



**Provincial Dental Board
of
Nova Scotia**

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**INSPECTION FOR AUTHORIZATION TO PROVIDE DEEP SEDATION SERVICES TO
NON- HOSPITAL
DEEP SEDATION FACILITIES**

Facility Name: _____

Facility Owner(s)/Director(s): _____

Contact Information

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Email: _____ Website: _____

Survey Team

Oral Surgeon: _____

Anesthesiologist: _____

Biomedical Engineer: _____

Part 1: Deep Sedation Services in Dentistry

FACILITY STAFF QUALIFICATIONS

Anesthetists (if utilized to provide sedation)

Name _____	BLS	ACLS
Certified Specialist	General Practitioner	
Name _____	BLS	ACLS
Certified Specialist	General Practitioner	

Dentist(s)

Name _____	BLS	ACLS
Certified Specialist	General Practitioner	
Name _____	BLS	ACLS
Certified Specialist	General Practitioner	
Name _____	BLS	ACLS
Certified Specialist	General Practitioner	

Deep Sedation Assistant(s)

Name _____	BLS
Registered Nurse	Dentist Physician OMAAP/ DAANCE
Name _____	BLS
Registered Nurse	Dentist Physician OMAAP/ DAANCE

Operative Assistant(s)

Name _____ BLS

Name _____ BLS

Name _____ BLS

Recovery Supervisor(s)

Name _____ BLS

Registered Nurse Dentist Physician OMAAP/ DAANCE

Name _____ BLS

Registered Nurse Dentist Physician OMAAP/ DAANCE

ANAESTHETIC TEAM

RECORDS

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. Do the Pre-Anesthetic instructions include, restrictions regarding pre-anesthetic foods and fluids? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is the Pre-Anesthetic informed consent consistent with the requirements of the guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does each pre-anesthetic record include areas for the provider to document the following: | | |
| • Patient demographics | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pre-operative vital signs (weight, BP, pulse and respirations) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pertinent physical examination findings | | |
| D. Does each anesthetic record include areas for the provider to document the following: | | |
| • Verification of NPO status, patient escort, medication allergies, and body weight | <input type="checkbox"/> | <input type="checkbox"/> |
| • Intravenous access location and fluids administered. | <input type="checkbox"/> | <input type="checkbox"/> |
| • List of all monitors, circuits, and airway devices used. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Record of blood pressure, pulse rate, respirations, and Oxygen saturation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Start and end time of anesthetic | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does the recovery room record include areas for the provider to document the following: | | |
| • Initial and periodic record of blood pressure, pulse rate, Oxygen saturation, respiration, level of consciousness, and General status | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dose, time, route, site, reason for administration, and response To any administered medications | <input type="checkbox"/> | <input type="checkbox"/> |
| • Verification of discharge criteria | <input type="checkbox"/> | <input type="checkbox"/> |
| • Verification of provision of verbal and written Post-anesthetic instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identification of discharge time and accompanying responsible individual | <input type="checkbox"/> | <input type="checkbox"/> |
| • Name and signature of responsible recovery personnel | <input type="checkbox"/> | <input type="checkbox"/> |

- F. Do Post-anesthetic instructions include the following?
- Written instructions ☐ ☐
 - Notice not to drive a vehicle or operate hazardous equipment for a minimum of 18 hours. ☐ ☐
 - The procedure for accessing emergency care if necessary ☐ ☐
- G. Is a Resuscitation Record form kept with the defibrillator? ☐ ☐
- H. Does the Resuscitation Record include areas for the provider to document the following?
- Time of Cardiac event ☐ ☐
 - Respiratory Management ☐ ☐
 - Cardiac Management ☐ ☐
 - Name, Dose, Time, Route of all drugs administered ☐ ☐
 - Intravenous access and location ☐ ☐
 - Type and amount of fluids administered ☐ ☐
 - Name and signature of involved individuals ☐ ☐

EMERGENCY PREPAREDNESS

- A. Does the facility have an appropriate and documented action plan for the following?
- Power Failure ☐ ☐
 - Fire and Evacuation ☐ ☐
 - Transportation of an anaesthetized patient out of the facility ☐ ☐
 - Transportation of the patient to a hospital ☐ ☐
 - Cardiopulmonary arrest ☐ ☐
 - Anaphylaxis ☐ ☐
 - Malignant hyperthermia ☐ ☐
- (If triggering agents are regularly utilized)
- B. Are duties of staff clearly defined in the event of these emergencies? ☐ ☐
- C. Are emergency phone numbers readily available and posted at all facility telephones? ☐ ☐
- D. Is emergency equipment well organized and readily available? ☐ ☐
- E. Is the log book of emergency mock drills up to date, including the individuals present? ☐ ☐

INFECTION CONTROL

- | | | |
|---|--------------------------|--------------------------|
| A. Are sharp devices handled properly and disposed of in dedicated puncture-resistant biohazard containers? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is there a policy and procedure for management of significant exposures? | <input type="checkbox"/> | <input type="checkbox"/> |

TREATMENT AREAS

- | | | |
|---|---------------------------------|--------------------------------|
| A. Do the operating and recovery area(s) meet the requirements of the guidelines? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| B. Are the surgical lights suitable for the treatment performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is emergency lighting readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Does the table/chair have sufficient accessories to anesthetize, position and restrain the patient safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does the table/chair permit Trendelenburg positioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are electrical outlets accessible and adequate to accommodate all necessary equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. If power bars are utilized in direct patient care, are they hospital grade? | <input type="checkbox"/> | <input type="checkbox"/> |

RECOVERY AREAS

- | | | |
|--|--------------------------|--------------------------|
| A. Are patients able to be visually monitored by recovery room staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there adequate patient stations with services for each patient proportionate to operating theatres and schedules? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are electrical outlets accessible and adequate to accommodate all necessary equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is emergency lighting readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is there adequate room to allow for emergency care for a patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are the following immediately available at each patient station? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Oxygen | <input type="checkbox"/> | <input type="checkbox"/> |
| • Suction | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bag-valve-mask device (which can adapt to LMA or tracheal tube) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Physiologic monitor, including pulse oximetry, with audible alarm and ECG? | <input type="checkbox"/> | <input type="checkbox"/> |

Oral Surgeon Surveyor Recommendation

Full Authorization

Provisional Authorization

Unacceptable for Authorization

Comments:

Signature: _____

Date: _____

Part 2: Deep Sedation Services in Dentistry

(To be completed by a biomedical engineer)

SUCTION

- | | | |
|---|--------------------------|--------------------------|
| A. Does the central suction unit have a built in back up pump? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. In the event of a central power failure, is a battery powered portable suction unit readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is access to the central suction unit locked? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is the suction unit switch situated or protected so as to prevent accidental turn off? | <input type="checkbox"/> | <input type="checkbox"/> |

GAS STORAGE AND PIPING

- | | | |
|--|--------------------------|--------------------------|
| A. Has the Medical Gas Pipeline System been inspected and received CSA certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Since receiving CSA Certification, have the gas pipelines been modified or changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all gas hoses, cylinders, flow-meters and control valves color coded. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are all gas connectors non-interchangeable at all connection sites? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are there pressure gauges and alarms to show the status of the Medical Gas Pipeline System? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is inspection and service of the gas system provided by qualified personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the facility have a sufficient main supply of oxygen to accommodate anesthesia delivery to the expected range of daily patient flow? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Is there an alternate source of oxygen available (with gauge, regulator and wrench) in the event of central oxygen failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are medical gas cylinders in a locked location? | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are cylinders secured to the wall or floor? | <input type="checkbox"/> | <input type="checkbox"/> |

MONITORING EQUIPMENT

- | | | |
|--|--------------------------|--------------------------|
| A. Are all patient monitors CSA certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the frequency of equipment inspection/ testing/ service meet requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are inspections /testing/ service carried out by a registered biomedical engineer or biomedical technologist/ technician? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there evidence that equipment deficiencies/ repairs are promptly corrected/ carried out? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is the monitoring equipment inspection and service logbook up to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is the manual defibrillator and/or AED testing log book up to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Are the following devices/ equipment available for each sedated patient: | | |
| • System for monitoring blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pulse oximeter | <input type="checkbox"/> | <input type="checkbox"/> |
| • ECG monitor | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Is at least one battery-powered physiologic monitor available in the event of a central power failure? | <input type="checkbox"/> | <input type="checkbox"/> |

NITROUS OXIDE/ OXYGEN DELIVERY SYSTEM

- | | | |
|--|--------------------------|--------------------------|
| A. Does, the nitrous oxide/ oxygen equipment have a failsafe system? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the nitrous oxide/oxygen equipment have an appropriate gas scavenging system? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is the nitrous oxide/ oxygen equipment periodically inspected as recommended by the manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL SUPPLY

- | | | |
|--|--------------------------|--------------------------|
| A. Is the panel board located with the due regard for the need for convenient access By persons authorized to operate or reset circuit breakers? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is access to the panel board controlled by locks or prudent location? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is each receptacle location identified at the panel board? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are the receptacles in patient care areas hospital grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are the retentive forces in each receptacle adequate? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are the receptacles and cover plates in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |

Biomedical Engineer Surveyor Recommendation

Full Authorization

Provisional Authorization

Unacceptable for Authorization

Comments:

Signature: _____

Date: _____

Deep Sedation Services in Dentistry

Part 3

(To be completed by an anesthesiologist)

ESSENTIAL AIRWAY EQUIPMENT

- A. Are the Bag-Valve-Mask devices (which can connect to a LMA or tracheal tube) readily available in both operating and recovery areas? ☐ ☐
- B. Are the following available:
- Endotracheal tubes, laryngeal mask airways, oropharyngeal airways, And, facemasks in a selection of sizes appropriate to the expected range of patient age and size. ☐ ☐
 - Two functioning laryngoscopes and a variety of laryngoscope blades ☐ ☐
 - Catheters to suction out endotracheal tubes ☐ ☐
 - Nasogastric tubes ☐ ☐
 - Magill forceps appropriate to the expected range of patient age and size ☐ ☐
 - Either a precordial, paratracheal or esophageal stethoscope ☐ ☐

ANAESTHESIA SUPPLIES

- A. Does the facility have an adequate supply of the following:
- Administration set for adults ☐ ☐
 - Administration set for children ☐ ☐
 - Physiologic intravenous solution ☐ ☐
 - Dextrose intravenous solution ☐ ☐
 - Intravenous catheters ☐ ☐
 - Needles ☐ ☐
 - Syringes ☐ ☐
 - ECG monitoring electrodes ☐ ☐
 - Defibrillator pads/paste ☐ ☐
 - Lubricant ☐ ☐
 - Tape ☐ ☐
 - Patient padding ☐ ☐
 - Puncture proof biohazard container ☐ ☐

Drug Control

- | | | |
|---|--------------------------|--------------------------|
| A. Are drugs stored in an appropriate manner and clearly identified? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are narcotic drugs and the narcotic log book locked? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the narcotic logbook contain a record of patient name, date, drug name, name of the person administering and inventory? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are records kept detailing who has access to the narcotics key? | <input type="checkbox"/> | <input type="checkbox"/> |

EMERGENCY MEDICATIONS

- | | | |
|--|--------------------------|--------------------------|
| A. Are the following drugs available: | | |
| • Adenosine | <input type="checkbox"/> | <input type="checkbox"/> |
| • Aspirin | <input type="checkbox"/> | <input type="checkbox"/> |
| • Atropine | <input type="checkbox"/> | <input type="checkbox"/> |
| • Benadryl | <input type="checkbox"/> | <input type="checkbox"/> |
| • Benzodiazepine | <input type="checkbox"/> | <input type="checkbox"/> |
| • Beta blocker | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bronchodilator inhaler | <input type="checkbox"/> | <input type="checkbox"/> |
| • Corticosteroid | | |
| • Epinephrine | <input type="checkbox"/> | <input type="checkbox"/> |
| • Flumazenil | <input type="checkbox"/> | <input type="checkbox"/> |
| • Naloxone | <input type="checkbox"/> | <input type="checkbox"/> |
| • Nitroglycerine | | |
| • Succinylcholine | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vasodilator | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vasopressor | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there at least two ampoules/vials of each drug available at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are there at least six ampoules/vials of epinephrine and atropine available at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. In facilities, where triggering agents of malignant hypothermia are regularly used; Is there sufficient dantrolene available to provide an initial loading dose of 2.5mg/kg to a 70 kg Patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is there sufficient sterile water available to reconstitute the dantrolene quickly? | <input type="checkbox"/> | <input type="checkbox"/> |

ANAESTHESIOLOGIST SURVEYOR RECOMMEDATION

Full Authorization

Provisional Authorization

Unacceptable for Authorization

Comments:

Signature: _____

Date: _____