



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES  
ACCREDITATION PROGRAM

# Accreditation Standards

Anesthesia



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## INTRODUCTION

The Canadian Anesthesiologists' Society provides guidelines for the practice of anesthesiology. They are intended as a framework for reasonable and acceptable patient care. Anesthesiologists should follow the Canadian Anesthesiologists' Society practice guidelines to promote safe and quality patient care.

This standard outlines the equipment, monitoring and other factors required to support the safe delivery of anesthesia care.

### ANES1.0 ANESTHESIA

ANES1.1 Anesthesia providers ensure the patient is appropriate for an anesthetic in a non-hospital facility.	
ANES1.1.1	<p><b>M</b> Preoperative anesthetic consultations are conducted when clinically indicated.</p> <p><i>Guidance: If considering IV sedation/analgesia, regional block or general anesthesia for patients with an ASA 3 or patients with a body mass index (BMI) greater than or equal to 40, an in-person preoperative anesthetic consultation must be completed before admission for the surgical procedure, not more than 28 days before surgery and at minimum, one day prior to surgery. Patients scheduled for laparoscopic adjustable gastric banding surgery must also have an in-person anesthetic consultation completed not more than 14 days before surgery and at minimum, one day prior to surgery. An in-person preoperative anesthetic consultation should be completed prior to the day of surgery for patients with a low BMI (less than 18.5), patients with significant comorbidities, and as clinically indicated, to ensure the appropriate work-up and consultation(s) are completed. The Canadian Anesthesiologists' Society Guidelines refer to Choosing Wisely for recommendations related to preoperative testing. For patients that reside outside of the geographic location of the non-hospital facility where the surgery/procedure will be performed, the in-person anesthetic consultation may be performed by an anesthesiologist where the patient resides (i.e. hospital or non-hospital facility local to the patient). Telemedicine does not satisfy the requirement for an in-person anesthetic consultation due to the physical examination limitations.</i></p>
ANES1.1.2	<p><b>M</b> The anesthesiologist providing the anesthesia performs a pre-anesthetic assessment of the patient in the immediate preoperative period.</p> <p><i>Guidance: The anesthesiologist's assessment includes but is not limited to an interview with the patient, review of the patient's medical record, medical, surgical, medication and anesthetic history, a physical exam, review of testing and review of medical consultations and assigning of an American Society of Anesthesiologists physical status classification. The pre-anesthetic assessment is documented on the anesthetic assessment record.</i></p>

<b>ANES1.2</b>	<b>Anesthesia staffing supports safe patient care and promotes a safe procedural environment.</b>	
ANES1.2.1	<b>M</b>	A head of anesthesia organizes and directs the anesthesia services. <i>Guidance: In collaboration with the facility medical director, the head of anesthesia ensures that anesthesia services are provided by qualified and competent physicians, that the anesthesia services are organized, that anesthetic-related policy and procedures are established and followed and monitors the professional performance of anesthesia staff as well as the quality of anesthetic care provided at the facility. The head of anesthesia also has medical administrative responsibility for the post-anesthesia care unit.</i>
ANES1.2.2	<b>M</b>	The anesthesiologist is dedicated to the operating room from the start to the finish of each procedure. <i>Guidance: In accordance with the Canadian Anesthesiology Society Guidelines, the anesthesiologist shall remain with the patient at all times throughout the conduct of all anesthesia until the patient is transferred to the post-anesthesia care unit. If the attending anesthesiologist leaves the operating room temporarily, care of the patient must be delegated to another anesthesiologist who shall remain with the patient. Anesthesia assistant(s), if present, may only provide care under the direct supervision of an anesthesiologist (e.g. anesthesiologist present in the operating/procedure room at all times). An anesthesia assistant may be a registered respiratory therapist or a registered nurse who has completed didactic and clinical training specific to the competencies required to be an anesthesia assistant.</i>
ANES1.2.3	<b>M</b>	The circulating RN is present during the induction and emergence phases of anesthesia.
<b>ANES1.3</b>	<b>Emergency equipment is immediately available to the operating room.</b>	
		<i>Guidance: Immediately available is defined as being available for use without undue delay.</i>
ANES1.3.1	<b>M</b>	An emergency cart is immediately available. <i>Guidance: The emergency cart is appropriate to the facility class (i.e. class 1, class 2, class 3). Facilities providing services to a pediatric population also have pediatric emergency cart supplies.</i>
ANES1.3.2	<b>M</b>	A malignant hyperthermia kit is immediately available.
ANES1.3.3	<b>M</b>	Difficult intubation equipment is immediately available. <i>Guidance: All class 1 facilities and class 2 facilities with an anesthesiologist on staff have a difficult intubation equipment for difficult or failed intubations.</i>
ANES1.3.4	<b>M</b>	Difficult intubation equipment includes at least two non-invasive equipment options. <i>Guidance: Non-invasive equipment options for management a difficult airway include but are not limited to video-assisted laryngoscope, fiberoptic bronchoscope, optical stylets or wands and Bonfils. Non-hospital facilities accredited to perform laparoscopic assisted gastric band procedures must have a flexible bronchoscope as one of the non-invasive equipment options.</i>
ANES1.3.5	<b>M</b>	Difficult intubation equipment includes supraglottic airway devices. <i>Guidance: There are supraglottic airway devices of different sizes for rescue oxygenation or to act as a conduit for intubation.</i>
ANES1.3.6	<b>M</b>	Difficult intubation equipment includes airway exchange catheters. <i>Guidance: Difficult intubation equipment includes airway exchange catheters for managing "at-risk extubations."</i>

<b>ANES1.4</b>	<b>The operating room is appropriately equipped for the level of anesthesia delivered at the facility.</b> <i>Intent: Each operating/procedure room must be appropriately equipped for the level of anesthesia delivered.</i>
ANES1.4.1	<b>M</b> Monitoring equipment includes a pulse oximeter. <i>Guidance: The pulse oximeter has both audible and visual alarms. There is a selection of pulse oximeter probes appropriate to the patient population (e.g. adult, pediatric, ear probes, finger probes).</i>
ANES1.4.2	<b>M</b> Monitoring equipment includes automatic blood pressure monitor. <i>Guidance: The automatic blood pressure monitor includes a selection of cuff sizes appropriate to the patient population.</i>
ANES1.4.3	<b>M</b> Monitoring equipment includes electrocardiography. <i>Guidance: The cardiac monitor has both audible and visual alarms. The cardiac monitor is equipped with appropriate cables and electrodes. Non-hospital facilities are not required to have 12-lead ECG equipment.</i>
ANES1.4.4	<b>M</b> Monitoring equipment includes capnography. <i>Guidance: Capnography is required for general anesthesia, regional anesthesia and for all moderate and deep IV procedural sedation. The capnography has both audible and visual alarms.</i>
ANES1.4.5	<b>M</b> Monitoring equipment includes an agent-specific anesthetic gas monitor. <i>Guidance: An agent-specific anesthetic gas monitor is required when inhalational anesthetic agents are used.</i>
ANES1.4.6	<b>M</b> Monitoring equipment includes apparatus to measure temperature. <i>Guidance: This equipment is exclusively available to the anesthesia workstation. Exclusively available is defined as being available at each anesthetic workstation.</i>
ANES1.4.7	<b>M</b> Monitoring equipment includes a peripheral nerve stimulator. <i>Guidance: A peripheral nerve stimulator is required when neuromuscular blocking medications are used. This equipment is exclusively available to the anesthesia workstation.</i>
ANES1.4.8	<b>M</b> Monitoring equipment includes a stethoscope. <i>Guidance: This equipment is exclusively available to the anesthesia workstation. Exclusively available is defined as being available at each anesthetic workstation.</i>
ANES1.4.9	<b>M</b> Monitoring equipment includes a spirometer. <i>Guidance: This equipment is immediately available to the anesthesiologist. Immediately available is defined as being available for use without undue delay.</i>
ANES1.4.10	<b>M</b> Monitoring equipment includes a manometer. <i>Guidance: This equipment is immediately available to the anesthesiologist. Immediately available is defined as being available for use without undue delay.</i>

ANES1.4.11	<b>M</b>	There is appropriate lighting exclusively available to the anesthesiologist. <i>Guidance: The lighting provides sufficient illumination of the patient, anesthesia machine (when present) and monitoring equipment. Exclusively available is defined as being available at each anesthetic workstation. In addition, the anesthesia workstation has a battery-operated light source (i.e. flashlight) other than a laryngoscope immediately available.</i>
ANES1.4.12	<b>M</b>	There is a secondary light source exclusively available to the anesthesiologist. <i>Guidance: Exclusively available is defined as being available at each anesthetic workstation. The anesthesia workstation has a battery-operated light source (i.e. flashlight), other than a laryngoscope immediately available.</i>
ANES1.4.13	<b>M</b>	Diagnostic equipment is available as required. <i>Guidance: Equipment such point-of-care ultrasound is available to the anesthesiologist as required.</i>
<b>ANES1.5</b>		<b>The anesthesia workstation is appropriately equipped for general anesthesia.</b>
ANES1.5.1	<b>M</b>	The anesthesia workstation consists of an anesthetic machine and monitors. <i>Guidance: The anesthetizing location also includes an anesthesia cart which has the necessary medications, equipment and supplies readily available to the anesthesiologist.</i>
ANES1.5.2	<b>M</b>	The anesthesia workstation is equipped with an oxygen analyzer.
ANES1.5.3	<b>M</b>	The anesthesia workstation is equipped with an airway pressure monitor.
ANES1.5.4	<b>M</b>	The anesthesia workstation is equipped with a waste anesthetic gas scavenging system.
ANES1.5.5	<b>M</b>	There is a means of suction for the exclusive use by the anesthesiologist. <i>Guidance: Exclusively available is defined as being available at each anesthetic workstation.</i>
ANES1.5.6	<b>M</b>	The anesthesia workstation is equipped with a low-pressure or disconnect alarm for its ventilator. <i>Guidance: This applies if the workstation is equipped with a ventilator.</i>
ANES1.5.7	<b>M</b>	The anesthesia workstation is equipped with an agent-specific filling system. <i>Guidance: An agent-specific filling system is used to ensure filling with the correct agent and vaporizers are pin indexed. This applies if vaporizers are used.</i>
ANES1.5.8	<b>M</b>	The vaporizers are specific to one agent and pin indexed. <i>Guidance: This applies if the workstation is equipped with vaporizers.</i>
ANES1.5.9	<b>M</b>	Gas hoses, cylinders, flow meter and control valves are colour coded and/or marked with name or chemical symbol at all junctions. <i>Guidance: The colour coding is in accordance with CSA Z7396.1 Medical gas pipeline systems – Part 1: Pipelines for medical gases, medical vacuum, medical support gases, and anaesthetic gas scavenging systems. For example: oxygen, symbol O<sub>2</sub>, colour coding white; nitrous oxide, symbol N<sub>2</sub>O, colour coding blue; medical air, symbol Air<sup>f</sup>, colour coding black-white; air for driving surgical tools, symbol Air-800<sup>e</sup>, colour coding black-white; carbon dioxide, symbol CO<sub>2</sub>, colour coding grey; vacuum, symbol Vac<sup>c</sup>, colour coding yellow.</i>
ANES1.5.10	<b>M</b>	Non-interchangeable gas connectors are used at all connection sites.

ANES1.5.11	<b>M</b>	An alternate means of ventilation is immediately available at each anesthesia workstation. <i>Guidance: Alternate means of ventilation include manual bag and mask resuscitator or other positive-pressure ventilation device. Immediately available is defined as being available for use without undue delay.</i>
ANES1.5.12	<b>M</b>	The anesthesia workstation has a secondary oxygen source with pressure gauge, regulator and wrench. <i>Guidance: There is a minimum of two oxygen sources available with regulators attached: the central medical gas pipeline; and an auxiliary oxygen cylinder which is mounted to the anesthesia workstation and provides a reserve source of oxygen if needed.</i>
ANES1.5.13	<b>M</b>	The anesthesia workstation is connected to backup power. <i>Guidance: The anesthesia workstations with automatic ventilators should have an internal battery capable of powering the unit for at least 30 minutes. All other anesthesia workstations are connected to an uninterruptible power supply (UPS) capable of powering the unit for at least 30 minutes.</i>
<b>ANES1.6</b>		<b>The medications, equipment and supplies on the anesthesia cart are standardized.</b>
ANES1.6.1	<b>M</b>	The equipment and supplies on the anesthesia cart is standardized. <i>Guidance: The equipment, medications and supplies on the anesthetic carts throughout the facility is standardized. A standardized checklist (i.e. current stock list) is followed for stocking the anesthetic cart.</i>
ANES1.6.2	<b>M</b>	The medications on the anesthesia cart are standardized. <i>Guidance: The equipment, medications and supplies on the anesthetic carts throughout the facility is standardized. A standardized checklist (i.e. current stock list) is followed for stocking the anesthetic cart.</i>
ANES1.6.3	<b>M</b>	The anesthesia cart is organized and visibly clean. <i>Guidance: The equipment, medications and supplies on the anesthetic cart is accessible and organized.</i>
ANES1.6.4	<b>M</b>	There is a distinct, individually labelled storage space for each medication on the anesthesia cart.
ANES1.6.5	<b>M</b>	The labelling of medication storage space on the anesthesia cart is standardized. <i>Guidance: Medication storage trays or devices are labelled with the medication names. The labels are typed or printed (not handwritten) and use TALLman lettering as necessary to help differentiate sound-alike or look-alike medication names. Each compartment should also specify the quantity and format (i.e. 6 x 10 ml vials) for the stock allotment.</i>
ANES1.6.6	<b>M</b>	Medications on the anesthesia cart are within their labeled expiry date.
ANES1.6.7	<b>M</b>	Multi-dose vials are marked with the first entry date. <i>Guidance: Multi-dose vials should be avoided as much as possible; however, if they are used, the facility must practice safe handling and administration. Once the protective cap is removed, the vial must be dated and initialed by the health-care provider.</i>

ANES1.6.8	<b>M</b>	Multi-dose vials are discarded within seven days of opening. <i>Guidance: Multi-dose vials are discarded when the vial has been entered but not labeled with an entry date, if contamination is suspected, if it is past the manufacturer's expiry date (e.g. the date after which an unopened multi-dose vial should not be used), or if seven days after the initial vial entry has been reached. Multi-dose vials have a manufacturer recommended discard date of 28 days after opening; however, the antimicrobial preservative in these vials has no effect on blood-borne viruses. As multi-dose vials in the non-hospital setting are likely used for more than one patient and/or located in immediate patient treatment areas (e.g. operating room, procedure room, anesthesia and procedure carts), in the interest of patient safety, multi-dose vials are to be discarded within seven days of opening to limit the time frame for risk of contamination.</i>
ANES1.6.9	<b>M</b>	High vacuum tracheal suction catheters are located on the anesthesia cart.
ANES1.6.10	<b>M</b>	Intravenous and medication preparation equipment and supplies are located on the anesthesia cart. <i>Guidance: IV and medication preparation equipment and supplies include IV catheters, syringes, needles, IV fluids and tubing and medication labels.</i>
ANES1.6.11	<b>M</b>	Equipment and supplies on the anesthesia cart are within their labeled expiry date.
<b>ANES1.7</b>		<b>The anesthesia work area has all the necessary equipment and supplies for airway management.</b>
ANES1.7.1	<b>M</b>	Airway management equipment includes two laryngoscope handles. <i>Guidance: A minimum of two functioning laryngoscopes are stocked on the workstation.</i>
ANES1.7.2	<b>M</b>	Airway management equipment includes laryngoscope blades. <i>Guidance: The blades are appropriate for the patient population (i.e. patient size, age range).</i>
ANES1.7.3	<b>M</b>	Airway management equipment includes endotracheal tube stylets. <i>Guidance: The stylets are single-use.</i>
ANES1.7.4	<b>M</b>	Airway management equipment includes bougies. <i>Guidance: The bougies are single-use.</i>
ANES1.7.5	<b>M</b>	Airway management equipment includes oral endotracheal tubes. <i>Guidance: The cart is stocked with oral endotracheal tube sizes appropriate to the patient population and in accordance with the facility's anesthetic cart standardized checklist.</i>
ANES1.7.6	<b>M</b>	Airway management equipment includes supraglottic airway devices. <i>Guidance: The cart is stocked with supraglottic airway devices in sizes appropriate to the patient population and in accordance with the facility's anesthetic cart standardized checklist.</i>
ANES1.7.7	<b>M</b>	Airway management equipment includes nasal airways. <i>Guidance: The cart is stocked with nasal airways in sizes appropriate to the patient population and in accordance with the facility's anesthetic cart standardized checklist.</i>

ANES1.7.8	<b>M</b>	Airway management equipment includes oral airways. <i>Guidance: The cart is stocked with oral airways in sizes appropriate to the patient population and in accordance with the facility's anesthetic cart standardized checklist. The oral airways are single-use.</i>
ANES1.7.9	<b>M</b>	Airway management equipment includes face masks. <i>Guidance: The cart is stocked with face masks in sizes appropriate to the patient population and in accordance with the facility's anesthetic cart standardized checklist.</i>
ANES1.7.10	<b>M</b>	Airway management equipment includes Magill forceps.
ANES1.7.11	<b>M</b>	Airway management equipment includes suction catheters and tubing. <i>Guidance: Tracheal suction catheters (soft), tonsil suction catheters (i.e. yankauer) and tubing are located on the anesthesia cart.</i>
<b>ANES1.8</b>		<b>The pre-anesthetic check meets the guidelines of the Canadian Anesthesiologists' Society.</b> <i>Intent: These descriptors outline the items that are to be checked prior to use and not how each item should be checked. The facility pre-anesthesia checklist is to be tailored to the actual equipment in use at the facility.</i>
ANES1.8.1	<b>M</b>	A copy of the facility's pre-anesthesia checklist is located at each anesthesia workstation. <i>Guidance: A laminated copy of the pre-anesthesia checklist is located at each anesthesia workstation.</i>
ANES1.8.2	<b>M</b>	Special equipment availability is verified each surgical day. <i>Guidance: Special equipment includes but is not limited to defibrillator, emergency medications, difficult intubation kit, malignant hyperthermia kit, portable oxygen supply.</i>
ANES1.8.3	<b>M</b>	MAINS AC power is confirmed and the anesthesia workstation activates on AC power. <i>Guidance: This is verified each surgical day, after the anesthesia workstation is moved or vaporizers changed.</i>
ANES1.8.4	<b>M</b>	Adequate auxiliary oxygen cylinder pressure is verified. <i>Guidance: This is verified each surgical day, after the anesthesia workstation is moved or vaporizers changed. The oxygen cylinder should be at least half full (1,000 psi). Cylinders with less than 600 psi should be replaced.</i>
ANES1.8.5	<b>M</b>	Adequate central medical gas pipeline pressure is verified. <i>Guidance: This is verified each surgical day, after the anesthesia workstation is moved or vaporizers changed. A pressure greater than or equal to 47 is recommended by the Canadian Anesthesiologists' Society.</i>
ANES1.8.6	<b>M</b>	Leak testing is performed. <i>Guidance: This is verified each surgical day, after the anesthesia workstation is moved or vaporizers changed. The anesthesiologist verifies that there are no leaks in the gas supply lines between the flowmeters and the common gas outlet. If an electronic anesthesia delivery system is used, this is usually performed as part of the system internal self-check.</i>
ANES1.8.7	<b>M</b>	Waste anesthetic gas scavenging system is present and connected. <i>Guidance: This is verified each surgical day, after the anesthesia workstation is moved or vaporizers changed.</i>



ANES1.8.8	<b>M</b>	Routine equipment availability is verified. <i>Guidance: Routine equipment includes airway management equipment and supplies, medications both routine and for resuscitation and intravenous supplies and solutions. This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.9	<b>M</b>	Patient suction is immediately available and adequate to clear the airway. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure. Immediately available is defined as being available for use without undue delay.</i>
ANES1.8.10	<b>M</b>	Patient monitoring equipment availability is verified. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.11	<b>M</b>	Monitoring equipment alarms are enabled, limits are set appropriately and volume is sufficiently loud. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.12	<b>M</b>	Vaporizer supply levels are checked and, if applicable, filler ports are tightly closed. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.13	<b>M</b>	Carbon dioxide absorbent capacity is verified. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.14	<b>M</b>	Breathing system pressure is verified and leak tested. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.15	<b>M</b>	Proper gas flow through the breathing circuit during inspiration and exhalation is verified. <i>Guidance: This is verified each surgical day <b>and</b> prior to each anesthetic procedure.</i>
ANES1.8.16	<b>M</b>	The pre-anesthesia checklist is documented.
<b>ANES1.9</b>	<b>The patient's oxygenation, ventilation and circulation is continually monitored during all anesthetics.</b>	
ANES1.9.1	<b>M</b>	Oxygen saturation is continuously monitored throughout the administration of all anesthetics. <i>Guidance: Pulse oximetry equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Oxygen saturation should be documented at frequent intervals.</i>
ANES1.9.2	<b>M</b>	Blood pressure is continuously monitored throughout the administration of all anesthetics. <i>Guidance: Blood pressure monitoring equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Blood pressure is documented every five (5) minutes as a minimum.</i>
ANES1.9.3	<b>M</b>	Cardiac rhythm and rate is continuously monitored through the administration of all anesthetics. <i>Guidance: Cardiac monitoring equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. Heart rate is documented every five (5) minutes as a minimum.</i>

ANES1.9.4	<b>M</b>	End-tidal carbon dioxide concentration is continuously monitored through the administration of general anesthesia and moderate or deep IV procedural sedation. <i>Guidance: Capnography equipment is in continuous use throughout the administration of all general anesthesia, regional anesthesia and moderate or deep IV procedural sedation. All monitored parameters are documented at intervals appropriate to the clinical circumstances. End-tidal carbon dioxide concentration should be documented at frequent intervals if the trachea is intubated. Capnography is required for patients that remain intubated in the initial recovery phase.</i>
<b>ANES1.10</b>		<b>Anesthesiologist engage in practices that support medication safety and the prevention of retained surgical items.</b>
ANES1.10.1	<b>M</b>	All medications and solutions are labelled with the medication name and strength. <i>Guidance: All medications transferred from their original packaging to another container (e.g. drawn-up into a syringe) that are not immediately administered are appropriately labelled even if only a single agent is present. The only exception to requiring a label is if the physician prepares only one syringe of medication which is then immediately administered to the patient without any break in the process (i.e. the syringe may not be placed down on a countertop or on the sterile field or prepared in an area outside the operating/procedure room and then carried to the operating/procedure room with the intent to administer it immediately). The contents of any unlabeled or poorly labelled container are discarded upon discovery. Any medications found unlabeled are immediately discarded upon discovery. Although some physicians may use a colour-coding system in their practice, the identification of a medication must be verified by reading the label.</i>
ANES1.10.2	<b>M</b>	Medication syringes are immediately labeled one at a time before preparing the next. <i>Guidance: Each syringe is immediately labeled, one at a time, before preparing the next.</i>
ANES1.10.3	<b>M</b>	Anesthesia instruments, equipment, supplies and recycling/garbage are kept separate from surgical instruments, equipment, supplies and recycling/garbage.
ANES1.10.4	<b>M</b>	Anesthesiologists do not use counted items.
ANES1.10.5	<b>M</b>	The anesthesiologist communicates to the perioperative team when items are inserted in the oropharynx. <i>Guidance: The insertion of throat packs is communicated to the team. This is documented on the intraoperative record. Throat packs or gauze inserted by the anesthesiologist into the oropharynx or nasal cavity must be radiopaque.</i>
ANES1.10.6	<b>M</b>	The anesthesiologist communicates to the perioperative team when items are removed from the oropharynx. <i>Guidance: The removal of throat packs is communicated to the team. This is documented on the intraoperative record.</i>
ANES1.10.7	<b>M</b>	Controlled drugs and substances signed out to the anesthesiologist remain in his/her personal control at all times. <i>Guidance: Controlled drugs and substances are returned to an appropriate locked compartment (i.e. locked compartment or drawer of the anesthesia cart) or safe when not under the direct personal control of the anesthesiologist.</i>
ANES1.10.8	<b>M</b>	Controlled drugs and substances administered, dispensed or wasted are recorded in a log. <i>Guidance: The date, patient's name, the name of the practitioner who administered the medication, the amount given, (if applicable) the amount wasted and the signature/initials of the regulated health professional is documented in the log. Wastage is witnessed and signed/initialed by a second regulated health professional.</i>

<b>ANES1.11</b>	<b>Patient assessment, monitoring and healthcare team communication supports the delivery of safe phase I and phase II levels of care.</b>
ANES1.11.1	<b>M</b> The patient is accompanied from the OR to the PACU by the OR RN and the anesthesiologist. <i>Guidance: Transferring a patient from the OR to the PACU includes direct verbal communication between the anesthesiologist and the PACU nurse accepting the patient.</i>
ANES1.11.2	<b>M</b> The patient's vital status as first assessed in the post-anesthesia care unit is documented. <i>Guidance: The patient's level of consciousness, heart rate, blood pressure, oxygen saturation and respiratory rate as first assessed in the PACU is documented on the anesthesia record.</i>
ANES1.11.3	<b>M</b> Hand-off communication includes patient name and age.
ANES1.11.4	<b>M</b> Hand-off communication includes procedure performed.
ANES1.11.5	<b>M</b> Hand-off communication includes type of anesthesia/sedation.
ANES1.11.6	<b>M</b> Hand-off communication includes pertinent medical history.
ANES1.11.7	<b>M</b> Hand-off communication includes medications given. <i>Guidance: Medications relevant to the post-anesthesia care are communicated.</i>
ANES1.11.8	<b>M</b> Hand-off communication includes allergy status.
ANES1.11.9	<b>M</b> Hand-off communication includes anesthetic course. <i>Guidance: Communication includes information about the anesthetic course including vital signs, any complications, unusual or adverse events.</i>
ANES1.11.10	<b>M</b> Hand-off communication includes fluid balance. <i>Guidance: Fluid balance includes fluids administered and estimated blood/fluid loss.</i>
ANES1.11.11	<b>M</b> The anesthesiologist is immediately available while the patient is intubated and is in attendance for extubation.
ANES1.11.12	<b>M</b> Post-operative orders are written and patient specific. <i>Guidance: Pre-printed orders, if used, are made patient-specific by adding the name of the patient, making any necessary changes to the pre-printed order set to reflect the individual needs of the patient and signed by the physician.</i>
<b>ANES1.12</b>	<b>Anesthesia equipment is safely operated, maintained and monitored in a manner that ensures performance specifications are met.</b>
ANES1.12.1	<b>M</b> There is a current inventory list of all anesthesia equipment. <i>Guidance: The non-hospital facility maintains a current list of all anesthesia equipment. The anesthesia equipment inventory list may be either a stand-alone inventory list or included in the facility's inventory list of all medical and patient care equipment. The equipment inventory list includes the name of the item, manufacturer, serial number or other identifier, date of installation (date put into active service), condition of the equipment at the time it was acquired (e.g. new, refurbished).</i>
ANES1.12.2	<b>M</b> Anesthesia equipment manufacturer's operator manual is available for reference. <i>Guidance: A manual from the manufacturer that has installation (where appropriate), operation and maintenance instructions is available for each piece of anesthesia equipment in the facility.</i>

ANES1.12.3	<b>M</b>	<p>Anesthesiologists receive training in the use of all anesthesia equipment.</p> <p><i>Guidance: In accordance with the Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia, training on the safe use of all anesthesia equipment should be provided to all anesthesia department members prior to use and that training session attendance should be documented. Staff may receive education and training through initial and refresher in-services, from the equipment user instruction manual and by other staff who have been trained on the proper use of the equipment. The responsibility for ensuring that staff is appropriately trained in the use of the equipment is that of the head of anesthesia in collaboration with the medical director. This training should be documented.</i></p>
ANES1.12.4	<b>M</b>	<p>Acceptance testing is performed on all anesthesia equipment before initial use and after major repairs or upgrades.</p> <p><i>Guidance: All anesthesia equipment must be tested to ensure that the equipment is complete, safe and functioning properly before being used at the facility for the first time for patient care. This is referred to as acceptance testing and is performed by the manufacturer or a qualified biomedical technician when the equipment is required by the facility. Safety, operational and functional checks are also performed after major repairs or upgrades of anesthesia equipment. Depending on the equipment the acceptance testing/inspection/check may also include set-up and calibration. Documentation of these acceptance tests/inspections/checks are on file for each piece of anesthesia equipment.</i></p>
ANES1.12.5	<b>M</b>	<p>Preventative maintenance is performed on all anesthesia workstations in accordance with the manufacturer's instructions for use.</p> <p><i>Guidance: The anesthesia workstation includes the anesthesia machine and monitors. The anesthesia workstation receives scheduled preventative maintenance. The preventative maintenance activities and frequency of maintenance activities are completed as specified by the manufacturer's instructions for use. The head of anesthesia, in collaboration with the medical director, must ensure that the anesthesia workstation is serviced in accordance with the manufacturer's instructions for use. Relying on vendor opinion for maintenance does not satisfy this requirement.</i></p>
ANES1.12.6	<b>M</b>	<p>Preventative maintenance and repair of the anesthesia workstation is performed by a qualified biomedical technician or the manufacturer.</p> <p><i>Guidance: The head of anesthesia, in collaboration with the medical director, is responsible for ensuring that the manufacturer vendor or technician testing/inspecting/checking, repairing or performing preventative maintenance on the anesthesia workstation is appropriately qualified.</i></p>
ANES1.12.7	<b>M</b>	<p>Preventative maintenance and repair records are maintained for all anesthesia workstations.</p> <p><i>Guidance: Preventative maintenance and report records document the name of the item, manufacturer, serial number or other identifier, description of the preventative maintenance or repair activities performed, date maintenance or repair performed, name of the technician and company performing the maintenance or repair. These records are retained for a minimum period of sixteen years from the date the anesthesia workstation was removed for service.</i></p>

ANES1.12.8	<b>M</b>	There is a process to manage and prioritize the replacement or upgrade of anesthesia equipment. <i>Guidance: Eventually all anesthesia equipment needs to be replaced as a result of wear and tear, technological progress, changes in clinical practice or end of manufacturer support. Anesthesia equipment needs are to be reviewed annually and equipment replaced or upgraded as necessary. The anesthesia equipment review process is documented and should include the following considerations: the age of the equipment; availability of parts and/or technical support; reliability of the equipment (frequency of service interruptions); clinical obsolescence; type of equipment (critical-life sustaining, non-critical); and the impact of not replacing the equipment.</i>
<b>ANES1.13</b>		<b>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</b> <i>Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</i>
ANES1.13.1	<b>M</b>	There is policy and procedures for pre-anesthetic assessment. <i>Guidance: Anesthesia service policy and procedures outline the pre-anesthetic assessment including preoperative testing and the indications for an anesthetic consultation prior to the day of surgery. The timing of an initial pre-anesthetic evaluation should be based on factors such as patient demographics, comorbidities, type and invasiveness of the procedure and the nature of the non-hospital setting. The Canadian Anesthesiologists' Society Guidelines refer to Choosing Wisely for recommendations related to preoperative testing.</i>
ANES1.13.2	<b>M</b>	There is policy and procedures for fasting. <i>Guidance: In accordance with the Canadian Anesthesiologists' Society Guidelines, fasting policies should take into account the patient's age and preexisting medical conditions and that fasting policies should apply to all forms of anesthesia including general anesthesia, regional blocks and IV procedural sedation.</i>
ANES1.13.3	<b>M</b>	There is policy and procedures for difficult or failed intubation. <i>Guidance: Anesthesia service policy and procedures outline management of a difficult airway, management of a failed intubation, management of extubation of the difficult intubation and documentation and notification of the difficult airway (e.g. description of difficulties encountered, the various airway management techniques used and their outcome, informing the patient, documentation in patient's medical chart and report or letter for the patient).</i>
ANES1.13.4	<b>M</b>	There is policy and procedures for obstructive sleep apnea management. <i>Guidance: Anesthesia service policy and procedures outline management of suspected obstructive sleep apnea including preoperative screening using a validated tool (i.e. STOP-Bang), guidelines for which patients can be safely managed in the non-hospital setting and those that must be managed in the hospital setting and intraoperative and post-operative management.</i>
ANES1.13.5	<b>M</b>	There is policy and procedures for local anesthesia toxicity. <i>Guidance: Anesthesia service policy and procedures outline management of local anesthesia toxicity.</i>
ANES1.13.6	<b>M</b>	There is policy and procedures for fast-tracking to phase II. <i>Guidance: Anesthesia service policy and procedures outline the process and criteria (i.e. White's criteria) for fast-tracking patients directly from the anesthesia phase (operating/procedure room) to phase II level of care.</i>
ANES1.13.7	<b>M</b>	There is policy and procedures for the pre-anesthesia checklist.

ANES1.13.8     **M**    There is policy and procedures for anesthesia equipment management.  
*Guidance: Anesthesia service policy and procedures for anesthesia equipment management outline the safe use, operation, changing/filling of the vaporizers, checking of anesthesia equipment and workstations, preventative maintenance and equipment failure management including back-up and/or redundancy. The anesthesia equipment failure management policy and procedures may be stand-alone or included in the policy and procedures for surgical and anesthesia equipment failure management.*



## NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

# Accreditation Standards Anesthesia

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