia Supplies

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sedative drugs and anesthesia supplies outlined in the guidelines are readily available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment and drugs are 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controlled drugs and targeted substances (e.g., benzodiazepines, opioids, and ketamine) are:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kept in a securely mounted and locked cabinet.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clearly identified and securely stored in appropriate manner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Up-to-date with detailed records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Access key records are kept up-to-date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The logbook is kept in the office at all times, in a secure location separate from the drug cabinet.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any identified loss or theft is reported to Health Canada within 10 days.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is one full “E” portable oxygen cylinder dedicated for emergency supply; it has regulator/flowmeter/wrench and administration supplies continuously.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intravenous equipment and supplies are available per the Standards & Guidelines.

14. Drugs without Wide Margin of Safety

The following questions are only for moderate sedation facilities. Drugs that do not have wide margin of safety are restricted for use by all route of administration and may only be used by physicians and dentists who are authorized by BCCOHP to provide deep sedation and/or general anesthesia.

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the facility have the following drugs – check all that applies <input type="checkbox"/> Propofol <input type="checkbox"/> Ketamine <input type="checkbox"/> Remifentanyl <input type="checkbox"/> Sufentanyl <input type="checkbox"/> Barbiturates <input type="checkbox"/> Etomidate <input type="checkbox"/> Dexmedetomidine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If one or more of the drugs above is selected, please provide name of provider(s): _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If drugs that do not have wide margin of safety are used, there are appropriate staff, drugs, equipment, and protocols in place to manage emergencies.

Section 15 – Emergency Drugs

Yes	No	N/A	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency medications (and concentration) outlined in the guidelines are current and readily available.

Section 16 – Declaration

I confirm and certify all information and documents (including proof of rectifications, if applicable) submitted for this sedation assessment, to be accurate, true, and up-to-date.

Facility owner

(if there is more than one owner, only one owner signature is required)

Printed name _____ Signature _____

Date M/D/Y _____

Sedation provider(s)

(all providers performing sedation at the above-named facility must sign)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Printed name	Signature	Date M/D/Y

Section 17 – Required Documents

Please submit copies of the following required documents. For document details, please refer to the Sedation & GA Compliance Assessment Checklist.

It is the expectation of the College that registrants will be cooperative in providing accurate information and submitting proof of corrected deficiencies. Incomplete submissions and non-response will result in delayed assessments or further actions.

Required Documents

- ☐ Current sedation and/or general anesthesia staff list (form attached)
- ☐ Copies of staff credentials for **all clinical sedation and/or general anesthesia staff**
 - **Current BLS**
 - **Current ACLS (if applicable)**
 - **Current PALS (if applicable)**
 - **Proof of current RN Registration**
 - **Proof of sedation training for sedation assistants/recovery supervisors**
 - **Current Physician's Certificate of Professional Conduct (if applicable)**
 - **Current Physician Hospital Privilege**

- ☐ Current biomed inspection reports and service records for all monitoring/emergency equipment, anesthesia machines, the defibrillator/AED, and the medical gas piping system report (if applicable) (*reports must be within the last 12 months from date of submission*)
- ☐ Current drug inventory, including expiry dates, concentration, drug form, and quantity (form attached)

Please note for facilities that are supported by mobile anesthesia providers, all equipment inspection reports and drug lists must clearly indicate if they belong to mobile anesthesia provider(s) or facility.

Instructions for Electronic Submission

Please submit all documents in a single PDF file, and ensure all documents are clear and legible.

Email subject headline **must** include name of facility for all submissions, including rectifications.

Submissions are emailed to sedation@oralhealthbc.ca.

Questions

If there are questions or the file is too large to send via email, please contact sedation@oralhealthbc.ca.

Staff List

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

1. Sedation and/or General Anesthesia Providers in Your Facility

Full Legal Name	Class	Registration #	Credentials (Submit copies)	Level of Sedation Provided
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia

¹ Required if providing sedation and/or general anesthesia to patients 12 years of age and under

² General practitioner anesthetist (GPA) **must** provide documentation of hospital privilege

³ Course taken within last 3 years

⁴ Required if new physician working in facility

Full Legal Name	Class	Registration #	Credentials (Submit copies)	Level of Sedation Provided
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> Physician		Dentist <input type="checkbox"/> sedation and treatment <input type="checkbox"/> sedation only <input type="checkbox"/> BLS or equivalent <input type="checkbox"/> ACLS <input type="checkbox"/> PALS ¹ Physician <input type="checkbox"/> Hospital Privileges ² (or BLS, ACLS, PALS, & Difficult Airway Course ³) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁴	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia

¹ Required if providing sedation and/or general anesthesia to patients 12 years of age and under

² General practitioner anesthetist (GPA) **must** provide documentation of hospital privilege

³ Course taken within last 3 years

⁴ Required if new physician working in facility

2. Sedation and/or General Anesthesia Clinical Team Members

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

Full Legal Name & Registration #	Class	Role/Function	Credentials (Submit copies)	Level of Sedation Involved
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor)	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
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⁵ Dentist providing treatment only

Full Legal Name & Registration #	Class	Role/Function	Credentials (Submit copies)	Level of Sedation Involved
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
	<input type="checkbox"/> Dentist <input type="checkbox"/> CDA <input type="checkbox"/> Nurse <input type="checkbox"/> Hygienist <input type="checkbox"/> Other	<input type="checkbox"/> Operating Dentist ⁵ <input type="checkbox"/> Operative Assistant <input type="checkbox"/> Moderate Sedation Assistant <input type="checkbox"/> Deep Sedation Assistant <input type="checkbox"/> Recovery Supervisor	<input type="checkbox"/> BLS or equivalent <input type="checkbox"/> DAANCE/OMAAP <input type="checkbox"/> CDAAC <input type="checkbox"/> Evidence of Nurse Registration <input type="checkbox"/> Sedation assistant training with University of Alberta	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia

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REQUIRED EMERGENCY DRUG FORM

Facility owners are only required to complete the drug form respective to the highest level of sedation provided in the facility (i.e., if the highest level of sedation provided is general anesthesia, completion of the moderate sedation drug list is **not** required).

In addition to completing the required drug form, please submit a list of drugs used for sedation and/or general anesthesia. The list must contain drug name, concentration, form (e.g., vials/preloaded syringes), and expiry date.

MODERATE SEDATION				
Required Drugs	Concentration	Quantity	Form (e.g., vial)	Expiry Date M/D/Y
Oxygen (1) Full "E" Cylinder <i>The portable oxygen cylinder must be a dedicated emergency supply and have a regulator/flowmeter/wrench and administration supplies continuously connected.</i>				
Epinephrine				
Nitroglycerin				
Diphenhydramine or Chlorpheniramine				
Salbutamol Inhalation Aerosol				
Acetylsalicylic acid (ASA)				
Flumazenil <i>Only required if benzodiazepines are used.</i>				
Naloxone <i>Only required if opioids are used.</i>				
Supplemental glucose for oral use				

DEEP SEDATION AND/OR GENERAL ANESTHESIA

Required Drugs	Concentration	Quantity	Form (e.g., vial)	Expiry Date M/D/Y
Adenosine				
Antiarrhythmic				
Acetylsalicylic acid (ASA) non-enteric coated				
Atropine				
Benadryl/Diphenhydramine				
Corticosteroid				
Dantrolene + Sterile Water <i>(Not required if triggering agents are only used for emergencies)</i>				
Dextrose 50%				
Ephedrine				
Epinephrine				
Flumazenil				
Labetalol				
Betablocker				
Antihypertensive				
Midazolam or equivalent				
Morphine				
Naloxone				
Nitroglycerin				
Oxygen E-cylinder with regular regulator for emergency only				
Ventolin/Salbutamol				
Phenylephrine				