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Memo

TO: Non-Hospital Facilities Providing General Anaesthesia

FROM: Heather MacKay, Registrar

DATE: March 30, 2010

SUBJECT: **Accreditation Requirements – Update**

The College's guidelines on General Anaesthetic Services in Dentistry (Non-Hospital Facilities) contain standards of practice in relation to inducing general anaesthesia, while providing dental services in British Columbia. Since the implementation of these guidelines, the Sedation and General Anaesthetic Services Committee (formerly known as the Accreditation Committee), has identified several modifications, updates and/or clarifications to these guidelines as being necessary in order to ensure they are consistent with, or exceed, best practice recommendations, and that they are based on current medical/dental literature. In this regard, the Committee will now be posting annual addendums to the guidelines on the College's website, identifying the changes so that facilities providing general anaesthesia may proactively implement them.

Non-compliance with implementing these changes could risk a general anaesthetic facility's continued authorization to provide this service.

Attached: Addendum

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General Anaesthetic Services in Dentistry (Non-Hospital Facilities)

Addendum

Backup Suction Units	Although the guidelines state "appropriate" backup, battery powered backup suction units are now readily available, are compact and portable, are of reasonable cost and are superior to manual aspirators in terms of airway/tube suctioning. Therefore, all GA facilities currently using a manual powered backup suction unit are expected to change over to a battery powered unit.
OMAAP course	This is now called DAANCE (Dental Anaesthesia Assistant National Certification Examination).
Defribillator	It is now acceptable to have an AED as the defibrillator in the facility. The AED does not have to be capable of synchronized cardioversion. If preferred, however, the facility may wish to use a manual-function defibrillator instead of, or in addition to, the AED.
Anaesthetic Machine Obsolescence	See attached guidelines.
Emergency Airway	A laryngeal mask airway is considered an acceptable emergency airway.
Halothane	Despite Halothane being commercially available, the Sedation & General Anaesthetic Services Committee strongly recommends against its use, based on the better alternatives available.

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Please note: The following is an excerpt from the General Anaesthetic Services in Dentistry (Non-Hospital Facilities) guidelines. Revisions that were made to this document in 2007 are in italics.

B. ANAESTHESIA DELIVERY SYSTEM

Components of the anaesthetic delivery system include sources of compressed oxygen and anaesthetic gases, reducing valves, flowmeters, vaporizers, carbon dioxide absorption system, inspiratory and expiratory valves, escape valve, reservoir bag, and breathing tubes and face masks.

1. The installation of gas piping or conducting systems must be performed by competent and experienced personnel, and must comply with all standards and qualities dictated by the manufacturer and governmental regulatory bodies.

2. Prior to each case, adequacy of the volumes of gases on hand should be confirmed, along with the availability of a backup supply of oxygen to ensure that the supply of oxygen cannot fail during treatment. The reserve supply of oxygen should be a portable cylinder, ready for immediate use, with appropriate regulator, flowmeter and connectors attached.

3. Gases must be properly stored and locked so that they cannot be tampered with or turned off by an unknown third party. The location of the key must be defined along with who is responsible for turning gases on and off.

4. The anaesthetic delivery system must be connected to an appropriate scavenging system, which removes waste anaesthetic gases from the office environment.

5. Anaesthesia Machines:

   1. The anaesthesia machine must meet the requirements of the versions of the applicable CSA standards that are in place at the time of purchase. The purchaser must assure that this condition is met when used equipment is purchased since the standards that are current at the time of purchase may differ from those in place when the equipment was first certified.

   2. When an anaesthesia machine is purchased, whether new or used, the requirements of the federal Medical Devices Regulations must be met. Of particular note is the need for the manufacturer to hold a current Medical Device License for the device, and for the vendor to hold a current

3. *Establishment License. It is the responsibility of the purchaser to assure these licenses are in place.*

4. *An anaesthesia machine must be replaced if it is obsolete. Two important examples of limitations that are considered sufficient for an anaesthesia machine to be considered obsolete for clinical use are:*

    a. *Lack of a minimum oxygen ratio device (oxygen- nitrous oxide proportioning system), which ensures that a hypoxic gas mixture cannot be inadvertently administered.*

    b. *Lack of an oxygen "fail safe" device and an oxygen supply pressure alarm, both of which conform to CSA Standard CAN3-Z168.3 –97, Clause 14.*

5. *If a vaporizer is fitted to the gas delivery system:*

    a. *It shall have an agent-specific, keyed filling device.*

    b. *The connection of the inlet and output ports of the vaporizer to the gas machine shall be such that an inadvertent attachment cannot be made.*

    c. *All vaporizer knobs must open counterclockwise and be marked in volume-percent.*

    d. *If multiple vaporizers are utilized, an Interlock system must be installed.*