

ANNUAL SELF-ASSESSMENT FOR SEDATION AND GENERAL ANESTHESIA FACILITIES

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 documentation. The criteria described in these forms are defined in the Standards & Guidelines for Sedation and General Anesthesia that are available on the BCCOHP website.

Facility Name¹: _____

Facility Owner(s)²: _____

Facility Address: _____

Primary Contact Email and Phone: _____

Date of Submission: _____

Mobile Provider: Yes No (*Applicable to Moderate Sedation Only*)

If Mobile Provider:

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

(If you receive services from a mobile provider, please complete the questionnaire with your provider.)

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

Section 1

Please confirm the following by checking (✓) the adjacent box (*check all that applies*):

1. Sedation/Anesthesia Level Offered by Facility

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

¹ As appears on signage

² Please provide full legal names of registrants, not corporations

- General Anesthesia

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

What is the lowest age a patient may receive sedation and/or general anesthesia in your facility:

_____ years old.

- Facility has pediatric specific emergency guidelines and pediatric emergency armamentarium
- Not applicable

For patients 12 years of age and lower, please confirm level of sedation provided to them (check all that applies):

- Minimal sedation
- Moderate sedation
- Deep sedation
- General anesthesia
- Not applicable

3. Sedation/Anesthesia Team

- The sedation and/general anesthesia provider(s) has/have their qualifications registered with BCCOHP or CPSBC.
- All clinical sedation and/or general anesthesia staff have current BLS that meets BCCOHP requirements.
- There is a sufficient number of staff based on the current BCCOHP Sedation and General Anesthesia Standards & Guidelines to ensure safe, effective patient care
- 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 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 & Guidelines, and a logbook is kept.
- Each team member knows the contents and location of the emergency mobile kit/cart (*required for deep sedation and GA*)

4. Records

- Written and verbal pre-sedation/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-sedation/post-anesthetic instructions are provided to each patient and escort
- Complete and accurate record keeping procedures are followed
- The following items are recorded on the Pre-Anaesthetic Record:
 - patient demographics
 - signed and dated medical history questionnaire (*required for deep sedation & GA*)
 - 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 sedation, 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 sedation/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-sedation/post-anaesthetic instructions
 - identification of accompanying responsible individual and discharge time
 - 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 British Columbia College of Oral Health Professionals

5. 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

6. Recovery Area

- There are appropriately trained staff, in sufficient numbers, supervising patient recovery
- All recovering patients are continuously monitored
- If a separate initial post-sedation recovery area is utilized, the practitioner administering the sedative/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*)

7. Medical Gas System and Sedation/Anesthetic Delivery System

- 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 CSA standards
- The medical gas piping and distribution system is inspected at least annually.
- The facility has a sufficient main supply of oxygen to accommodate anesthesia 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
- All nitrous oxide/oxygen mixers, and/or anaesthetic machines (if applicable) are inspected and serviced at least every six months for deep sedation and GA facilities; nitrous oxide machines are inspected annually or more frequently as recommended by the manufacturer, whichever is more frequent.
- Nitrous oxide/oxygen equipment must have an appropriate scavenging system that is active whenever the equipment is in use.

8. 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 are 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 (*required for deep sedation & GA*)
- At least one of the facility's patient physiologic monitors (NIBP, HR, SaO₂ ECG) has battery power backup
- A portable, battery-powered emergency suction unit is immediately available to the sedation/recovery areas.

9. Essential Airway Equipment

- Required Bag-Valve-Mask devices readily available in operating and recovery areas
- The essential airway equipment outlined in the Standards & Guidelines are readily available

10. Sedation Drugs and Anesthesia Supplies

- Sedative drugs and anesthesia supplies outlined in the guidelines are readily available
- 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
- 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 separate from the drug cabinet

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

- Intravenous Equipment and Supplies are available per the Standards & Guidelines

11. Drug Control

- Drugs are clearly identified and stored in an appropriate manner

- Targeted substances are secured in protected storage
- Targeted substances are kept up-to-date with detailed records
- Targeted substances' access key records are kept up-to-date

12. 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 Signed

Section 2

Please submit copies of the following documents:

- Current sedation and/or general anesthesia staff list (form attached) **and** copies of staff credentials
- Current inspection and service records for all monitoring/emergency equipment, anesthesia machines, the defibrillator/AED, and the medical gas pipeline system
- Current drug inventory, including expiry dates, dosage, drug form, and quantity

For electronic submissions, please submit all documents as a single PDF file, and ensure that all documents are clear and legible. If 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		<u>Dentist</u> <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 ³ <u>Physician</u> <input type="checkbox"/> Hospital Privileges ⁴ (or BLS, ACLS, PALS, & Difficult Airway Course ⁵) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁶	<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		<u>Dentist</u> <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 ³ <u>Physician</u> <input type="checkbox"/> Hospital Privileges ⁴ (or BLS, ACLS, PALS, & Difficult Airway Course ⁵) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁶	<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		<u>Dentist</u> <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 ³ <u>Physician</u> <input type="checkbox"/> Hospital Privileges ⁴ (or BLS, ACLS, PALS, & Difficult Airway Course ⁵) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁶	<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		<u>Dentist</u> <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 ³ <u>Physician</u> <input type="checkbox"/> Hospital Privileges ⁴ (or BLS, ACLS, PALS, & Difficult Airway Course ⁵) <input type="checkbox"/> Screenshot of Online CPSBC Status or CPC ⁶	<input type="checkbox"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia

³ Required if providing sedation and/or general anesthesia to patients 12 years of age and under

⁴ General practitioner anesthetist (GPA) **must** provide documentation of hospital privilege

⁵ Course taken within last 3 years

⁶ Required if new physician working in facility

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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 ⁷ <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"/> 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 ⁷ <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"/> Moderate (oral) <input type="checkbox"/> Moderate (parenteral) <input type="checkbox"/> Deep <input type="checkbox"/> General Anesthesia
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⁷ Dentist providing treatment only

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