



**Provincial Dental Board
Of
Nova Scotia**

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

Facility Name: _____

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

Contact Information

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Facsimile: _____

Email: _____ Website: _____

Moderate Sedation Facility Inspector: _____

FACILITY STAFF QUALIFICATION

Anesthetist(s) or Dentist(s) providing moderate sedation

Name: _____ BLS ☐ ACLS ☐ PALS ☐

Certified Specialist General Practitioner

Name: _____ BLS ☐ ACLS ☐ PALS ☐

Certified Specialist General Practitioner

Dentist(s)

Name: _____ BLS ☐ ACLS ☐ PALS ☐

Certified Specialist General Practitioner

Name: _____ BLS ☐ ACLS ☐ PALS ☐

Certified Specialist General Practitioner

Name: _____ BLS ☐ ACLS ☐ PALS ☐

Certified Specialist General Practitioner

Moderate Sedation Assistant(s)

Name: _____

☐ CPR HCP (C) ☐ DAANCE ☐ CDAAC or Equivalent

Name: _____

☐ CPR HCP (C) ☐ DAANCE ☐ CDAAC or Equivalent

Name: _____

☐ CPR HCP(C) ☐ DAANCE ☐ CDAAC or Equivalent

Name: _____

☐ CPR HCP (C) ☐ DAANCE ☐ CDAAC or Equivalent

Operative Assistant(s)

Name _____ CPR HCP (C) ☐

Name _____ CPR HCP (C) ☐

Name _____ CPR HCP (C) ☐

MODERATE SEDATION TEAM

- | | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Are staff BLS Certificates current? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are only qualified dentists/physicians, currently providing Moderate sedation services as stipulated in the guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do the Moderate Sedation Assistants have the appropriate Training/ Qualifications as stipulated in the guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do the Operative Assistants have the appropriate Training/ Qualifications as stipulated in the guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |

RECORDS

- | | | |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Do the pre-sedation instructions include restrictions regarding pre-sedation food/fluids? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is the pre-sedation informed consent consistent with the requirements of the guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does each pre-sedation record include areas for the provider to document the following? | | |
| • Patient demographics. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pre operative vital signs such as pulse, respiration, blood pressure and weight. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pertinent physical examination findings. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Does each sedation record include areas for the provider to document the following? | | |
| • Verification of NPO status, 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 drugs administered including: dose, time, and route of administration. | <input type="checkbox"/> | <input type="checkbox"/> |
| • List of all monitors, circuits, 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 record include areas for the provider to document the following? YES NO

- 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 anesthetic instructions ☐ ☐

- Identification of discharge time and accompanying responsible individual. ☐ ☐

- Name and signature of responsible recovery personnel. ☐ ☐

F. Do the post-sedation instructions include the following? ☐ ☐

- Written instructions ☐ ☐

- Notice not to drive a vehicle or operate hazardous equipment for a minimum of 24 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:

YES NO

- 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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 patient to a hospital

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

B. Does the facility have an appropriate and documented action plan for the following medical emergencies?

- Syncope
- Asthma/ Broncho Spasm
- Anaphylaxis
- Hypoglycemia
- Seizure
- Stroke
- Cardiac arrest

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

C. Are emergency phone numbers readily available and posted at all facility telephones?

<input type="checkbox"/>	<input type="checkbox"/>
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D. Is emergency equipment well organized and readily available?

<input type="checkbox"/>	<input type="checkbox"/>
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E. Is the log book of emergency mock drills up to date, including the individuals present?

<input type="checkbox"/>	<input type="checkbox"/>
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INFECTION CONTROL

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <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 anaesthetize, position and restrain the patient safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does, the table/ chair permit Trendlenburg 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"/> |

RECOVERY AREAS

- | | | |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Are patients able to be visually monitored by recovery staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are electrical outlets accessible and adequate to accommodate all necessary equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is emergency lighting readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there adequate room to allow for emergency care for a patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. 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 (able to adapt to LMA) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Physiologic monitor, including pulse oximetry with audible alarm and ECG | <input type="checkbox"/> | <input type="checkbox"/> |

SUCTION

- | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. In the event of a central power failure, is a battery powered portable suction unit readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is access to the central suction restricted to only staff by locks or prudent location? | <input type="checkbox"/> | <input type="checkbox"/> |

- C. Is the suction unit switch situated or protected so as to prevent accidental turn off?

☐ ☐

GAS STORAGE / PIPING

YES NO

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

MONITORING EQUIPMENT

☐ ☐
☐ ☐

- A. Does all medical electrical equipment bear the mark or label of a certifying organization such as CSA that is accredited by the Standards Council of Canada to approve the electrical medical equipment? ☐ ☐
- B. Does the frequency of equipment inspection, testing, and service meet requirement? ☐ ☐
- C. Are inspections, testing, and service carried out by a registered biomedical engineer or biomedical technologist/ technician? ☐ ☐
- D. Is there evidence that equipment deficiencies and repairs are promptly corrected/ carried out? ☐ ☐
- E. Is the monitoring equipment inspection and service logbook up to date? ☐ ☐
- F. Is the manual defibrillator and/or AED testing log book up to date? ☐ ☐
- G. Are the following devices/ equipment available for each sedated patient:
 System for monitoring blood pressure ☐ ☐
 Pulse oximeter ☐ ☐

☐ ☐

ECG monitor

- H. Is at least one battery powered physiologic monitor available in the event of a central power failure?

☐ ☐

NITROUS OXIDE/ OXYGEN DELIVERY SYSTEM (IF APPLICABLE)

Yes **No**

- A. Does the nitrous oxide/oxygen equipment have a fail-safe system? ☐ ☐
- B. Does the nitrous oxide/oxygen equipment have an appropriate gas scavenging system? ☐ ☐
- C. Is the nitrous oxide/oxygen equipment periodically inspected; as recommended by the manufacturer? ☐ ☐

ESSENTIAL AIRWAY EQUIPMENT

Are the following items available?

- Laryngeal mask airways, oropharyngeal airways, and facemasks with a selection of sizes appropriate to the expected range of patient age and size? ☐ ☐
- 100% oxygen source (2 E tanks available). ☐ ☐
- Yankauer suction tip ☐ ☐
- Nasogastric tubes ☐ ☐
- Stethoscope ☐ ☐
- Capnography monitoring system or pretracheal stethoscope (for pediatric patients) ☐ ☐

ANAESTHESIA SUPPLIES

Does the facility have an adequate supply of the following items?

- 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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Tape ☐ ☐
- Patient padding ☐ ☐
- Puncture proof biohazard container ☐ ☐

DRUG CONTROL

- A. Are drugs stored in an appropriate manner and clearly identified? ☐ ☐
- B. Are narcotic drugs and the narcotic logbook locked? ☐ ☐
- C. Does the narcotic logbook contain a record of patient name, date, drug name, name of the person administering and inventory? ☐ ☐
- D. Are records kept detailing who has access to the narcotics key? ☐ ☐

EMERGENCY MEDICATIONS

Are the following drugs available?

- Acetylsalicylic Acid (1small bottle) ☐ ☐
- Atropine (2 ampoules of 0.6 mg) ☐ ☐
- Diphenhydramine or Chlorpheniramine (2vials of 50mg) ☐ ☐
- Epinephrine (6 ampoules) ☐ ☐
- Flumazenil (1vial) ☐ ☐
- Hydrocortisone Succinate (2 vials of 100mg) ☐ ☐
- Naloxone (2 ampoules) ☐ ☐
- Nitroglycerine (1 spray pump) ☐ ☐
- Salbutamol Inhalation Aerosol (1 inhaler) ☐ ☐
- Supplemental glucose for oral use (2 sources) ☐ ☐

ELECTRICAL SUPPLY

A. If power bars are utilized in direct patient care, are they hospital grade.
Do the receptacles in the patient care areas have a green dot on their face to identify them as hospital grade receptacles? (NOTE: The presence of receptacles that are not hospital grade does not affect accreditation, but the clinic should assure that whenever a receptacle needs to be replaced, the replacement is a hospital grade receptacle).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

B. Is the electrical panel board located such that it can be easily accessed but only by the facility staff?

<input type="checkbox"/>	<input type="checkbox"/>
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C. Does the panel board index clearly identify which receptacles and equipment are controlled by each circuit breaker?

<input type="checkbox"/>	<input type="checkbox"/>
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D. Are the receptacles in patient care areas labeled with the corresponding panel board and circuit breaker number?

E. Are receptacles that are within 1.5 meters of a sink protected with a Ground Fault Circuit interrupter (GFCI)?
(Note: Receptacles that provide power to equipment to which power should not be interrupted do not need GFCI protection.)

<input type="checkbox"/>	<input type="checkbox"/>
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F. Are receptacles that feed through GFCI or protected with a panel board GFCI labeled?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Moderate Sedation Inspector Recommendation

Full Authorization

Provisional Authorization

Unacceptable for Authorization

Comments:

Signature: _____ Date: _____

