alberta dental association & college

Standard of Practice:

Dental Facilities Accreditation

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A THE DENTAL SURGICAL FACILITIES ACCREDITATION STANDARDS

The Dental Facilities Accreditation Standards (DFA Standards) are the standards that apply to dentists who are providing Dental Surgical Services in a Dental Surgical Facility (DSF). The DFA Standards also apply to dentists who provide Dental Surgical Services in a Non-Hospital Surgical Facility (NHSF).

Specifically, the DFA Standards apply to the following:

- Dentists who provide Dental Surgical Services in a DSF or a NHSF;
- Dentists who are qualified to administer neurolept sedation or general anaesthesia in a DSF or NHSF (Qualified Dentists);
- Facilities that provide Dental Surgical Services;
- Dental procedures where there is a risk to a patient that requires that the procedures be performed in an DSF or NHSF but does not have to be performed in a hospital;
- Clinical personnel who provide surgical or anaesthetic support to dentists;
- The provision of neurolept sedation or general anaesthesia;
- Any setting or dentist where the administration of any modality of sedation is likely to render, or renders, the patient unconscious; and
- The administration of any modality of sedation that results in a depression or partial or full loss of reflexes, including:
    - Loss of consciousness;
    - Irregular respiration;
    - Irregular protective reflexes;
    - Lack of, or incoherent verbal communication; and
    - Inability to maintain an airway.

Along with the requirements of accreditation in these standards, a DSF must be approved by the Minister of Health and Wellness as a designated DSF. The applicant must obtain this designation directly from the Minister or Health and Wellness.

It is unprofessional conduct to breach the DFA Standards and to fail or refuse to cooperate with a request of the DFAC. The DFAC must make a referral to the complaints director if, on the basis of information obtained, the DFAC is of the opinion that a regulated member may be guilty of unprofessional conduct.

A1 Summary of Roles and Responsibilities

A DSF must have a Dental Operator. A Dental Operator is a dentist who is an Operator and the registered owner or the person who has the apparent care and control of the DSF. A Dental Operator must apply to the ADA&C in accordance with the regulations for accreditation with respect to providing Dental Surgical Services and procedures for renewal of that accreditation.

There may be dentists in an accredited facility who are not owners or Dental Operators. These dentists are called Non-Owner Facility Dentists (NOFD). A Non-Owner Facility Dentist is a dentist who provides Dental Surgical Services in a DSF or NHSF but is not the owner or Operator of the facility. The Dental Operator is responsible to obtain written confirmation from the Non-Owner Facility Dentist of compliance with the DFA Standards. The Non-Owner Facility Dentist is

responsible to provide written confirmation of his or her compliance with these Standards to the Dental Operator or Medical Director.

A Non-Hospital Surgical Facility must have a Medical Director. A Medical Director is a physician who is an owner or operator of the facility. This facility is accredited and regulated by the College of Physicians and Surgeons of Alberta and the Alberta Dental Association and College if Dental Surgical Services are provided in the NHSF.

Dentists who provide Dental Surgical Services in a NHSF must comply with the DFA Standards.

Where anaesthetic services are provided by a Medical Director, the College of Physicians and Surgeons of Alberta is responsible for accreditation and regulation relating to the practice of medicine and anaesthesia services provided by physicians.

The College of Physicians and Surgeons is responsible for regulation and accreditation of the services provided by a physician in an accredited facility. If a physician practices medicine or provides anaesthesia services in a DSF or a NHSF facility, the facility must register and maintain accreditation as a NHSF with the College of Physicians and Surgeons. In a DSF/ NHSF where physicians administer anaesthesia, some of the responsibilities of a Dental Operator and Medical Director may be shared.

A2 The Law

The *Health Professions Act* (HPA) requires that a DSF and a NHSF must be accredited before a dentist provides Dental Surgical Services in it. The HPA, the *Health Care Protection Act*, the Dentists Profession Regulation and the Bylaws of the ADA&C establish the overall regulatory framework and authority regarding DSFs and NHSFs. Under this authority, the Dental Facility Accreditation Committee (DFAC) was established to uphold and enforce the DFA Standards.

Dental Surgical Services include major and minor surgical services. Some minor surgical services may be exempt from these Standards. Section 3(1) of the *Health Care Protection Regulation* sets out that minor surgical services are not exempt from needing to be performed in an accredited DSF if in the circumstances under which the Dental Surgical Service is performed there is a significant risk of any of the following:

- intra-operative or post-operative airway compromise;
- compromise of the patient's cardiovascular or respiratory status; or
- injury to a major vessel in the operative field.

The *Health Care Protection Act* establishes the overall regulatory framework for surgical facilities that applies to both dentists and physicians. This Act defines "insured surgical services" and also states that in order to operate a DSF at which insured surgical services are provided, the DSF must:

- be accredited;
- have an agreement with a Regional Health Authority; and
- be designated by the Minister.

The restricted activities that can be performed by dentists are outlined in the Dentists Profession Regulation, Health Professions Act. With respect to anaesthetics, section 12(k) authorizes all dentists to prescribe or administer nitrous oxide for the purpose of anaesthesia or sedation. Section 13 of the Dentists Profession Regulation requires that, other than for nitrous oxide, dentists performing general anaesthesia and neurolept anaesthesia must successfully complete an educational program approved by Council for credentialing purposes, and be authorized by Council to perform the anaesthesia.

A3 Credential Approval

Dentists obtain credentials through a number of ways and from a number of sources. The ADA&C is not a credentialing body.

The ADA&C must approve the educational program or credentials before the dentist is authorized to perform certain anaesthetic activities.

Dentists performing surgical, diagnostic or anaesthetic services in a DSF, or a NHSF, must have approval by the ADA&C of their anaesthetic or specialty credentials as well as authorization to perform the related anaesthetic or specialty procedures in such facilities.

B ACCREDITATION OF A DENTAL SURGICAL FACILITY

In order to become accredited, the DFAC will determine if a DSF or NHSF has met the accreditation requirements. The DFAC may then grant Full Accreditation Status or Interim Accreditation Status.

The DFAC may also grant Full or Interim Accreditation Status based on approval or confirmation of Standards from another source, where the Committee recognizes those as the equivalent of the Dental Facilities Accreditation Standards such as the College of Physicians and Surgeons of Alberta, Non-Hospital Surgical Facility Standards and Guidelines.

B1 Full Accreditation Status

The DFAC may grant or renew accreditation to a DSF or NHSF resulting in Full Accreditation Status if the DSF or NHSF meets/complies with the accreditation requirements as laid out in the DFA Standards.

The ADA&C may revoke accreditation if any practice in the DSF or NHSF is considered unsafe.

An Accreditation Certificate will be issued by the ADA&C to all facilities with Full Accreditation Status. Accreditation is limited to 4 years from the date of last approval unless extended by the ADA&C and may be renewed through a process of re-accreditation which will follow the same steps as those of the ADA&C Dental Facilities Accreditation Process.

A spot inspection of an accredited DSF or NHSF may be ordered by the DFAC and conducted without prior notice. This may affect the existing accreditation status of a DSF or NHSF and require the resulting DSF or NHSF to comply with the directions of the DFAC to affect Full Accreditation Status. Spot inspections are at no cost to the DSF or NHSF.

B2 Interim Accreditation Status

The DFAC may require a DSF or NHSF to make certain changes in order to receive accreditation, or may grant accreditation for a specified time period resulting in Interim Accreditation Status, as outlined below.

1. The DFAC grants Interim Accreditation Status to the DSF or NHSF with written reasons and provides a time frame for the Dental Operator to provide more information or evidence of requested changes to the DFAC to ameliorate accreditation deficiencies.
2. The DFAC will decide whether such follow-up information will be collected in writing and/or at a re-inspection. A written response to each deficiency may be required of the dental operator.
3. A follow-up inspection may be required at the sole discretion of the DFAC.
4. Interim Accreditation Status may be granted for an indefinite period at the discretion of the DFAC.
5. The status of "Full Accreditation" may be granted when deficiencies regarding the DFA Standards have been corrected to the satisfaction of the DFAC.

B3 Dental Facilities Accreditation

A Dental Operator of a DSF or a Medical Director of NHSF where dental surgical services are provided must complete and submit an Application Form for Accreditation to the ADA&C and DFAC for review. The process for approval includes the steps outlined below.

1. The DFAC determines the need for an Accreditation Review of the DSF or NHSF.
2. If YES, the Dental Operator or Medical Director completes and submits a Dental Surgical Facilities Accreditation Questionnaire to the Accreditation Inspection Team.
3. The Accreditation Inspection Team prepares for the on-site inspection and requests additional information from the Dental Operator, or designate in advance of the inspection where required.
4. On-site inspection by the Accreditation Inspection Team takes place.
5. Dental Operator or Medical Director provides post-inspection visit information to the Accreditation Inspection Team when requested.
6. A Dental Surgical Facility Accreditation Summary Report is prepared by the Accreditation Inspection Team and presented to the DFAC.
7. The DFAC decides whether to grant an Accreditation Status of the DSF or NHSF with reasons.
8. a) The DFAC grants Full Accreditation Status if all requirements are met. The Dental Operator receives notification in writing and an ADA&C DSF Accreditation Certificate. OR

b) The DFAC grants Interim Accreditation Status with reasons and, in writing, provides a time frame for the Dental Operator to provide more information or evidence of requested changes to the Accreditation Inspection Team to ameliorate accreditation deficiencies and ultimately effect conversion from Interim to Full accreditation status. The DFAC will determine whether such follow-up information will be collected in writing and/or at a re-inspection.
OR
c) The DFAC does not grant any Accreditation status.

9. The Dental Operator or Medical Director publically displays the ADA&C DSF Accreditation Certificate in order to communicate the accreditation status to the public and to dentists or other health professionals who may perform duties in the DSF.

C MANAGEMENT AND OPERATION OF A DENTAL SURGICAL FACILITY

C1 Role of the Dental Operator

C1.1 A Dental Operator's duties and responsibilities include:

- to apply to the Registrar/ Executive Director of the ADA&C in accordance with the regulations for DSF Accreditation and renewal of Accreditation;
- that DFA Standards are complied with;
- that Reportable Incidents are reported to the ADA&C;
- that all clinical and administrative procedural DFA Standards are followed by personnel;
- that he or she has ultimate authority over and accountability for the accreditation requirements of the DSF which includes requirements with Alberta Health and Wellness to secure designation as a Dental Surgical Facility where required;
- that dentists working in the DSF have the necessary credential approval and authorization by the ADA&C relative to the services they are providing, in keeping with legislative requirements and authority of the ADA&C;
- that written documentation is kept that attests that each Non-Owner Facility Dentist complies with the DFA standards and that the documentation along with the required evidence of compliance is kept;
- that the regulatory status of other regulated professionals working in the DSF is appropriate and current in Alberta;
- that the safe and effective care of patients in the DSF is achieved;
- that the clinical status of patients is assessed, monitored and responded to in a timely and appropriate manner, where required;
- that the duties and responsibilities of all personnel are described, understood and documented and that personnel records are maintained;
- that required numbers of appropriately trained personnel are present during procedures;
- that the ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry for accredited facilities are met;
- that equipment is appropriate and safe;
- that complete and current Manuals, appropriate to the DSF, are in place;
- that arrangements and protocols are in place for the emergency transfer and admission of patients to hospital;

- that an Annual Report is submitted when requested by DFAC;
- that an adequate quality assurance program including the monitoring of infections and medical complications is in place;
- that appropriate, complete and accurate patient records and documentation relating to the operation of the facility and procedures performed are confidential;
- that fees for the ADA&C Dental Facilities Accreditation Process are paid as required; and
- that there is cooperation with the College of Physicians and Surgeons for the purposes of other accreditation requirements, where applicable.

C1.2 A Dental Operator must:

- notify the ADA&C of any intended change to the procedures the DSF has been accredited to provide;
- obtain approval from the DFAC before implementing the change; and
- notify the ADA&C of any intended change of the Dental Operator of the DSF.

C1.3 A Dental Operator must, in anticipation of or in advance of any of the following changes with respect to a DSF, advise the ADA&C of:

- any major structural change to a patient care area(s);
- any major change in types of procedures or practices, including those related to general anaesthesia/neurolept anaesthesia services or equipment;
- any significant changes in personnel who provide anaesthesia services;
- any significant increase in volumes of procedures performed which means more than 50 percent of the previously reported volume; and
- any change of ownership of the DSF.

C2 Non-Owner Facility Dentist

C2.1 A Non-Owner Facility Dentist and accompanying personnel duties and responsibilities include:

- to comply with DFA Standards;
- to maintain current Health Care Provider CPR (HCP.CPR) and provide evidence of current certification on an annual basis;
- to comply with facility emergency, ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry, immunization, and management of percutaneous injury policies and procedures;
- to ensure that instrument or devices brought to the facility for the provision of dental procedures be processed according to relevant ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry and facility policies and procedures;
- to monitor and report to the facility any post-operative infections that could be as a result of treatment provided at the facility;
- to report Reportable Incidents to the ADA&C;
- to participate in emergency mock drills as required by facility policies and procedures; and

- that accompanying personnel provide evidence of a current practice permit on an annual basis.

C2.2 The Non-Owner Facility Dentist is responsible to provide attestation and evidence of compliance with the DFA Standards to the Dental Operator of the DSF or the Medical Director of a Non-Hospital Surgical Facility within 90 days of request. Refer to Appendix I for forms and directions.

C2.3 Failure of the Non-Owner Facility Dentist to provide written confirmation of compliance may result in the loss of or withholding of ADA&C Full Accreditation status from the DSF or Non-Hospital Surgical Facility.

C3 Administrative Standards

C3.1 Ownership and the person with apparent care and control of the DSF must be clearly identified to the ADA&C and to the public.

C3.2 An organizational chart is required and must be updated as necessary and be available to all personnel.

C3.3 The duties and responsibilities of all personnel in the DSF must be outlined in current written job descriptions.

C3.4 There must be adequate space, physically separate where appropriate, for business and administrative functions so as not to interfere with clinical care and support areas.

C4 Qualified Dentists Who Administer General Anaesthesia or Neurolept Anaesthesia

Anaesthesia is determined by actual or likely impact on depth of sedation or state of consciousness of the patient, with attention to protective reflexes, airway maintenance, and the ability to respond purposely to visual stimulation or verbal command.

C4.1 General anaesthesia and neurolept anaesthesia must be provided in an accredited DSF or Non-Hospital Surgical Facility.

C4.2 All Qualified Dentists administering general anaesthesia and/or neurolept anaesthesia in an accredited DSF or NHSF must:

1. Be a regulated member of the ADA&C and have their credentials to perform general anaesthesia and/or neurolept anaesthesia approved by the ADA&C.
2. Hold current certification in Advanced Cardiac Life Support (ACLS) as specified by the Heart and Stroke Foundation of Canada.
3. In the case of the provision of pediatric services in the DSF, hold current certification in Pediatric Advanced Life Support (PALS) as specified by the Heart and Stroke Foundation of Canada. See Appendix B Glossary of Terms for the definition of pediatric patients.

C4.3 All Qualified Dentists administering general anaesthesia and/or neurolept anaesthesia in a DSF must participate in mock drills that involve appropriate personnel for the management of life-threatening emergencies related to procedures performed in the DSF. These mock drills must be performed every six months and be documented as part of the DSF records.

C5 Clinical Support Personnel

C5.1 All dental or nursing personnel who monitor patients that undergo general anaesthesia or neurolept anaesthesia must maintain a current certificate of proficiency in Advanced Cardiac Life Support (ACLS).

C5.2 In the case of provision of pediatric anaesthesia services in the DSF, current certification in Pediatric Advanced Life Support (PALS) is required.

C5.3 The Qualified Dentist administering the general anaesthesia or neurolept anaesthesia must ensure that the recovery room registered nurse or dentist monitoring the patient is able to:

- asses and maintain a patent airway;
- monitor vital signs;
- perform venipuncture;
- record appropriate records;
- administer medications as required;
- assist in emergency procedures, including the use of a bag-valve-mask device;
- hold current ACLS certification; and
- hold PALS certification, where the patient is a child.

C5.4 One individual must be designated to have overall responsibility for all nursing and clinical personnel.

C5.5 One individual must be designated to have overall responsibility for narcotics and other controlled drugs.

C5.6 One individual must be designated to have overall responsibility for the operating room policies and procedures.

C5.7 The following delegated functions must be provided only by qualified personnel who have received training in each procedure:

- mixing of medications;
- administration of medications;
- documentation of medications administered to patients;
- monitoring of vital signs during Dental Surgical Services; and
- recovering patients from general anaesthesia or neurolept anaesthesia.

D PATIENT CARE

D1 Patient Care – Pre-Operative

D1.1 Patient Selection

D1.1.1 All patients undergoing general anaesthesia or neurolept anaesthesia in a DSF or NHSF must be assigned an American Society of Anaesthesiologists (ASA) Classification of Physical Status by a Qualified Dentist or physician. ASA Class III and IV patients may be accepted only if the patient's disease entity could not reasonably be expected to be affected adversely by the anaesthetic or the Dental Surgical Service.

D1.1.2 All ASA Class III and IV cases must be discussed between the dentist performing the procedure and the Qualified Dentist or physician providing the general anaesthesia or neurolept anaesthesia in advance of the scheduled treatment. Where the Qualified Dentist administers the general anaesthesia or neurolept anaesthesia and performs the procedure, a physical assessment must take place in advance of the scheduled treatment.

D1.1.3 All discussions and assessments of ASA Classification and patient selection must consider the appropriateness of the DSF or NHSF setting, the pre-operative evaluation and care, and the intra-operative and post-operative requirements for safe performance of the procedure. This must be permanently documented on the patient's clinical record.

D1.1.4 ASA Physical Status Classification

ASA Class I	A normal healthy patient
ASA Class II	A patient with mild systemic disease
ASA Class III	A patient with severe systemic disease limiting activity but not incapacitating
ASA Class IV	A patient with incapacitating systemic disease that is a constant threat to life
ASA Class V	A moribund patient not expected to live 24 hours with or without operation

D1.2 Patient Assessment and Care

D1.2.1 A patient must have a history and physical examination performed by a physician or Qualified Dentist within 90 days of the procedure and updated and signed within 2 weeks of the procedure by a licensed physician or Qualified Dentist. This must be documented, dated and signed, be current and be part of the patient's clinical record pre-operatively.

D1.2.2. A Qualified Dentist who administers the general anaesthesia or neurolept anaesthesia must complete the pre-anaesthetic assessment.

D1.2.3 Each patient who is to undergo general anaesthesia or neurolept anaesthesia must have a documented, dated and signed, pre-anaesthetic assessment not more than 2 weeks before

the anaesthetic. Documentation must reflect determination of the patient's medical status (including ASA Classification) and the plan for appropriate anaesthetic care.

D1.2.4 The pre-anaesthetic assessment must include:

- a review of the patient's clinical record;
- a medical interview with the patient;
- a physical examination relative to anaesthetic aspects of care;
- a review and ordering of tests as indicated;
- a review of request for medical consultation as necessary for patient;
- assessment and planning of perio-operative care; and
- orders for pre-operative preparation such as fasting, medication, and other instructions as indicated.

D1.2.5 The patient or responsible adult must be given adequate opportunity and time to seek or provide information, to ask questions and to have a satisfactory explanation of the proposed choice of anaesthetic and the procedure by the dentist(s) responsible for each.

D1.2.6 The patient or legal guardian must provide signed *Informed Consent* for the anaesthetic and the procedure and this must form part of the patient's clinical record.

D1.2.7 The patient's identity and signed informed consent and the nature and site of the proposed diagnostic or procedure must be verified by:

- the Qualified Dentist administering the general anaesthesia or neurolept anaesthesia; and
- the dentist performing the procedure immediately prior to the administration of general anaesthesia or neurolept anaesthesia.

D1.2.8 A Surgical Checklist must be completed by all members of the surgical team to communicate safety checks at three critical points:

- Pre-operatively before the administration of anaesthesia (Briefing);
- Intra-operatively before incision (Time Out); and
- Post-operatively before the patient leaves to the OR (Debriefing).

D1.2.9 The Time Out process must include verification of the identity of the patient, the correct procedure, signed consent and communication of other pertinent information.

D1.2.10 Completion of the Time Out must be documented.

D2 Patient Care – Intra-Operative – Anaesthesia

D2.1 The Qualified Dentist administering the general anaesthesia or neurolept anaesthesia is directly responsible for the anaesthesia, the anaesthetic personnel and the anaesthetic status of the patient throughout the procedure. The dentist performing the procedure is directly responsible for the procedure he/she is performing and the surgical status of the patient. The Qualified Dentist administering the anaesthesia and performing the procedure is responsible for both.

D2.2 The Qualified Dentist administering the general anaesthesia or neurolept anaesthesia must remain in attendance throughout the anaesthetic procedure until the patient is transferred to the recovery area.

D2.3 When the Qualified Dentist who administers the general anaesthesia or neurolept anaesthesia is also the dentist who performs the procedure, the patient must be attended by a second individual who is not assisting in the procedure and who is qualified to monitor patients.

D2.4 It is the responsibility of the Qualified Dentist who both administers the general anaesthesia or neurolept anaesthesia and performs the Dental Surgical Service to ensure that the second individual is qualified to perform his/her duties. The competency of this second individual must include the ability to perform the following, as reflected in qualifications, appropriate training and credentials:

- assess and maintain a patent airway;
- monitor vital signs;
- perform venipuncture;
- record appropriate records;
- administer medications as required;
- assist in emergency procedures including the use of a bag-valve-mask device;
- possess current ACLS certification; and
- possess current PALS certification where the patient is a child.

D2.5 When a Qualified Dentist administers general anaesthesia, the patient must be continuously evaluated with at least the following:

- visualization of some portion of the patient under appropriate lighting;
- pulse oximeter with audible signal recognition;
- end tidal carbon dioxide monitoring for each patient, either by endotracheal tube or laryngeal mask;
- apparatus to measure blood pressure with an appropriately sized cuff;
- ECG with audible signal recognition;
- peripheral nerve stimulator whenever muscle relaxants are used; and
- agent-specific gas monitor whenever inhalation anaesthetic agents, excluding nitrous oxide, are used.

D2.6 When a Qualified Dentist administers neurolept anaesthesia, the patient must be continuously evaluated with at least the following:

- visualization of some portion of the patient under appropriate lighting;
- pulse oximeter with audible signal recognition;
- apparatus to measure blood pressure with an appropriately sized cuff; and
- ECG with audible signal recognition.

D2.7 When a Qualified Dentist administers general anaesthesia or neurolept anaesthesia, devices and drugs that must be immediately available include:

- a stethoscope;
- two independent sources of oxygen;
- a means of delivering positive pressure oxygen such as a self-inflating bag-valve-mask device; and

- an Emergency Resuscitation Cart that includes the following:
  1) a cardiac monitor with defibrillator;
  2) facilities providing neurolept sedation only may have an automatic or semi-automatic external defibrillator (AED/SAED) in place of a cardiac monitor with defibrillator. AED/SAED monitors must be compliant with current requirements of the American Heart Association;
  3) apparatus to measure temperature;
  4) endotracheal tubes, stylets, airways and facemasks in a selection of sizes appropriate to the expected range of patient sizes and ages; two functioning laryngoscopes and a variety of sizes of laryngoscope blades;
  5) Magill Forceps;
  6) IV supplies and accessory equipment such as syringes, needles, fluids. ECG leads, sponges, tape, etc. These must be stored in an orderly manner and be easily accessible;
  7) surgical airway kit;
  8) a backboard for CPR if the surgical chair/table or recovery stretcher are not suitable; and
  9) DSF Required Drug Supply as listed in Appendix A.

D3 Patient Care – Intra-Operative – Surgical

D3.1 The dentist performing the procedure and the surgical team is responsible for the maintenance of sterile conditions in the extra-oral operating field, or aseptic conditions where appropriate, throughout the conduct of the procedure and for the post-operative care of the operative site.

D3.2 The dentist performing the procedure is responsible for the post-operative care of the patient after discharge from the recovery room.

D3.3 Tissues sent for pathologic examination must have a process to document the tracking of the tissues and other specimens sent for pathologic examination that would include:

- identity of the specimen sent;
- patient name and a second identifier;
- name of the person releasing the specimen and date and time;
- method of transport: courier, mail, etc. (including waybill number if available); and
- name of the person transporting the specimen and date and time, where applicable.

D4 Patient Care – Recovery Room

The following DFA Standards apply to management of the patient in the recovery phase, whether in a separate recovery room or on the operative table/chair.

D4.1 A recovery room, which may be the operating room if not required for another case, must be available for the patient's safe emergence from general anaesthesia or neurolept anaesthesia.

D4.2 The Qualified Dentist administering the general anaesthesia must remain available until after the patient is extubated.

D4.3 The Qualified Dentist administering the general anaesthesia or neurolept anaesthesia must accompany the patient post-operatively to the recovery room, communicate the appropriate information, and provide written orders for the attending nursing personnel.

D4.4 The Qualified Dentist administering the general anaesthesia or neurolept anaesthesia and the recovery room personnel must follow an explicit protocol for the hand-over of responsibility to recovery room personnel.

D4.5 A registered nurse or dentist trained in patient assessment and recovery room procedures must remain in continuous attendance of the patient in the recovery room.

D4.6 Continuous assessment of each patient in the recovery room by designated recovery room personnel must include an evaluation of heart rate, blood pressure, oxygen saturation by pulse oximetry, color, level of consciousness, respiration and ambulation level.

D4.7 ECG monitoring must be immediately available for use on patients following general anaesthesia or neurolept anaesthesia in the recovery room.

D4.8 Suction, oxygen and an appropriately sized bag-valve-mask device must be immediately available in the recovery room.

D4.9 Intravenous and other medical/surgical supplies such as syringes, needles, fluids, ECG supplies, sponges, tape and medication required for patient care post-operatively must be immediately available in the recovery room.

D5 Patient Care – Discharge

D5.1 The Qualified Dentist administering general or neurolept anaesthesia must remain on the premises of the DSF until the patient meets documented pre-determined recovery criteria using a validated grading system such as the Aldrete Score.

D5.2 The Qualified Dentist administering general anaesthesia or neurolept anaesthesia must provide a written discharge order. However, the actual decision for discharge, based upon established written criteria, may be delegated to trained recovery room personnel.

D5.3 The patient must be accompanied by a responsible adult upon discharge from the DSF.

D5.4 Appropriate verbal and written post-discharge instructions must be provided to the patient and an accompanying adult.

D5.5 The patient and accompanying adult must be provided with a 24 hour contact number or call centre number as part of the discharge instructions.

D5.6 Written instructions not to drive or operate hazardous equipment for 24 hours after general anaesthesia or neurolept anaesthesia must be provided to the patient and accompanying adult.

D5.7 Written instructions that provide information regarding the accessing of emergency care must be provided to the patient and an accompanying adult at the time of discharge.

D5.8 Written directives must be provided to the patient and an accompanying adult that instruct them to notify the DSF or NHSF in the event of any unexpected admission of the patient to a hospital within 10 days of treatment at the DSF or NHSF.

D5.9 Emergency transfer to the hospital must be initiated immediately for all patients who suffer an acute cardiac or cerebrovascular event.

D5.10 When a patient is transferred to hospital for any reason, the Qualified Dentist providing general or neurolept anaesthesia is responsible for the communication of appropriate information regarding that patient to emergency room personnel at the hospital where patient is destined.

E INFECTION PREVENTION AND CONTROL

Refer to the ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry found on the members' website at www.abdentists.com. These standards must be complied with in any facility.

E1 Occupational Health/ Immunization

E1.1 Immunization standards are outlined in the ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry found on the members' website at www.abdentists.com.

All personnel, including dentists, must meet immunization requirements of the DSF at time of employment or contract activity and throughout their time in the DSF.

E1.2 Documentation of immunization status for all personnel must be appropriately filed and tracked in the DSF for automatic notification of need for renewal. Personnel must comply with renewal requirements of the DSF and present documented evidence of having done so.

E1.3 Immunization should be facilitated if immune status is unknown.

E1.4 Immunization Standards for DSF personnel include the following outlined below.

1. Hepatitis B vaccine – highly recommended for all personnel at risk of potentially harmful contact with blood and body fluids.
2. Influenza vaccine - recommended for all personnel.
3. Measles (Rubella) vaccine – highly recommended for personnel who do not have a documented history or laboratory evidence of immunity. If this is lacking for any one of measles, mumps, or rubella, MMR vaccine should be obtained.
4. Rubella vaccine – required by law in Alberta for all personnel who may have face to face contact with patients and do not have a documented history of receiving rubella vaccine or a laboratory result indicating immunity.
5. Tetanus and Diphtheria Toxoids – recommended at 10 year intervals.
6. Tuberculosis Skin Testing – recommended for all personnel at the beginning of employment or contract activity in the DSF.

E2 Air Flow and Traffic

E2.1 Air flow and quality in facilities must be monitored and maintained according to standards applicable for the type of procedure performed.

E2.2 Traffic in patient care areas should be restricted to authorized personnel.

E2.3 The DSF must effectively be protected against the entrance of insects, animals, or the elements by closing doors, closed windows, screens, controlled air currents, or other effective means.

E3 Patient Care Practices

E3.1 The DSF should have in place a mechanism to record and track all adverse events and potential threats to infection prevention and control including, but not limited to: breaks in sterile technique, significant exposures to blood and body fluids, percutaneous injuries, inadvertent use of improperly sterilized equipment, and related breaches of policy and deviations from standard procedure. Any such occurrences should be documented by the Dental Operator and/or the person designated to oversee the development and implementation of Infection Prevention and Control practices (i.e. IPC Coordinator) within the DSF as incident reports and be kept in the records of the DSF, to be reviewed by personnel as required. (See Incident Reports)

E3.2 The DSF should have in place a mechanism of surveillance and review of post-operative infection rates, and a record of consultations undertaken as a result. If the level of infection rates exceeds that expected for the type of procedures being carried out, the Dental Operator should consult with an infectious disease specialist and follow recommendations. Such occurrences and related consultations should be documented in the form of incident reports and be kept in the records of the DSF, to be reviewed by personnel as required. (See Incident Reports)

F DSF PHYSICAL REQUIREMENTS

F1 General Physical Requirements

F1.1 The DSF must comply with all applicable building code and fire regulations.

F1.2 The DSF should be wheelchair accessible.

F1.3 There must be easy access by an ambulance and stretcher for transfer of emergency cases to the hospital. The local ambulance service must verify in writing, the adequacy of access and egress in the DSF.

F1.4 The DSF must be physically adequate for the procedures performed, with a layout conducive to safe and private patient care, patient flow and infection prevention and control.

F1.5 The design of the DSF must provide for:

- administration areas;
- patient waiting areas;
- operating/treatment rooms, and recovery areas;
- an area restricted to personnel; and
- the separation of clean utility, dirty utility and non-sterile storage.

F1.6 Traffic control systems should provide a minimum of cross-traffic.

F1.7 There must be adequate space for personnel and equipment to allow for the initiation of emergency resuscitation procedures including the monitoring of vital signs.

F1.8 Appropriate conveyances such as wheelchairs and/or stretchers must be readily available.

F1.9 An emergency lighting source must be available in all clinical areas, patient waiting areas and washrooms as well as in patient care areas unless natural light is available.

F1.10 Fire extinguishers, with supporting documentation of maintenance attached, must be available according to local standards.

F1.11 Floors must be smooth and washable in all patient treatment areas.

F2 Operating Room Standards

F2.1 The operating room must be large enough to accommodate required equipment, surgical personnel and anaesthetic personnel. Operating room size requirements depend on projected equipment and use:

- operating room table/chair;
- anaesthetic machine, as needed;
- anaesthesiologist's chair or stool, as needed;
- small equipment table, as needed;
- anaesthetic drug cart; and

- extra emergency equipment that may be required (e.g., stretcher, defibrillator).

F2.2 Except where procedures do not require a sterile field, there must be enough clear space to allow the surgeon and assistants, when sterile, to move around the operating room table to gain access to both sides of the patient without contamination.

F2.3 Ceilings in operating rooms requiring a sterile field must be constructed of a smooth washable surface.

F2.4 Where sterile procedures are required and in the case of more than one operating room, there must be physical separation with doors between the operating room and rest of the DSF.

F2.5 The operating table/chair must permit patient safety restraints and Trendelenburg positioning.

F2.6 The operating room table/chair must be suitable for the procedures performed including:
- adequate range of movement for anaesthetic procedures; and
- adjustable headrest to facilitate intubation.

F2.7 Suitable surgical lighting and emergency lighting sources must be available.

F2.8 Electrical outlets must be accessible and adequate for all necessary equipment. Extension cords must be appropriately rated and used in a safe manner.

F2.9 In the event of power loss, there must be a system in place to provide suction, lighting, and power to anaesthetic equipment for a minimum of one hour.

F2.10 Adequate suction for use exclusively by the anaesthesiologist must be available in the operating room.

F3 Recovery Room Standards

F3.1 There must be a recovery room that is separate from the operating room if surgical cases are carried out while other patients are recovering.

F3.2 The size of a separate recovery room will depend on projected use. It must accommodate the volume of patients expected for minimum of 2 hours operating room time, (i.e. 1 hour cases = 2 patients, .5 hour cases = 4 patients). It must allow easy access for transfer of a patient to or from a stretcher and for the initiation and performance of emergency procedures. (Examples of minimum sizes: (a. 2 stretchers - minimum 2.4 x 2.7 meters with an end door). (b. 1 stretcher - 1.4 x 2.4 meters with a side entrance + 1 recliner in a separate supervised space)).

F3.3 Suction and oxygen that have sources of backup must be readily available for each patient in the recovery area.

F3.4 There must be ready access to a hand hygiene station or a sink for handwashing.

F3.5 There must be electrical outlets available to supply power to monitoring equipment. Extension cords must be appropriately rated and used in a safe manner.

F3.6 An emergency lighting source must be available in case of a power failure unless natural light is available.

G EQUIPMENT AND SUPPLIES

G1 Anaesthetic Gas Equipment

G1.1 All equipment for the administration of anaesthetics must be readily available, clean and properly maintained.

G1.2 Flammable and explosive anaesthetics must not be used in the DSF.

G1.3 Anaesthetic materials must be well-organized and anaesthetic drugs properly stored.

G1.4 The following relate to the Medical Gas Piping System in a DSF:

G1.4.1 There must be adequate valving to ensure shut-off in case of an emergency and for maintenance of the main pipeline.

G1.4.2 There must be local zone shut-off valves for isolation of specific areas.

G1.4.3 There must be pressure relief valves to safely vent excessive pressures in all pressurized medical gas systems at all pressure levels.

G1.4.4 There must be pressure gauges and an electrical alarm system to ensure continuous surveillance of pipeline pressures.

G1.5 The following relate to Anaesthetic Machine/ Patient Circuit:

G1.5.1 A new anaesthetic circuit or a new virus filter between a patient and an anaesthetic circuit must be used for each intubated patient.

G1.5.2 The anaesthetic circuit must have a functioning low-pressure alarm if a positive pressure ventilator is used.

G1.5.3 An oxygen analyzer with a low oxygen concentration alarm must be located in an intubated patient circuit.

G1.5.4 A pressure gauge must be located in the patient circuit.

G1.5.5 An effective anaesthetic gas scavenging system must be employed.

G1.5.6 An adjustable pressure-limiting valve or "pop-off" valve must be included in the circuit.

G1.5.7 A reservoir bag and mount must be included in the circuit.

G1.6 All anaesthetic gas delivery systems must contain fail safe systems ensuring a minimum of 25 percent oxygen.

G1.7 All medical gas equipment including anaesthetic machine, vaporizers, ECG and other monitors, and defibrillators must be serviced and calibrated at least annually by a qualified person. There must be documented evidence of this review and any recalibrations.

G1.8 Connections in medical gas systems must be non-interchangeable between gases. This includes large cylinder to wall installations, wall to hose, hose to anaesthetic machine and small cylinder to machine (pin-indexed). Gas hoses, cylinders, flow meters and control valves must be color coded and/or marked with name or chemical symbol at all junctions.

G1.9 A second supply of oxygen which is normally a spare cylinder with pressure gauge, regulator and wrench must be available.

G1.10 Vaporizers must be appropriate to the particular liquid agent in use. They must be pin-indexed.

G2 Drugs

G2.1 If a Qualified Dentist administers general anaesthesia or neurolept anaesthesia; please refer to Appendix A located at the end of this Document for the list of Required Drugs in a DSF or NHSF.

G2.2 There must be a drug inventory record and a policy requiring periodic inspection of all drugs kept in the DSF or NHSF.

G2.3 Drugs must be stored in a manner suitable for their security, re-stocking, and renewal of out-dated supplies.

G2.4 Drugs must be stored according to the manufacturer's recommendations such as refrigeration, as necessary.

G2.5 Drugs dispensed to patients at the time of discharge must be recorded on the clinical record, and verbal and written instructions for their use given to the patient and his/her accompanying adult.

G2.6 Controlled Substances/ Narcotics:

A. One qualified individual which is either a Registered Nurse, Licensed Practical Nurse with medication skills, a physician or a dentist must be designated to have overall responsibility for ensuring that controlled substances are handled in a manner that permits full auditing from acquisition through to patient administration.
B. There must be a log of controlled substances received by the DSF or NHSF that includes the name and quantity of the drug, and the date received.
C. All controlled substances must be kept in a designated and locked storage cabinet.
D. The following information must be recorded on the log for each use of a controlled substance administered:

- patient name;
- drug name and amount removed from inventory;
- date; and
- name of person who administered the drug.

E. On each day that controlled substances are used, there must be an end of day balance of the inventory of controlled substances via physical count and verified by the signatures of two qualified individuals.

F. Investigations conducted as a result of any discrepancies must be documented.

H INFORMATION AND RECORDS MANAGEMENT

The following is required:

- There must be an appropriate administrative structure to provide for the documentation, storage, and retrieval of all necessary patient information.
- Dentists must comply with all laws respecting the collection, use, storage, and dissemination of information and records.

H1 Personnel Records

Appropriate personnel records must be maintained in confidential and privacy protected files that must include:

- evidence of required credentials;
- evidence of required certifications (e.g., HCP.CPR, and ACLS and/or PALS where required); and
- a record of having been oriented to the DSF and of having received adequate education with respect to his/her assigned duties.

Personnel records should also include:

- a completed application form;
- continuing education records;
- performance evaluations;
- vaccination and immune status records.

H2 Dental Surgical Facility (DSF) Records

H2.1 The DSF must maintain an operative log book which contains the name of the patient, an identifier number, the date, all procedures performed, and the name of the person performing the Dental Surgical Service and the name of the dentist or physician who provides the general anaesthesia or neurolept anaesthesia.

H2.2 A copy of all Reportable Incidents for the DSF or NHSF must be kept as part of the DSF or NHSF Records.

H2.3 A copy of all Incident Reports for the DSF must be kept in a separate file, as part of the DSF Records.

H2.4 Copies of all Annual Reports for the DSF or NHSF must be retained as part of the DSF or NHSF Records.

H2.5 Copies of the required documentation related to Mock Drills including the subject, date and times conducted and the names of personnel in attendance must be retained as part of the DSF Records.

H3 Patient Clinical Records

H3.1 Patients undergoing surgery must have a Clinical Record that originates with the initial visit and that is incorporated into the ongoing clinical record of the patient.

H3.2 The Clinical Record must follow a uniform format within the DSF and be accurate, complete, and legible.

H3.3 The Clinical Record must contain the following:

A. Informed Consent for the Dental Surgical Services and anaesthetic that is signed by the patient and witnessed.

B. A Pre-Operative Record that includes:
   i) medical history and physical examination;
   ii) complete record of current medications;
   iii) weight;
   iv) allergies;
   v) ASA Classification; and
   vi) laboratory results (as indicated).

C. An Anaesthetic Record – Where a Qualified Dentist administers general anaesthesia or neurolept anaesthesia, a clinical record must be kept that includes the following:
   i) pre-anaesthetic assessment including the ASA Classification of the patient;
   ii) all drugs administered including dose, time, and route of administration;
   iii) fluids administered;
   iv) fluids lost (e.g., blood, urine) where it should be measured;
   v) measurements made by the required monitors, including blood pressure, heart rate and pulse oximetry at least every five minutes, including percentage blood oxygen saturation, ECG, CO2 when applicable, respiratory rate and temperature;
   vi) IV site location, type and size of catheter;
   vii) any local anaesthetic agent used;
   viii) oral or nasal airways used;
   ix) complications and incidents where applicable;
   x) name of the dentist administering the general anaesthesia or neurolept anaesthesia, the surgical assistant and other personnel, as applicable;

xi) anaesthetic start and stop time; and
xii) throat pack insertion and removal that is verified by a second worker and documented in the clinical record.

D. An Intra-Operative Surgical Record that includes:
i) description of the Dental Surgical Service;
ii) name of the dentist performing the Dental Surgical Services, the surgical assistant and other personnel as applicable;
iii) a description of unexpected surgical events, where applicable; and
iv) other details as appropriate (e.g., instrument counts, tourniquet time, implants used, solutions used, patient position, and surgical time).

E. An Operative Report that includes:
i) Post-operative diagnosis
ii) Procedure performed
iii) Date of procedure
iv) Signature of dental provider

F. A Post-Anaesthetic Record (PARR) that includes:
i) date and time of admission;
ii) initial and periodic measurements of blood pressure, pulse, respirations, temperature, level of consciousness, pulse oximetry and general status;
iii) any medications administered, including dose, time, date, route, site, reasons, and effects;
iv) any treatments given and effects of such treatments;
v) findings on an objective scoring system for discharge (e.g., Aldrete Score);
vi) name of the recovery room nurse;
vii) discharge criteria;
viii) name of the accompanying adult that the patient is being discharged into the care of; and
ix) written and verbal post-operative instructions provided to patient and accompanying adult.

H3.4 The DSF or NHSF, and the Dental Operator on behalf of the DSF or NHSF, is the custodian of the information in the clinical record of pre-operative, anaesthetic, intra-operative and post-operative care.

H3.5 An operative report, which must be generated on the date of the operation, and a pathology report of relevant tissue removed, are the responsibility of the dentist performing the Dental Surgical Service. The dentist performing the procedure must retain these reports with his/her other clinical records unless otherwise arranged within the DSF.

H4 Incident Reports

Incident(s) in a DSF are defined as follows: "untoward, undesirable, and usually unanticipated events or outcomes that caused harm or risk of harm to a patient, employee or visitor in the DSF". An incident may or may not be a result of a deviation from the normal process of care.

H4.1 There must be an internal process in the facility to allow for investigation and documentation of incidents in a DSF. A DSF Incident Report must be completed which includes the following:

- Name, age, and sex of the person involved;
- Name of witness(es) to the incident;
- Date and type of procedure; (if applicable)
- Date and time of incident;
- Nature of the incident and treatment rendered;
- Analysis of reasons for the incident; and
- Outcome.

H4.2 There must be a DSF process to document corrective action taken, if applicable.

H4.3 Copies of all Incident Reports must be kept as part of the facility records.

H4.4 All Incident Reports must be reviewed at least annually by the Dental Operator.

H5 Reportable Incidents

Reportable Incidents in a DSF or NHSF are events related to patient status or outcomes that are considered significant indicators of health and safety factors for patients in a DSF or Non-Hospital Surgical Facility, which may or may not be associated with harm to the patient.

Reportable Incidents must be documented, monitored and reported for safety, quality assurance and mandatory reporting purposes to the ADA&C and potentially to the Minister of Health and Wellness.

Reportable Incidents in a DSF or NHSF include the following:

- Deaths within the facility or within 10 days of the procedure;
- Transfers from the facility to a hospital regardless of whether or not the patient was admitted;
- Unexpected admission to hospital within 10 days of a procedure or anaesthetic performed in the facility;
  Note: When notified of an unexpected admission of a patient to hospital within 10 days of the procedure in the facility, the Registrar may determine that written notification is not required when the reason given for admission to hospital is not related to the services provided in the facility.
- Clusters of infections among patients treated in the facility; and
- Any procedure performed on the wrong patient, site or side.

In the event of a Reportable Incident, a telephone report must be made to the ADA&C, followed by a written report within two weeks of the telephone reporting. This report must contain the following:

- Name, age and sex of the person affected;
- Medical history of the person affected;
- Name of witness(es) to the incident;
- Date and name of procedure, if applicable;
- Nature of the incident and treatment rendered;

- Analysis of reasons for the incident;
- Outcome; and
- Patient clinical file.

Reportable Incidents must be reported to the ADA&C by telephone within one working day after discovery of a Reportable Incident. A written report including a completed Reportable Incident form, copy of the DSF or NHSF patient clinical record and a narrative summary describing the incident by the most involved dentist or physician is required within two weeks of the telephone reporting.

An Outline for a Reportable Incident is found in Appendix D. This outline must be used and forwarded to the ADA&C.

In the event of a death within the DSF or NHSF, the Medical Examiner must be notified prior to moving the body or removal of any lines or tubes from the body.

The ADA&C will review the circumstances with the Dental Operator, Non-Owner Facility Dentist, or NHSF and may consult with other practitioners or experts to determine risk of harm to patients. If necessary, the ADA&C may suspend the accreditation of any DSF or NHSF on a suspicion of continuing risk. An investigation of the DSF or NHSF will then be initiated as soon as is reasonably possible.

Copies of all Reportable Incidents for the DSF or NHSF must be kept as part of the DSF or NHSF Records. The number and types of Reportable Incidents in a DSF or NHSF for a particular year must form part of the DSFs Annual Report.

H6 Annual Report to the ADA&C

H6.1 A TABLE outlining Annual Reporting Requirements is located in Appendix E.

H6.2 A DSF or NHSF must complete and submit an Annual Report to the ADA&C that includes the information regarding services provided in the DSF or NHSF during the previous calendar year, by a published date specified by the ADA&C.

H6.3 Information that must be included in the Annual Report document includes:

A. The Table that records the number of cases of General Anaesthesia and Neurolept Anaesthesia performed in the DSF or NHSF, categorized as adult or pediatric services and related to the types of Dental Surgical Services by case performed in the DSF or NHSF as follows:
    - General Dentistry including Maintenance, Restorative, Surgical or Combination; or
    - Oral and Maxillofacial Surgery.

B. The number of Reportable Incidents.

C. The name(s) of any dentist and physician whose access to perform services anaesthetic or surgical in the DSF or NHSF was prevented or reduced, or privileges not renewed, and the reasons for it.

H7 Storage and Retention of Patient and DSF Records

H7.1 All patient records and operating room logs and incident/complication reports must be retained for a minimum of ten years following the date of the incident/complication; or, in the case of minors, at least until two years past the age of majority or for ten years, whichever is longer.

H7.2 Patient records of the ongoing care of a patient must be kept for a minimum of ten years following the last date of service to the patient; or, in the case of minors, at least until two years past the age of majority or for ten years, whichever is longer.

H7.3 Notwithstanding the above, the patient records of all dependent adults must be kept indefinitely.

I SAFETY STANDARDS

I1 General DSF and Patient Safety

I1.1 Mock drills to prepare employees for emergencies must be carried out at least semi-annually. These must be recorded and supporting documentation must include the topic(s), the dates and times conducted, and the names of personnel in attendance.

I1.2 The DSF must have written plans for emergencies as listed below:

- Fire;
- Power loss;
- Equipment failure;
- Cardiopulmonary arrest;
- Anaphylaxis;
- Malignant hyperthermia;
- Unauthorized Intruder; and
- Emergency transfer to hospital.

I1.3 Smoking is prohibited in a DSF.

I1.4 The dentist performing the procedure must ensure the safe use of all surgical equipment and ensure that all operating room personnel have been instructed in safety precautions specific to each as outlined in manufacturer's instructions such as electrocautery and lasers.

I1.5 There must be written safety policies and procedures. As a minimum, they must include information on the following:

- General safety;
- Medical compressed gases;

- Infection Prevention and Control;
- Biohazardous waste;
- Electrical safety;
- Fire safety; and
- Medical emergencies.

I2 Medical Compressed Gases

I2.1 All new or modified non-flammable medical gas piping systems must be designed, installed, and tested in accordance with the Alberta Building Code.

I2.2 All non-flammable medical gas piping systems must be verified by a Safety Code Officer with Building Group 5-C Certification prior to being put into service. A letter of verification must be kept on file.

I2.3 All non-flammable medical gas piping systems must be tested annually for verification of pressure at every outlet with a flow, and verification of vacuum pressure for vacuum outlets. Documentation of the annual checks must be recorded by a qualified anaesthesiologist or certified technician and a letter of verification must be kept on file.

I2.4 The following list must be posted in plain view where the gases are stored for the information of personnel:

I2.4.1 Never permit oil or grease to come in contact with cylinders, valves, regulators, gauges, or fittings.

I2.4.2 Cylinders must be stored in designated places away from the operating field where they will not be knocked over or damaged by passing or falling objects.

I2.4.3 Cylinders must be protected from direct sunlight.

I2.4.4 Cylinders in use must be securely chained to a solid object, or in a secure base, to prevent their tipping.

I2.4.5 Full cylinders must be used in rotation in the order that they are received from the supplier.

I2.4.6 Never use cylinders for rollers, supports or for any purpose other than to carry gas.

I2.4.7 Where caps are provided for valve protection such caps must be kept on cylinders except when cylinders are in use.

I2.4.8 Never tamper with the safety devices in valves or cylinders.

I2.4.9 Never attempt to repair or alter cylinders or refill cylinders.

I2.4.10 Never attempt to use gases in cylinders not bearing a contents label or cylinder having a label all of which is not completely legible.

I2.4.11 Never use oxygen from a cylinder without reducing the pressure through a suitable regulator intended for that purpose only.

I2.4.12 Never permit oxygen to enter the regulator suddenly. Open the cylinder valve slowly.

I2.4.13 Fully open the valve when the cylinder is in use.

I2.4.14 Never interchange oxygen regulators, hose, or other appliances with similar equipment intended for use with other gases.

I2.4.15 Never hold a gloved hand over the outlet to test the pressure. A serious burn may result.

I2.4.16 Never heat cylinders above room temperature or allow a flame to play on them.

I2.4.17 Never use oxygen in place of compressed air as a pressure medium to blow out obstructed pipelines, to operate pneumatic tools or to build up pressure in tank containing oils or other flammable materials. Nitrogen is the preferred gas for blowing out pipelines. Clean compressed air free of water or oil may also be used.

I2.4.18 Oxygen must never be used to blow dust out of clothing or to freshen air in a closed place. Serious burns may result from such practices.

I2.4.19 Close all oxygen cylinder valves when the cylinders are empty.

I2.4.20 At the start of each operating day turn on oxygen regulator only, then turn oxygen on at the machine.

I2.4.21 Before any maintenance or repair work is done in any building where general anaesthetics are being administered and which would involve interrupting oxygen flow, the anaesthesiologist must be informed immediately and an oxygen analyzer must be used to check that lines have not been switched. This does not apply to the periodic exchange of tanks.

I3 Electrical

Electrical Safety must meet or exceed standards contained in the most recent version of the Canadian Electrical Code, as determined by an electrician or inspector.

I4 Fire

Fire safety requirements must meet or exceed standards contained in the most recent version of the Alberta Fire Code, as determined by a qualified contractor or inspector.

J CONCERNS AND COMPLAINT MANAGEMENT

J1.1 There must be a Concerns and Complaints Policy and protocol for the DSF.

J1.2 There must be a Concerns and Complaint Management Process in place that is known to all personnel.

J1.3 A Concerns and Complaint Manager must be designated for the DSF as part of patient care management.

K QUALITY ASSURANCE AND IMPROVEMENT

Accreditation by the ADA&C requires that quality assurance and improvement programs are in place so that high standards of patient care can be demonstrated. The purposes of these programs are to address the scope of the DSF's health care delivery services and how the quality improvement plan for these services is assessed. These programs should identify potential problems, determine the cause of problems, and implement actions to eliminate or improve them. Many of the components of these programs can be conducted by other personnel but results should be reviewed at least annually by the Dental Operator.

The following outline provides for a quality improvement program in Dental Surgical Facilities:

K1 Structure

Examples:

K1.1 DSF Environment
- A. Maintenance and space requirements.

K1.2 DSF Equipment
- A. Routine testing.
- B. Review of record maintenance and service requirements.

K1.3 DSF Personnel
- A. Numbers and types of personnel required.
- B. Performance evaluations.

K2 Process

Examples:

K2.1 Clinical Care
- A. Review of procedures in light of new technology or practice standards.
- B. Case reviews/audits with description of problems and recommendations to prevent future occurrences.

K2.2 Mock Drills

A. Review of safety procedures and results of mock drills.

K2.3 Patient/Clinical Records
A. Audits of completeness, legibility, etc.

K3 Outcome

Examples:

K3.1 Infection Rates

K3.2 Incidents/ Complications

K3.3 Case Review Audits

K3.4 Patient Satisfaction

K3.5 Concerns and Complaint Management

L DENTAL SURGICAL FACILITY MANUALS

L1 Dental Surgical Facility Policy and Procedure Manual

Recommended standards formats for DSF Policy and Procedure Manual(s) are located in Appendices G and H.

L1.1 A DSF Policy and Procedure Manual(s) must be kept regarding the following:
A. Statements of Policy that are consistent with the goals of the organization and the ADA&C DFA Standards.
B. All routine personnel, clinical and administrative procedures and protocols.

L1.2 The Dental Operator or a designated person must ensure that all required policies and procedures are established, maintained, written, and implemented.

L1.3 All DSF Policies and Procedures must be signed by the Dental Operator or a designate as developed.

L1.4 All DSF Policies and Procedures must be reviewed and signed off on every four years.

L1.5 The DSF Policy and Procedure Manual(s) must be available to all relevant personnel. If there is more than one copy, then each must be numbered to ensure changes are made in identified manual(s). One copy should be identified as the master copy. As changes are made, copies of past policies and procedures must be kept in a separate file for management and legal purposes.

L1.6 The DSF Policy and Procedure Manual(s) format must be consistent, standardized and allow for identifiable recognition as policy or procedure.

L1.7 Current DSF Policy and Procedure Manual(s) must be readily available in the appropriate work area.

L1.8 If the DSF Policy and Procedure Manual(s) is/are separated into several work areas, one master manual must be maintained in a central location in the DSF. Repetitive routines, such as cleaning protocols, should be summarized and posted on walls in actual work areas to assist with compliance.

L1.9 The Dental Operator or a designated member of personnel must ensure that DSF Policy and Procedure Manual(s) are current and accurate.

L1.10 Each DSF Policy and Procedure Manual(s) must contain a table of contents identifying a complete list of policies, procedures and processes that are provided, as well as support processes, equipment requirements and related routines in the DSF.

L1.11 All personnel, including the Dental Operator, involved with the procedures must have knowledge of the written procedures (and should be involved in the documentation of changes for the DSF Procedure Manual(s) with respect to the procedures each provides).

L1.12 Related information in a DSF Policy and Procedure Manual(s) must be consolidated into one section.

L1.13 The list of Dental Surgical Services must be those approved for the DSF.

L1.14 A process to assess compliance with policies and procedures must be in place.

L1.15 All new personnel must be oriented by qualified personnel, upon hiring to a maximum of 30 days of the date of commencement of employment, to the DSF Policy and Procedure Manual(s). The extent of a step-by-step orientation of new personnel to each procedure will depend on the specific role of the new member, the risk of injury or damage, and implications of non-compliance.

L1.16 Personnel who perform Dental Surgical Services are responsible for updating (or informing the appropriate person of a need to update) information with respect to the procedures that they perform.

L1.17 A communication process must be established to inform the necessary personnel of changes in policies, procedures, updates, and new procedures.

L2 Dental Surgical Facility Equipment Manual(s)

L2.1 A DSF Equipment Manual(s) must be kept regarding the following:

1. A list of contact personnel and phone numbers;
2. Manufacturer operating and troubleshooting instructions;
3. Preventative maintenance schedule; and
4. Log and record of repairs.

L2.2 Equipment, computer and safety manual(s) must be available and accessible at all times, with current contact information.

APPENDIX A

REQUIRED DRUG SUPPLY

The following is a list of required drugs where a Qualified Dentist administers general anaesthesia or neurolept anaesthesia. The drugs must be on site in a non-expired state, appropriately preserved, packaged and ready for use.

Oral

a. Acetylsalicylic acid (ASA); and
b. Nitroglycerin spray.

Inhaled

a. Salbutamol (with spacer device).

Intravenous

a. Atropine;
b. Benzodiazepine, either Midazolam or Diazepam;
c. Beta Blocker;
d. Dantrolene Sodium (Dantrium) enough for a first dose - when depolarizing muscle relaxants and/or volatile anaesthetic gases are used;
e. Diphenhydramine;
f. Epinephrine;
g. Ephedrine;
h. Furosemide;
i. Glucose 50 percent;
j. Hydralazine or Nifedipine;
k. Hydrocortisone;
l. Lidocaine, bolus doses and one infusion bag;
m. Naloxone;
n. Neostigmine or equivalent, when non-depolarizing muscle relaxants (except mivacurium) are used;
o. Phenylephrine;
p. Anti-Dysrythmic (i.e. Procainamine or Amiodarone);
q. Short-acting muscle relaxant;
r. Sodium bicarbonate including pediatric vials, if facility treats children;
s. Sterile water or saline for dilution; and
t. Verapamil or Adenosine.

APPENDIX B

GLOSSARY OF TERMS

Accredited DSF
A DSF that has met the requirements for accreditation outlined in the DFA Standards. A DSF may be granted Full or Interim Accreditation by the DFAC.

Anaesthesia
The ADA&C requires two categories of anaesthesia, general anaesthesia and neurolept anaesthesia (deep sedation) to be provided in an accredited DSF.

Anaesthesia is determined by actual or likely impact on depth of sedation or state of consciousness of the patient with attention to protective reflexes, airway maintenance, and the ability to respond purposefully to visual stimulation or verbal command.

General anesthesia is regarded as being a continuum of depressed central nervous system function from pharmacologic agents resulting in loss of conscious, recall and somatic and autonomic reflexes.

General anaesthesia or sedation means sedation that will likely render the patient unconscious or in a state of depressed consciousness or deep sedation, and which is accompanied by full or partial loss of protective reflexes including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command regardless of the modality.

Neurolept anaesthesia renders altered or depressed states of awareness or perception of pain brought about by pharmacologic agents resulting in a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes and depression of respiration, in which verbal contact with the patient may or may not be maintained. Neurolept anaesthesia may be accomplished by IV sedation, nitrous oxide in a greater than 50 percent concentration, or any combination of oral and enteral administration that renders the patient deeply or unconsciously sedated. Neurolept anaesthesia is interchangeable with the term "deep sedation".

The use of oral medication alone or in combination with local anaesthesia is not defined as neurolept anaesthesia unless it renders or is likely to render the patient in a state of deep or unconscious sedation.

Dental Operator
A Dental Operator is a dentist who is an Operator of a DSF.

Dental Surgical Facility
A facility where Dental Surgical Services are provided and that must be accredited by law.

Dental Surgical Services (DSS)
Services performed by dentists such as surgical, diagnostic or anaesthetic that must be provided in an accredited Dental Surgical Facility. Insured Dental Surgical Services must be provided not only in an accredited DSF, but in a DSF that is also designated by the Minister of Health and Wellness. Dental Surgical Services include the following:

(a) a professional service that is provided by a regulated member where an anaesthetic is used that renders the patient unconscious or where neurolept anesthetic is used;
(b) an insured surgical service as defined in the *Health Care Protection Act* that is provided by a regulated member in a facility that must be accredited under this Schedule; and
(c) any other professional service described in the regulations that is provided by a regulated member that in the opinion of the council represents a risk to the patient that is greater than usual for a professional service provided by a regulated member.

Dentist
A regulated member of the Alberta Dental Association and College.

Incidents
Incidents are defined as untoward, undesirable, and usually unanticipated events or outcomes that caused harm or risk of harm to a patient, employee or visitor in the DSF. An incident may or may not be a result of a deviation from the normal process of care. Incidents must be documented and monitored in a DSF, but may not be reportable to the ADA&C.

Non-Hospital Surgical Facility (NHSF)
A term used by the College of Physicians and Surgeons (CPSA) for all non-hospital diagnostic and treatment facilities, in which medical and Dental Surgical Services are deemed as having sufficient risk of potential harm to a patient. Dental Surgical Services may be performed in these facilities. These facilities must register with and maintain accreditation by the CPSA as a NHSF. When a physician provides anaesthesia services in a non-hospital setting, that setting must be accredited by the CPSA as a NHSF.

Non-Owner Facility Dentist (NOFD)
A Non-Owner Facility Dentist is a dentist who provides procedures in a DSF or NHSF but is not the owner or operator of the facility.

Operator
Means:

(a) in the case of a surgical facility designated under Part 2, Division 1 of the *Health Care Protection Act,* the person named as the operator in the designation; and
(b) in the case of any other Dental Surgical Facility, the registered owner or the person who has apparent care and control of the facility.

Pediatric Patient
A person between eighteen months to eight years of age.

Pediatric Services
Anaesthetic and Dental Surgical Services provided to children less than or equal to 8 years of age. Children less than the age of eighteen months must be treated in a hospital and cannot receive services in a DSF or NHSF.

Physician
A regulated member of the College of Physicians and Surgeons of Alberta.

Procedure
Dental treatment and services that include Dental Surgical Services.

Qualified Dentist
A dentist who is recognized by the ADA&C as having the credentials to administer general anaesthesia or neurolept sedation. Refer to Section C4.2.

Regulated Member
A regulated member of the Alberta Dental Association and College.

Reportable Incident
Reportable Incidents in a DSF or NHSF are events related to patient status or outcomes that are considered significant indicators of health and safety factors for patients in a DSF or NHSF which may or may not be associated with harm to the patient.

Reportable Incidents must be documented, monitored and reported for safety, quality assurance and mandatory reporting purposes to the ADA&C and potentially to the Minister of Health and Wellness.

An Outline for a Reportable Incident is found in Appendix D. This outline must be used and forwarded to the ADA&C.

APPENDIX C

COMPANION DOCUMENTS TO ADA&C DENTAL FACILITIES ACCREDITATION STANDARDS

Copies of the "Companion Documents" listed below in Sections I and II, and marked with an asterisk (*) may be obtained on the members' website of the Alberta Dental Association and College located at www.abdentists.com.

Section I

(A) ADA&C Dental Facilities Accreditation: Policy Backgrounder (*)

(B) ADA&C Dental Facilities Accreditation Process: Flowchart (*)

(C) *Non-Hospital Surgical Facility Standards and Guidelines – College of Physicians and Surgeons of Alberta,* November 2009-01 - obtainable from the College of Physicians and Surgeons of Alberta website at www.cpsa.ab.ca/home/home.asp.
(Search: facilities/accreditation – non-hospital surgical facility – standards/guidelines)

Section II

These are Companion Documents that relate to Infection Prevention and Control in a Dental Surgical Facility and are referred to in the Dental Facilities Accreditation Standards:

(A) Occupation Health and Safety Code of Alberta:
www.3gov.ab.ca/HRE/WHS/publications/pdf/OHSC-1.pdf.com

(B) ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry
ADA&C Bloodborne Pathogen Post – Exposure Integrated Protocol: (*)
(available by request in the form of a laminated document suitable for posting)

(C) ADA&C Best Practice Management Dental Wastes, 2002 (*)

Note: The following subsections (D) and (E) of Section II are Companion Documents that may be referred to regarding Infection Prevention and Control in a DSF. They should be consulted when necessary but do not necessarily constitute the ADA&C Dental Facilities Accreditation Standards.

(D) Canadian Standards Association (CSA) Standards:

Note: Copies of the following documents can be obtained by contacting the:

Canadian Standards Association
1707 – 94 Street
Edmonton Alberta T6N 1E6
Phone: 1-800-463-6727 / Fax: (780) 435-0998

- CAN/CSA Z314.3-01 – Effective Sterilization in Hospitals by the Steam Process
- CAN/CSA Z314.7-03 – Steam Sterilizers for Health Care Facilities
- CAN/CSA Z314.8-08 – Decontamination of Reusable Medical Devices
- CAN/CSA Z314.10-03 – Selection, Use, Maintenance and Laundry of Reusable Textile Wrappers, Surgical Gowns and Drapes for Health Care Facilities
- CAN/CSA Z314.13-01 – Recommended Standard Practices for Emergency (Flash) Sterilization
- CAN/CSA Z314.14-04 – Selection and Use of Rigid Sterilization Containers

(E) Centres for Disease Control and Prevention (CDC) Guidelines entitled:
"Guidelines for Infection Control in Dental Health-Care Settings – 2003"
www.cdc.gov/OralHealth/infectioncontrol/guidelines

Section III

The following is a list of documents that may be referred to regarding Anaesthetic Equipment in a DSF. They should be consulted when necessary but do not necessarily constitute the ADA&C Dental Facilities Accreditation Standards.

Copies of the following documents can be obtained by contacting the:

Canadian Standards Association
1707 – 94 Street
Edmonton Alberta T6N 1E6
Phone: 1-800-463-6727 / Fax: (780) 435-0998

- CAN/CSA Z.32.2-M89 – Electrical Safety in Patient Care Areas
- CAN/CSA Z.32.4-M86 – Essential Electrical Systems for Hospitals
- CAN/CSA Z.5361-94 – Tracheal Tubes
- CAN/CSA Z.7228-94 – Tracheal Tube Connectors
- CAN3 Z.168.3-M84 – Anaesthetic Machines
- CAN/CSA Z.5360-94 – Keyed Filling Devices Applied to Anaesthetic Equipment
- CAN/CSA Z.168.5.1 – Anaesthesia Ventilators
- CAN/CSA Z.168.5.2-M1991 – Critical Care Ventilators
- CAN/CSA Z.168.6-M89 – Oxygen Analyzers
- CAN/CSA Z.8382-94 – Resuscitators
- CAN3 Z.168.8-M82 (R1994) – Anaesthetic Gas Scavenging Systems
- CAN/CSA Z.168.9-92 – Breathing Systems for Use in Anaesthesia
- CAN/CSA Z.305.1-92 – Non-flammable Medical Gas Piping Systems
- CAN/CSA Z.305.2-M88 – Low-pressure Flexible Connecting Assemblies for Medical Gas Systems
- CAN/CSA Z.305.3-M87 – Pressure Regulators, Gauges and Flow Metering Devices
- CAN3 Z.305.4-M85 – Qualifications for Medical Gas Testing Agencies
- CAN/CSA Z.305.5-M86 – Medical Gas Terminal Units (Outlets)
- CAN/CSA C22.1 – Canadian Electrical Code, Part I, Hospital Patient Care Areas, Sections 24, 52
- CAN/CSA C22.2 – Medical Electrical Equipment

Section IV

Electrical Safety

A copy of these standards may be obtained from:

Canadian Standards Association
1707 – 94 Street
Edmonton Alberta T6N 1E6
Phone: 1-800-463-6727 / Fax: (780) 435-0998

Section V

Fire Safety

A copy of the Code may be obtained from:

Learning Resources Centre
12360 – 142 Street
Edmonton Alberta T5L 4X9
Phone: (780) 427-2767 / Fax: (780) 422-9750

APPENDIX D

AN OUTLINE FOR A REPORTABLE INCIDENT REPORT IN A DENTAL SURGICAL FACILITY OR NON-HOSPITAL SURGICAL FACILITY

A DOCUMENTATION REQUIRED

Within two weeks of the Reportable Incident, please submit the following to the ADA&C via courier or fax (780-433-4864):

1. This form signed by the Dental Operator and the dentist who performed or was scheduled to perform the treatment.

2. A copy of the patient's clinical record from the DSF or NHSF.

3. A summary by the dentist or physician most involved with the case describing the incident, action taken, possible risk factors and outcome.

The ADA&C will review the circumstances with the Dental Operator, the Non-Owner Facility Dentist or the NHSF and may consult with other practitioners to determine the risk of harm to patients. If necessary, the Registrar may suspend the accreditation of any Dental Surgical Facility (DSF) on a suspicion of continuing risk.

B MANDATORY NOTIFICATION – Please print your responses.

1 Identify the Type of Event

- ❒ Deaths within the facility or within 10 days of a procedure;

- ❒ Transfers from the facility to a hospital regardless of whether or not the patient was admitted;

- ❒ Unexpected admission to a hospital within 10 days of a procedure or anaesthetic performed in the facility;
  Note: When notified of an unexpected admission of a patient to hospital within 10 days of the procedure in the facility, the Registrar may determine that written notification is not required when the reason given for admission to hospital is not related to the services provided in the facility.

- ❒ Clusters of infections among patients treated in the facility.

- ❒ Any procedure performed on the wrong patient, site or side.

2 Completion of Report

Name of Person Completing this Report _____

Title _____

Telephone _____

Date report completed _____

3 General Information

DSF or NHSF Name: _____

Dental Operator: _____

Medical Director: _____

Date of the Incident: Day: _____ Month: _____ Year: _____

Procedure Performed by:

❒ Physician: Dr._____ (Name)

❒ Dentist: Dr._____ (Name)

General Anaesthesia or Neurolept Anaesthesia performed by:

❒ Physician: Dr._____ (Name)

❒ Dentist: Dr._____ (Name)

4 Patient Information

Patient Identification Number: (if applicable) _____

Patient Name: _____

HT: _____ WT: _____

Gender: Male ❒ Female ❒

Age: _____

Date of Birth _____

ASA Classification: _____

Treatment Proposed: _____

Treatment Performed: _____

5 Description of the Event

Describe what happened; brief details of events.

_____

_____

_____

_____

_____

Describe where it happened. Describe the exact location in the DSF or NHSF, if possible.

_____

_____

_____

_____

_____

What was the outcome of the transfer including diagnosis, length of stay, sequelae, etc.?

_____

_____

_____

_____

_____

6 History of the Event

Describe contributing factors to the incident.

a. Patient (co-existing disease conditions, language barriers, etc.):

_____

_____

_____

_____

b. Personnel (e.g., number, training, experience, performance):

_____

_____

_____

_____

c. Equipment (list any equipment that may have played a role in the incident)

_____

_____

_____

_____

d. Environment (e.g., noisy, crowded):

_____

_____

_____

_____

7 DSF or NHSF Response to the Event

If this incident had progressed without corrective action, what might the outcome have been for the patient?

_____

_____

_____

_____

What prevented this incident from becoming more serious?

_____

_____

_____

_____

What steps have been taken to prevent future occurrences such as change to policy or procedures? Give details.

_____

_____

_____

_____

Dental Operator – I have reviewed the contents of this report:

Signature: _____

Date: _____

Printed Name: _____

Dentist Who Provided Treatment – I have reviewed the contents of this report:

Signature: _____

Date: _____

Printed Name: _____

APPENDIX E

Note to Dental Operator:
This table must be completed as part of the submission of the Annual Report of the Dental Surgical Facility to the ADA&C.

Correlation of GENERAL ANESTHESIA/ NEUROLEPT ANESTHESIA and SURGICAL DENTAL SURGICAL SERVICES				
TYPES OF PROCEDURES BY CASE:	**ADULTS** **General Anesthesia CASES**	**ADULTS** **Neurolept Anesthesia CASES**	**PEDIATRIC PATIENT** **General Anesthesia CASES**	**PEDIATRIC PATIENT** **Neurolept Anesthesia CASES**
General Dentistry				
• MAINTENANCE				
• RESTORATIVE				
• SURGICAL				
• COMBINATION of above				
Oral and Maxillofacial Surgery				
Total				

APPENDIX F

The Dental Operator is also referred to the following ADA&C Manuals and Documents that provide information and directives to dentists in Alberta.

Copies of the documents listed below may be obtained on the members' website of the Alberta Dental Association and College at www.abdentists.com.

(A) ADA&C Radiation Health and Safety Manual

(B) ADA&C Infection Prevention and Control Standards and Risk Management for Dentistry and Risk Management for Dentistry, September 2010

(C) ADA&C Governance Legislation Manual (including the ADA&C Code of Ethics)

(D) ADA&C Workplace Hazardous Materials Information System Manual

(E) ADA&C Practice Management Manual

(F) ADA&C Medical History Record Keeping

(G) ADA&C Guidelines for Privacy Protection of Personal Information by Dentists

APPENDIX G

SAMPLE FORMAT DENTAL SURGICAL FACILITY – POLICY

DSF Name

POLICY NO: _____

Page _____ of _____

Last Revision/ Review Date: _____

Next Review Date: _____

Source: _____

Approved By: _____

Dental Operator's Signature
Medical Director's Signature where applicable

Policy Title

Philosophy: _____

_____

_____

Policy Statement: _____

_____

_____

References: _____

_____

_____

APPENDIX H

SAMPLE FORMAT DENTAL SURGICAL FACILITY – PROCEDURE

DSF Name

Date of Original Procedure: _____ Procedure No: _____

Last Review/ Revision Date: _____ Page _____ of _____

Next Review Date: _____

Source: _____

Dental Operator's _____

Procedure

General Description: _____

Patient Preparation: _____

Procedure Steps: Rationale:

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

Equipment: Procedure to setup, calibrate, recording required.

_____

_____

Precautions/ Safety Measures: _____

Comments/ Diagrams: _____

Specific Surgeon Needs: _____

References: _____

APPENDIX I

NON-OWNER FACILITY DENTIST

DATE

VIA REGISTERED MAIL
PERSONAL AND CONFIDENTIAL

Dental Operator or Medical Director of Non-Hospital Surgical Facility
Address
City
Postal Code

Dear:

Re: "Non-Owner Facility Dentists" – Dental Facilities Accreditation Process (DFA) of the Alberta Dental Association and College

As the owner/operator of the ____, you must account for the Non-Owner Facility Dentists providing Dental Surgical Services at your facility. A Non-Owner Facility Dentist is a regulated dentist who provides Dental Surgical Services in a DSF or NHSF but is not the owner/operator of the facility.

If Non-Owner Facility Dentists do not provide Dental Surgical Services at your facility, please refer to FORM A of this letter for further instructions and requirements.

If Non-Owner Facility Dentists do provide Dental Surgical Services at your facility, please refer to FORM B of this letter for further instructions and requirements.

Thank you for your cooperation with the ADA&C Dental Facilities Accreditation Process.

Yours truly,

Chair
Dental Facilities Accreditation Committee
Alberta Dental Association and College

Enclosure

FORM A: If Non-Owner Facility Dentists do not provide Dental Surgical Services in your facility, please complete this form and return to:

ATTENTION: CHAIR DFAC
ALBERTA DENTAL ASSOCIATION AND COLLEGE
SUITE #101, 8230 - 105 STREET
EDMONTON ALBERTA T6E 5H9

Name and Address of Dental Surgical Facility:

_____

_____

_____

_____

Name of Dental Operator(s):

_____

_____

_____

_____

_____ _____

SIGNATURE of Dental Operator Date

OR

Name and Address of Non-Hospital Surgical Facility:

_____

_____

_____

_____

Name of Medical Director:

_____

_____

_____ _____

SIGNATURE of Medical Director Date

FORM B: If Non-Owner Facility Dentists provide Dental Surgical Services at your facility, **each Non-Owner Facility Dentist must provide written documentation and attestation to the Dental Operator or Medical Director**, to allow your facility to maintain or receive the status of Full Accreditation.

Please follow the instructions below:

1) Please reproduce and distribute FORM C to each Non-Owner Facility Dentist for completion.

2) Each Non-Owner Facility Dentist is required to complete and return this form to you no later than 90 days from its issuance DATE.

3) Upon receipt of all forms with accompanying documentation from all Non-Owner Facility Dentists, you are required to complete FORM D of this letter and return FORM D to the ADA&C no later than: DATE.

4) Please do not forward the information submitted to you by the Non-Owner Facility Dentists to the Alberta Dental Association and College.

Upon the receipt of this information and its review by the DFAC, your facility will be considered for the status of Full Accreditation. If your facility currently has the status of Full Accreditation, and this information is not received by DATE that status may be revoked, until the DFAC has received the required information.

FORM C: **Page 1 of 5**

The ADA&C Dental Facilities Accreditation Committee (DFAC) requires that every Non-Owner Facility Dentist who provides Dental Surgical Services in a Dental Surgical Facility (DSF) or Non-Hospital Surgical Facility (NHSF) acknowledge their compliance with the ADA&C Dental Facilities Accreditation Standards (MAY 2011).

A DSF or NHSF, where Dental Surgical Services are provided, that cannot provide demonstration of compliance by all dentists providing dental services will not maintain or receive Full Accreditation status from the DFAC. It is unprofessional conduct for a dentist to provide Dental Surgical Services in a facility that is not accredited.

The Non-Owner Facility Dentist is required to sign and return the completed form with the requested information attached to the Dental Operator, Medical Director and/ or facility manager by DATE.

Note: You may access a copy of the ADA&C DFA Standards as

follows: www.abdentists.com

OR

You may contact Administrative Assistant, ADA&C at (780) 432-1012 for a copy.

Periodic updates to the DFA Standards may be provided to you by the facility where you provide Dental Surgical Services.

FORM C: Page 2 of 5
TO BE COMPLETED BY NON-OWNER FACILITY DENTIST:

Name of DSF/ NHSF: _____

Name of Non-Owner Facility Dentist: _____

As a Non-Owner Facility Dentist, please read the following 5 sections and provide your SIGNATURE/DATE attesting to your acknowledgment of the item, attach any appropriate information where required and return to the management of the facility where you provide contract services DATE.

1. As a Non-Owner Facility Dentist, I acknowledge that it is my responsibility:

   - To be familiar with the ADA&C DFA Standards (MAY 2011).
   - To comply with all future updates to the DFA Standards, as provided by the DFAC.
   - To maintain current HCP.CPR (ADA&C Standard C2.1) and to provide HCP.CPR renewal documentation to the dental operator or facility manager annually or as required.

     Note: Additional certifications such as ACLS or PALS may also be provided, as appropriate.

     Please attach copy of your current HCP.CPR certificate to form.
   - To comply with ADA&C DFA Immunization Standards E1.1, E1.2 and E1.3 and to provide evidence of immunization as required by The Facility Policies and Procedures.
     Please attach copy of supportive documentation that is in keeping with the immunization policy of the facility.

FORM C: Page 3 of 5

As a Non-Owner Facility Dentist, I acknowledge that it is my responsibility to ensure the following regarding **personnel who accompany me to the facility for the purposes of providing Dental Surgical Services to patients**:

- That accompanying personnel who hold a current practice permit will provide copies of documentation to the facility on an annual basis at renewal, or as required.

  Note: Personnel would typically include registered Dental Assistants and regulated Dental Hygienists.

- That accompanying personnel (regulated and non-regulated) will be certified and hold current HCP.CPR (ADA&C DFA Standard C2.1) and will provide copies to the facility on an annual basis at renewal, or as required.

  Note: Additional certifications such as ACLS or PALS may also be provided to the facility, as appropriate.

- That accompanying personnel will comply with ADA&C DFA Immunization Standards E1.1, E1.2 and E1.3 and will provide evidence of immunization as required by The Facility Policies and Procedures.

Please attach the following:

- List of the names of accompanying regulated and non-regulated personnel and their role.
- Copies of current practice permits for all accompanying regulated personnel.
- Copies of HCP.CPR certificate information for all accompanying regulated and non-regulated personnel.
- Copies of supportive documentation for all accompanying regulated and non-regulated personnel that is keeping with the immunization policy of the facility.

FORM C: Page 4 of 5

As a Non-Owner Facility Dentist, I acknowledge that it is my responsibility to comply with ADA&C DFA Infection Prevention and Control (IPC) Standards and confirm:

- That I and all accompanying personnel have been oriented to the facility infection prevention and control policies and procedures.

- That any preferred instruments, equipment or supplies that I and/or accompanying personnel bring to the facility for the purposes of provision of Dental Surgical Services to patients have been and will be processed according to the relevant ADA&C DFA Standards and Facility IPC Policies and Procedures.

- That I and all accompanying personnel have been oriented to the facility policies and procedures for management of percutaneous injuries.

- That I will monitor for and report to the facility any post-operative infections of patients that could be as a result of treatment provided at the facility.

As a Non-Owner Facility Dentist, I acknowledge that the facility has a reporting requirement to the Registrar of the ADA&C regarding the following Reportable Incidents:

- Deaths within the facility or within 10 days of a procedure;
- Transfers from the facility to a hospital regardless of whether or not the patient was admitted;
- Unexpected admission to hospital within 10 days of a procedure or anaesthetic performed in the facility;
  Note: When notified of an unexpected admission of a patient to hospital within 10 days of the procedure in the facility, the Registrar may determine that written notification is not required when the reason given for admission to hospital is not related to the services provided in the facility.
- Clusters of infections among patients treated in the facility; and
- Any procedure performed on the wrong patient, site or side.

And I acknowledge that it is my responsibility to report to the Dental Operator(s), or Medical Director of the facility, any information relevant to Dental Surgical Services provided to patients at the facility that has resulted in a reportable incident and to provide supportive documentation and information as required.

FORM C: Page 5 of 5

As a Non-Owner Facility Dentist, I acknowledge the following:

- That I and all accompanying personnel have been oriented to the facility emergency policies and procedures and that we are aware of our roles, if any, in the event of an emergency.
- That I and all accompanying personnel will participate in emergency mock drills as required by facility policies and procedures.

_____

SIGNATURE of Non-Owner Facility Dentist certifying this information to be true and accurate.

PRINT NAME: _____

Date: _____

FORM D:

Once you have received all completed submissions of FORM C from the Non-Owner Facility Dentists who provide Dental Surgical Services in your facility, please complete Form D and return no later than DATE to:

ATTENTION: CHAIR DFAC
ALBERTA DENTAL ASSOCIATION AND COLLEGE
SUITE #101, 8230 - 105 STREET
EDMONTON ALBERTA T6E 5H9

Please provide the names of all Non-Owner Facility Dentists who currently provide Dental Surgical Services at your facility. (You may attach a list)

_____

_____

_____

Please acknowledge the following by way of signature:

- That all Non-Owner Facility Dentists have completed and submitted the required documentation to my facility.

_____ _____

SIGNATURE of Dental Operator Date

_____

PRINT NAME:

OR

_____ _____

SIGNATURE of Medical Director Date

_____

PRINT NAME: