



Pediatric Dentistry Facility Standards and Checklist

**AMERICAN ASSOCIATION FOR
ACCREDITATION OF AMBULATORY
SURGERY FACILITIES, INC.**

WWW.AAAASF.ORG



**Pediatric Dentistry Facility Standards and Checklist for
Accreditation of Ambulatory Surgery Facilities**

Version 1 • 2019

© 2019

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.



Table of Contents

	Page #
The AAAASF Pediatric Dentistry Facility Accreditation Program	4
Definitions of AAAASF Facility Classes	5
AAAASF Survey Policies	8
Medical Director's Attestation	10

Pediatric Dentistry Standards

Section #		
100	Basic Mandates	13
200	General Safety	15
300	In Case of Emergency	20
400	Environment	23
500	Equipment	27
600	Infection Control	32
700	Medical Records	35
800	Pre-Procedural	38
900	Intra-Procedural	44
1000	Post-Procedural	48
1100	Medications and IV Fluids	53
1200	Personnel	59
1300	Quality Assessment/Quality Improvement/Risk Management	69



The AAAASF Pediatric Dentistry Facility Accreditation Program

The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) conducts an accreditation program that verifies that a facility meets nationally recognized safety standards. The procedural facility accreditation program is conducted by dentists, physicians and nurses who determine the standards under the direction of a Board of Directors. Pediatric Dentistry facility accreditation is intended for ambulatory facilities performing procedures under sedation or general anesthesia which would include Pediatric Dentists and others. The AAAASF strives for the highest standards of excellence for its facilities by regularly revising and updating its requirements for patient safety and quality of care.

The following list of Pediatric Dentistry Office-Based procedures are permitted under this current version of the AAAASF Pediatric Dentistry Facility Standards. The AAAASF Board of Directors reserves the right to review and edit these procedures at any time based upon differing scopes of practice standards and changing state and federal regulations and laws.

Dentoalveolar

- Extractions
 - Simple
 - Complex
- Dental Restorations
- Pulpal Treatment
- Soft Tissue Graft
- Frenuloplasty
- Frenectomy

Space Maintenance

Trauma

- Hard and Soft Tissue Trauma
- Lacerations
- Hard Tissue Dental Fractures including Alveolus

Pathology

- Hard and Soft Tissue
- Management of Odontogenic Infection
- Soft and Hard Tissue Biopsy



Definition of AAAASF Facility Classes

Class A:

In a Class A Facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine

Agents 1 through 3 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Class A Facilities must meet all Class A standards.

Minimal sedation (anxiolysis) – A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected.



Definition of AAAASF Facility Classes

Class B:

In a Class B facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (excluding Propofol)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

The use of Propofol, Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia are prohibited in a Class B facility

Class B facilities must meet all Class A and Class B standards.

Moderate Sedation - An induced state of sedation characterized by a minimally depressed consciousness such that the patient is able to continuously and independently maintain a patent airway, retain protective reflexes, and remain responsive to verbal commands and physical stimulation.



Definition of AAAASF Facility Classes

Class C-M:

In a Class C-M facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (including Propofol)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 (excluding Propofol) may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

Propofol anesthesia may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

The use of Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia is prohibited in a Class C-M facility.

Class C-M facilities must meet all Class A, Class B and Class C-M standards.

Deep sedation— An induced state of sedation characterized by depressed consciousness such that the patient is unable to continuously and independently maintain a patent airway and experiences a partial loss of protective reflexes and ability to respond to verbal commands or physical stimulation.



Definition of AAAASF Facility Classes

Class C:

In a Class C facility all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (including Propofol)
7. General Anesthesia (with or without Endotracheal Intubation or Laryngeal Mask Airway Anesthesia)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 (excluding Propofol) may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

Propofol anesthesia may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

General anesthetics (agent 7) may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

Class C facilities must meet all Class A, Class B, Class C-M and Class C standards.

Onsite Inspection

A facility is inspected every three years at a minimum or as state laws require or sooner if for cause. The facility inspector will review any deficiencies with the Medical Director and forward the Standards and Checklist answer sheet to the AAAASF Central Office. To be accredited by AAAASF, a facility must meet every standard for its Class (A, B, C-M or C).

Onsite Inspection Privacy Policy

Onsite AAAASF Inspections typically involve the attention of the facility Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The inspection process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's announced or unannounced inspections/surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the inspection process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the inspection process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

Self-Evaluation Inspection

A facility is evaluated by the Medical Director each year between inspections, and the Standards and Checklist answer sheet is sent to the AAAASF Office. A facility's AAAASF accreditation remains valid if it continues to meet every standard for its Class (A, B, C-M or C). Otherwise, accreditation is revoked.

Denial or Loss of Accreditation

The AAAASF will deny or revoke accreditation of a facility if the facility fails to satisfy every standard for its Class (A, B, C-M or C), or if any Pediatric Dentist or Physician performing procedures at the facility that:

- Has had their privileges to perform procedures restricted or limited by any hospital at which the Pediatric Dentist has privileges, related to lack of clinical competence, ethical issues, or professional problems other than economic competition.
- Has been found to be in violation of the Code of Ethics of any professional medical society or association of which they are a member.
- Has had their right to practice medicine, and/or dentistry limited, suspended, terminated or otherwise affected by any state, province, or country, or if they have been disciplined by any medical and/or dentistry licensing authority.
- Non-reporting of any of the above to the AAAASF.



Hearing

Any facility whose accreditation has been revoked or denied by the AAAASF has the right to a Hearing at which it may present information to show that it has satisfied the requirements for accreditation. The Hearing process is described in the AAAASF Bylaws, available from the AAAASF Central Office.

Emergency Suspension or Emergency Probation

The AAAASF may place a facility on Emergency Suspension or Emergency Probation status upon receiving information that a state medical or dental board has taken action or begun formal proceedings which may result in it taking action against a license held by a Pediatric Dentist practicing at the facility, or the Board of Directors determining that the facility may no longer meet AAAASF standards for accreditation. A facility that has been placed on Emergency Suspension or Emergency Probation status will remain in such status pending an investigation and possible Hearing, conducted in accordance with AAAASF procedures that are available from the AAAASF Central Office.

Important Notice

Optimal patient safety has always been our guiding concern. AAAASF's Standards may be considered the strongest of any agency that accredits ambulatory surgery facilities, and that many consider them to be the Gold Standard. We recognize, however, that they need to be part of a living document, and we continually re-evaluate and revise these Standards in the light of medical advances and changing legislative guidelines.

The AAAASF Accreditation Program requires 100% compliance with each Standard to become and remain accredited. There are no exceptions. However, when a Standard refers to appropriate or proper or adequate, reasonable flexibility and room for individual consideration by the inspector is permitted as long as patient and staff safety remain uncompromised.



Medical Director's Attestation

The Medical Director must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the AAAASF standard.

Please complete and sign the following document and return to the AAAASF office:

MEDICAL DIRECTOR'S ATTESTATION

As Director of the (name of facility) _____,
located at _____, I attest that
this facility meets all applicable local, state, and federal zoning and construction codes and
regulations, including Certificate of Need requirements, as mandated. I further acknowledge that
wherever governmental regulations or codes supersede AAAASF Standards, the stricter rule is
applicable, whether it is the local, state, federal regulation or code or AAAASF Standard.
Furthermore, I authorize AAAASF to release accreditation reports and corrective action plans to
the state Board or Federal government upon request.

Medical Director

Date



The following Standards are the property of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. Unauthorized use is prohibited.

Copyright 2019 American Association for Accreditation of Ambulatory Surgery Facilities, Inc.
All rights reserved.

AAAASF
7500 Grand Ave, Suite 200
Gurnee, IL 60031

Toll-free: 888-545-5222
Phone: 847-775-1970
Fax: 847-775-1985
Web: www.aaaasf.org



AAAASF Pediatric Dentistry – Version 1.0

100 Basic Mandates

Failure to adhere to the basic mandates of AAAASF will result in referral to the AAAASF Investigative Committee. Sanctions by the Board of Directors may result in emergency suspension and revocation.

100.10 Basic Mandates

100.10.10 A,B,C-M,C

A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient procedure in this facility should be referred to alternative facilities.

100.10.20 A,B,C-M,C

There must be a written policy defining the unique and peri-procedure care of pediatric patients. This is based upon considerations of age, risk categories, procedure, and facility equipment and capability. This policy must be available and current.

100.10.30 A,B,C-M,C

The “AAAASF Patient Rights” document is prominently displayed and/or a copy is provided to each patient. The “AAAASF Patient Rights” document is also adhered to and promoted by all staff.

100.10.40 A,B,C-M,C

Onsite AAAASF Inspections typically involve the attention of the Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The inspection process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF’s announced or unannounced inspections/surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the inspection process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the inspection process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.



AAAASF Pediatric Dentistry – Version 1.0

100 Basic Mandates

100.20 AAAASF-Mandated Reporting

100.20.10 A,B,C-M,C

Any change in the Pediatric Dentist’s staff must be reported in writing to the AAAASF Central Office within thirty days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, ABOMS Board Certification, Dentist Anesthesiologist license, and/or letter of eligibility or equivalent documentation must also be sent to the AAAASF Central Office.

100.20.20 A,B,C-M,C

Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the Pediatric Dentist and staff or other licensed facility staff must be reported in writing to the AAAASF Central Office within ten (10) days of the time the Medical Director becomes aware of such action.

100.10.30 A,B,C-M,C

Changes in facility ownership must be reported to the AAAASF Office within thirty (30) days of the change and reapply for accreditation.

100.10.40 A,B,C-M,C

Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a procedure performed in an accredited facility, must be reported to the AAAASF office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must also be reported as an unanticipated procedure sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of a procedure done in an AAAASF-accredited facility, an unannounced inspection may be done by a senior inspector.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

AAAASF is committed to establishing guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the AAAASF Standard or local, state, or federal law).

200.10 Facility Safety Manual

200.10.10 A,B,C-M,C

There is a facility safety manual.

200.10.20 A,B,C-M,C

Facility safety manual contains all applicable requirements of OSHA.

200.10.30 A,B,C-M,C

Facility safety manual is in accordance with other federal and state regulations.

200.10.40 A,B,C-M,C

Facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.

200.10.50 A,B,C-M,C

In the facility safety manual, there is a written exposure control plan which is reviewed and updated at least annually.

200.10.60 A,B,C-M,C

In the facility safety manual, there is a written chemical hazard communication program which is reviewed and updated annually.



AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.20 Personnel Safety

200.20.10 C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

200.20.20 A,B,C-M,C

Personal protective equipment is available and used for all appropriate procedures in accordance with OSHA guidelines.

200.20.30 A,B,C-M,C

Scrub suits, caps or hair covers, gloves, operative gowns, masks, and eye protection are worn as appropriate for all surgery.

200.20.40 A,B,C-M,C

If a gas sterilizer is used, appropriate personnel are badge tested to ensure that there is no significant ethylene oxide exposure.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.30 X-Ray and Laser Safety

200.30.10 A,B,C-M,C

Warnings and signs exist to warn patients and staff when x-ray or laser equipment is in use.

200.30.20 A,B,C-M,C

If x-ray equipment is used, safety measures are taken to protect patients and staff from injury.

200.30.30 A,B,C-M, C

If x-ray equipment is used, at least an annual check of x-ray equipment and lead aprons is performed.

200.30.40 A,B,C-M,C

Staff maintains dosimetry badges and records, if applicable, for at least three (3) years.

200.30.50 A,B,C-M,C

If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, include appropriate eyewear, covered mirrors, covered windows, signage on the door, etc.

200.30.60 A,B,C-M,C

All appropriate safety measures are taken to avoid open flames and/or lasers in the presence of anesthetic gases, root canal therapy, etc.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.40 Hazardous Agents

200.40.10 A,B,C-M,C

All explosive and combustible materials are stored and handled in a safe manner according to state, local and/or National Fire Protection Association (NFPA) codes.

200.40.20 A,B,C-M,C

Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes.

200.40.30 A,B,C-M,C

Hazardous chemicals are labeled as hazardous.

200.50 Fire Controls

200.50.10 A,B,C-M,C

The facility is equipped with heat sensors and/or smoke detectors.

200.50.20 A,B,C-M,C

An adequate number of fire extinguishers are available.

200.50.30 A,B,C-M,C

Fire extinguishers are inspected annually and conform to local fire codes.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.60 Exits

200.60.10 A,B,C-M,C

Exit signs are posted and illuminated consistent with state, local and/or the NFPA codes and OSHA codes.

200.60.20 A,B,C-M,C

There are sufficient emergency lights for exit routes and patient care areas in case of power failure.

200.60.30 A,B,C-M,C

Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.

200.60.40 A,B,C-M,C

If requested, the facility's personnel can demonstrate safe evacuation of a patient.

200.70 Medical Hazardous Waste

200.70.10 A,B,C-M,C

All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.

200.70.20 A,B,C-M,C

Used disposable sharp items are placed in puncture-resistant containers located close to the area in which they are used.

AAAASF Pediatric Dentistry – Version 1.0

300 In Case of Emergency

300.10 Emergency Equipment

300.10.10 A,B,C-M,C

Emergency cart is available with defibrillator or AED, necessary drugs and other CPR equipment (e.g. suction, pediatric defib pads, current PALS algorithm, and ACLS algorithm if appropriate).

300.10.20 A,B,C-M,C

A standard defibrillator, or an Automated External Defibrillator unit (AED), is present which is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years.

300.10.30 A,B,C-M,C

Self-inflating (Ambu©) bags, if used, are capable of delivering positive pressure ventilation with oxygen.

300 In Case of Emergency

300.20 Emergency Protocols

There is a written protocol for:

300.20.10 A,B,C-M,C

Cardiopulmonary resuscitation.

300.20.20 A,B,C-M,C

Transferring patients in an emergency.

300.20.30 A,B,C-M,C

Return to the procedure room for patient emergencies.

300.20.40 A,B,C-M,C

A situation in which the Pediatric Dentist becomes incapacitated.

300.20.50 B,C-M,C

A situation in which the anesthesia provider becomes incapacitated.

300.20.60 A,B,C-M,C

Fires, fire drills, and surgical fire safety drills

300.20.70 A,B,C-M,C

Plan for emergency evacuation of the facility.

300.20.80 A,B,C-M,C

Response to power failure emergencies.

300 **In Case of Emergency**

300.20.90 A,B,C-M,C

Security emergencies, such as an intruder in the facility, an unruly patient or visitor, a threat to the staff or patients.

300.30 **Emergency Power**

300.30.10 A,B,C-M,C

The procedure room has an emergency power source, (e.g., a generator or battery powered inverter), with capacity to operate adequate monitoring, anesthesia, procedure equipment, cautery and lighting for a minimum of thirty (30) minutes. If two or more procedure rooms are used simultaneously, an adequate emergency power source must be available for each procedure room and recovery room. (Alternatively, in case of a power failure, the facility has back-up power on all monitoring equipment.)

300.30.20 A,B,C-M,C

The emergency power source, including internal battery back-up, is able to begin generating ample power to operate essential electrical equipment used in the procedure room within thirty (30) seconds of a power failure.

300.30.30 A,B,C-M,C

The emergency power equipment is checked monthly to insure proper function, and the test results are filed and kept for a period of three (3) years.

AAAASF Pediatric Dentistry – Version 1.0

400 **Environment**

400.10 **Facility Environment**

400.10.10 A,B,C-M,C

The facility displays a professional appearance in keeping with a facility where general anesthesia is administered and designed to carry out dental and surgical procedures. The facility should be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more exam rooms should be available that provide for privacy and treatment in a sanitary, orderly environment.

400.10.20 A,B,C-M,C

The floors are covered with an easily cleaned material which is smooth and free from breaks or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone. The floor must be water repellent.

400.10.30 A,B,C-M,C

All openings to facility are effectively protected against the entrance of insects, animals, etc.

400.10.40 A,B,C-M,C

Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations) and connected to emergency power supplies where appropriate.

400.10.50 A,B,C-M,C

There are no overloaded wall plugs or extension cords in use, no altered grounding plugs in use, and wires are not broken, worn or unshielded.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.20 Procedure Room Environment

400.20.10 A,B,C-M,C

There is a room for use as a procedure room

400.20.20 A,B,C-M,C

An exam room may function as a procedure room.

400.20.30 A,B,C-M,C

Unauthorized individuals are deterred from entering the procedure room by locks, alarms, or facility personnel.

400.20.40 A,B,C-M,C

Each procedure room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the procedures, and must comply with applicable local, state or federal requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport. Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the procedure room space available.

400.20.50 A,B,C-M,C

The procedure room(s) is adequately ventilated and temperature controlled.

400.20.60 A,B,C-M,C

The procedure room(s) is properly cleaned, maintained and free of litter and clutter.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.30 Storage

400.30.10 A,B,C-M,C

There is adequate storage space to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the procedure room for frequently used supplies, equipment and/or medications.

“Adequate” is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

400.30.20 A,B,C-M,C

Storage space provides easy access for identification and inventory of supplies.

400.30.30 A,B,C-M,C

Sterile supplies are stored away from potential contamination in closed cabinets/drawers or if not, away from heavy traffic areas.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.40 Cleaning

400.40.10 A,B,C-M,C

The entire procedural suite is cleaned and disinfected according to CDC-approved standards adequate to prevent cross-contamination.

400.40.20 A,B,C-M,C

Instrument handling and reprocessing areas are cleaned and maintained.

400.40.30 A,B,C-M,C

Between cases, the procedure room(s) is cleaned with intermediate-level, medical-grade disinfectants.

400.40.40 A,B,C-M,C

All blood and body fluid spills are cleaned using germicides that are viricidal, bactericidal, tuberculocidal and fungicidal.

400.40.50 A,B,C-M,C

There is a written policy for cleaning of spills which may contain blood borne pathogens.

400.40.60 A,B,C-M,C

All blood and body fluid spills are cleaned using germicides that are viricidal, bactericidal, tuberculocidal and fungicidal.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.10 Facility Equipment

500.10.10 A,B,C-M,C

All equipment is pediatric or adult specific. All equipment needs to be appropriately sized for patients treated concerning age, weight, etc.

500.20 Procedure Room Equipment

500.20.10 A,B,C-M,C

Only inspected equipment is used in the procedure room

500.20.20 A,B,C-M,C

Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.

500.20.30 A,B,C-M,C

The procedure room is provided with adequate lighting.

500.20.40 A,B,C-M,C

There is an adequate and reliable source of suction.

500.20.50 A,B,C-M,C

There is an adequate procedure room table or chair.

500.20.60 A,B,C-M,C

When unipolar electrocautery is used, a single-use/disposable grounding pad is used.

AAAASF Pediatric Dentistry – Version 1.0

500 **Equipment**

500.30 **Anesthesia Equipment**

500.30.10 A,B,C-M,C

All required anesthesia, monitoring, emergency equipment/medications, for general anesthesia/deep sedations anesthesia must be present during the procedure/recovery. This is to allow mobile anesthesia providers to bring in the required equipment rather than the requirement to be located at facility at ALL times. This requires emergency equipment/monitors required to be on site at all times according to state or local laws.

500.30.20 A, B, C-M, C

Blood pressure monitoring equipment is present and appropriate for a pediatric population.

500.30.30 B,C-M,C

An EKG monitor with pulse read-out is present. All monitoring equipment is tested and certified on a yearly basis or per manufacturer's instructions.

500.30.40 A,B,C-M,C

A reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder).

500.30.50 B,C-M,C

Laryngoscope is present and working. Laryngoscope is appropriately cleaned as appropriate, HLD or sterilized. (If HDL must be vented, etc.)

500.30.60 A,B,C-M,C

Oral and nasopharyngeal airways for each size of patient treated in the facility are present.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.30.70 B,C-M,C

A comprehensive assortment of Endotracheal Tubes are present to cover full range of patients being treated.

500.30.80 B,C-M,C

Endotracheal stylet is present.

500.30.90 C

An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA) is used exclusively, and no inhalation agents (volatile) are available, an anesthesia machine is not required.

500.30.100 C

If present, mechanical ventilator should have a continuous use device which indicates a disconnect from the O2 source via an audible signal.

500.40 **Recovery Room Equipment**

500.40.10 B,C-M,C

A separate pulse oximeter is available for each patient in the recovery area.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.50 Maintenance of Equipment

500.50.10 A,B,C-M,C

The equipment's specifications are kept in an organized file.

500.50.20 A,B,C-M,C

A bio-medical technician, which may include manufacturer, at least annually inspects all equipment (including electrical outlets, breaker/ fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer's specifications.

500.50.30 A,B,C-M,C

All equipment repairs and changes are done by a bio-medical technician with records kept for a minimum of three (3) years.

500.50.40 A,B,C-M,C

All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years. Stickers may be placed on individual equipment; however written records must be maintained of the yearly inspections.

500.50.50 A,B,C-M,C

All equipment in the procedural suite should be tested by biomedical engineer to verify no electric leakage. Verify safe for use annually.

500.50.60 A,B,C-M,C

Anesthesia gas systems, including nitrous delivery system, are checked by a certified inspector and written reports are available stating that the equipment is safe and operating according to the manufacturer's specifications.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.50.70 A,B,C-M,C

If a central source of piped oxygen is used, the system must meet all applicable codes.

500.50.80 A,B,C-M,C

Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH.

500.50.90 A,B,C-M,C

Dental Unit Waterlines: The number of bacteria used for coolant/irrigation used for Non-Surgical dental procedures must be as low as reasonably achievable, and at a minimum <500CFU colony forming units, the regulatory standard for safe drinking water established by EPA. Verified documented testing of all dental units must be performed at least annually unless more frequently recommended by the manufacturer.

AAAASF Pediatric Dentistry – Version 1.0

600 Infection Control

600.10 Infection Control

600.10.10 A,B,C-M,C

The facility policy manual should include infection control and sterilization policies and procedures that are consistent with current CDC guidelines.

600.10.20 A,B,C-M,C

Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross-contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007).

600.10.30 A,B,C-M,C

Hand hygiene is performed in accordance with current CDC guidelines.

600.10.40 A,B,C-M,C

If one sink is used both for dirty instruments and to hand/arm scrub for procedures, there is a written policy to clean and disinfect the sink prior to hand/arm scrubbing.

AAAASF Pediatric Dentistry – Version 1.0

600 Infection Control

600.20 Sterilization

600.20.10 A,B,C-M,C

All instruments used in patient care are sterilized, where applicable.

600.20.20 A,B,C-M,C

A written protocol is present for the reprocessing all instruments and equipment used in patient care.

600.20.30 A,B,C-M,C

There is strict physical segregation of dirty procedure equipment and instruments that have been cleaned and are in the preparation and assembly area.

600.20.40 A,B,C-M,C

The facility has at least one autoclave which uses high pressure steam/heat or all sterile items are single-use/disposable. All soiled instruments are to be treated with an enzymatic cleaner if not processed immediately for sterilization.

600.20.50 A,B,C-M,C

Gas sterilizers must be vented as per manufacturer's specifications.

600.20.60 A,B,C-M,C

Sterile supplies are labeled to indicate sterility; packaged and sealed to prevent accidental opening.

600.20.70 A,B,C-M,C

Each sterilized pack is marked with the sterilization date, initials of the person performing the sterilization, expiration date (if applicable) and an internal integrator. When more than one autoclave is available, each pack must be labeled to identify in which autoclave it was sterilized.

AAAASF Pediatric Dentistry – Version 1.0

600 **Infection Control**

600.20.80 A,B,C-M,C

A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years. The sterility of each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.

600.20.90 A,B,C-M,C

If a spore test is positive, there is a protocol for remedial action to correct the sterilization process.

600.20.100 A,B,C-M,C

Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.

AAAASF Pediatric Dentistry – Version 1.0

700 Medical Records

700.10 General Medical Records

700.10.10 A,B,C-M,C

Medical records must be legible, documented and completed accurately.

700.10.20 A,B,C-M,C

Medical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the AAAASF three-year inspection cycle.

700.10.30 A,B,C-M,C

Medical records are filed for easy accessibility and must be maintained in the procedural facility regardless of the location of the physician's office.

700.10.40 A,B,C-M,C

Medical records must be kept secure and confidential, consistent with HIPAA regulations.

AAAASF Pediatric Dentistry – Version 1.0

700 Medical Records

700.20 Procedure Log

A procedure log must include:

700.20.10 A,B,C-M,C

A separate procedure log of cases is maintained, either in a hard-copy bound log with sequentially numbered pages or in a secured computer log. A loose leaf or spiral-bound notebook does not meet this requirement.

700.20.20 A,B,C-M,C

Sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year.

700.20.30 A, B,C-M,C

Date of procedure.

700.20.40 A,B,C-M,C

Patient's name and/or identification number.

700.20.50 A,B,C-M,C

Procedure(s).

700.20.60 A,B,C-M,C

The sedation credentialed Pediatric Dentist(s) name.

700.20.70 A,B,C-M,C

Type of anesthesia.

AAAASF Pediatric Dentistry – Version 1.0

700 **Medical Records**

700.20.80 A,B,C-M,C

Name of person(s) administering anesthesia.

700.20.90 A,B,C-M,C

Name of person(s) assisting Pediatric Dentist (example: M.D., D.O., Dentist, registered nurse, scrub tech, dental assistant, physician's assistant, anesthesia assistant, or other qualified personnel).

AAAASF Pediatric Dentistry – Version 1.0

800 Pre-Procedural

800.10 Pre-Procedural Documentation

800.10.10 A,B,C-M,C

A current history and focused/pertinent physical examination by the anesthesia provider or the patient's personal physician is recorded within thirty (30) days of procedures on all patients for major procedures, and for those patients for minor procedures who require a physical exam. The medical record must contain a current medical history taken on the same day as the procedure and recorded by the physician or anesthesia provider prior to the administration of anesthesia. The Pediatric Dentist may do the history and physical examination if permitted by state and federal regulations.

800.10.20 A,B,C-M,C

The history and physical examination should cover the organs and systems commensurate with the procedure(s).

800.10.30 A,B,C-M,C

Drug allergies/sensitivities and reactions, if applicable.

800.10.40 A,B,C-M,C

Current medications.

800.10.50 A,B,C-M,C

Previous serious illness.

800.10.60 A,B,C-M,C

Current and chronic illness.

800.10.70 A,B,C-M,C

Previous surgery.

AAAASF Pediatric Dentistry – Version 1.0

800 **Pre-Procedural**

800.10.80 A,B,C-M,C

Bleeding tendencies.

800.10.90 A,B,C-M,C

Treating physicians or consultants are contacted to provide recorded medical clearance in cases where the history and physical examination warrant.

800.10.100 A,B,C-M,C

Appropriate laboratory procedures are performed, when indicated.

800.10.110 B,C-M,C

The Pediatric Dentist and the anesthesia provider should concur on the appropriateness of procedures performed at the facility and document agreement on the chart. This is based on the medical status, age and physiological appropriateness of the patients and qualifications of providers and facility resources.

AAAASF Pediatric Dentistry – Version 1.0

800 Pre-Procedural

800.20 Informed Consent

800.20.10 A,B,C-M,C

An informed consent is always obtained from legal guardian which authorizes the Pediatric Dentist by name to perform the procedure(s) and describes the procedure(s).

800.20.20 A,B,C-M,C

Expectations, alternatives, risks and complications are discussed with the patient, and these are documented.

800.20.30 A,B,C-M,C

The informed consent provides consent for administration of anesthesia or sedatives under the direction of sedation credentialed Pediatric Dentist, CRNA, Medical Anesthesiologist or Dentist Anesthesiologist.

AAAASF Pediatric Dentistry – Version 1.0

800 Pre-Procedural

800.30 Anesthesia Care Plan

800.30.10 B,C-M,C

Anesthesia provider or the child's primary care physician is responsible for determining the medical status of the patient.

Immediately before procedures, the anesthesia provider must examine the patient and must:

800.30.20 B,C-M,C

Verify that an anesthesia care plan has been developed and documented.

800.30.30 A,B,C-M,C

Verify that the patient or a responsible adult has been informed about the anesthesia care plan. Class A facilities may meet this requirement through the Informed Consent process when using local, topical, or Low-Flow Nitrous Oxide/Oxygen anesthesia.

800.30.40 B,C-M,C

A properly credentialed sedation professional must be present when any anesthetic agent, other than topical, local, or low-flow nitrous oxide anesthesia, is administered.

The anesthesia care plan is based on:

800.30.50 A,B,C-M,C

A review of the medical record.

800.30.60 A,B,C-M,C

Medical history.

800.30.70 A,B,C-M,C

Prior anesthetic experiences.

AAAASF Pediatric Dentistry – Version 1.0

800 Pre-Procedural

800.30.80 A,B,C-M,C

Drug therapies.

800.30.90 A,B,C-M,C

Medical examination and assessment of any conditions that might affect the pre-procedure risk.

800.30.100 A,B,C-M,C

A review of the medical tests and consultations.

800.30.110 A,B,C-M,C

A determination of pre-procedure medications needed for anesthesia.

800.30.120 A,B,C-M,C

Providing pre-procedure instructions.

AAAASF Pediatric Dentistry – Version 1.0

800 **Pre-Procedural**

800.40 **Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, etc.**

800.40.10 A,B,C-M,C

Printed or written copies of these reports are kept in the medical record.

800.40.20 A,B,C-M,C

All laboratory results must be reviewed by the registered nurse, sedation licensed/credentialed Pediatric Dentist or anesthesia provider. All abnormal results must be reviewed and initialed by the sedation licensed/credentialed Pediatric Dentist within one (1) week of receipt of results.

800.40.30 A,B,C-M,C

All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the sedation licensed/credentialed Pediatric Dentist.

800.40.40 A,B,C-M,C

Outside clinical laboratory procedures must be performed by a licensed and accredited facility.

800.40.50 A,B,C-M,C

The name of the pathologist must be on all pathology reports

AAAASF Pediatric Dentistry – Version 1.0

900 **Intra-Procedural**

900.10 **Policy**

900.10.10 A,B,C-M,C

A policy for a “Procedure Pause” or a “Time Out” protocol is in place and practiced prior to every procedure.

This protocol should include:

- Pre-procedure verification process to include medical records and imaging studies to be reviewed by the procedure room team. Missing information or discrepancies must be addressed at this time.
- Marking the procedure site where appropriate – procedural marking should at least be indicated on a separate dental diagram.
- Side/Site identification will comply with the Universal Protocol standards for dental procedures.
- Documented ‘Time Out’ and surgical fire risk assessment immediately before starting the procedure
- Conduct a final verification and documentation that at least two (2) members of the procedure team confirming the correct patient, procedure, site marking(s) and, as applicable, special equipment or requirements. As a ‘fail-safe’ measure, the procedure is not started until any and all questions or concerns are resolved.

AAAASF Pediatric Dentistry – Version 1.0

900 Intra-Procedural

The following anesthesia standards apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life-threatening circumstances, these standards may be modified, and all such circumstances should be documented in the patient's record.

900.20 Anesthesia

900.20.10 B,C-M,C

If responsible for supervising anesthesia or providing anesthesia, a properly trained and credentialed sedation professional for the intended level of anesthesia must be present in the procedure suite throughout the anesthetic.

900.20.20 B,C-M,C

Clinical provider monitoring the patient cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure.

900.20.30 B, C-M, C

If oral, intranasal, or parental sedation provided pre-operatively by the Pediatric Dentist with a period of time allowed for the medication to reach peak effect prior to leaving the pre-operative area, the same Pediatric Dentist may act as the operating dentist. Intra-operatively, this Pediatric Dentist cannot administer additional sedation agents other than low flow nitrous oxide/ oxygen. Intra-operatively (during the procedure), the patient must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, an additional Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD).

900.20.40 B,C-M,C

All anesthetics other than topical, local, or low-flow nitrous oxide anesthetic agents are delivered by either an appropriately credentialed Pediatric Dentist (excluding dissociative drugs and general anesthesia), Medical Anesthesiologist, an appropriately trained and credentialed Dentist Anesthesiologist, or by a CRNA (under physician supervision if required by state or federal law or by a policy adopted by the facility). All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia.

900.20.50 B,C-M,C

Propofol anesthesia may be administered only by a CRNA, a Medical Anesthesiologist, an appropriately credentialed Pediatric Dentist, or a Dentist Anesthesiologist.



900 Intra-Procedural

900.30 Anesthesia Monitoring/Documentation

Circulation must be monitored by one or several of the following:

900.30.10 B,C-M,C

Continuous EKG during procedures.

900.30.20 B,C-M,C

Blood pressure documented at least every five (5) minutes.

900.30.30 B,C-M,C

Heart rate documented at least every five (5) minutes.

900.30.40 A,B,C-M, C

Pulse oximetry. Exempt if only topical and/or local anesthetic is used.

900.30.50 C-M,C

Heart auscultation.

900.30.60 B,C-M,C

Temperature should be monitored.

900.30.70 B,C-M,C

Patient monitoring during anesthesia will consist of:
Oxygenation

Assessment by O₂ analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O₂ concentration.

AAAASF Pediatric Dentistry – Version 1.0

900 **Intra-Procedural**

900.30.80 B,C-M,C

Patient monitoring during anesthesia consists of:
End tidal carbon dioxide (ETCO₂) sampling shall be used on all sedation or general anesthetics.

900.30.90 C

When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel.

A separate anesthesia record is maintained which:

900.30.100 B,C-M,C

All medications given to a patient are recorded including date, time, amount and route of administration.

900.30.110 B,C-M,C

All intravenous and subcutaneous fluids given pre-procedurally, intra-procedurally, and post-procedurally are recorded.

AAAASF Pediatric Dentistry – Version 1.0

1000 Post-Procedural

1000.10 Recovery Room

1000.10.10 B,C-M,C

There is an adequate recovery area within the procedure suite. If the recovery room is separate from the operating room, the recovery room must contain all appropriate equipment and must be staffed continuously until the patient is discharged.

1000.10.20 B,C-M,C

The procedure room may be used for patient recovery if only one procedure is scheduled that day, or if the recovering patient meets all discharge criteria prior to beginning the next procedure, or if there is another procedure room available for the next procedure.

1000.10.30 B,C-M,C

The recovery area is equipped and readily accessible to handle emergencies.

1000.10.40 B,C-M,C

A minimum of one PALS, and when appropriate ACLS as well, certified staff member must be present in the facility until all patients recovering from anesthesia have met criteria for discharge from the facility.

1000.10.50 B

All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD). The Dental Assistant must be under the supervision of one of the other listed healthcare professionals who is immediately available. Either the supervising healthcare professional or the Dental Assistant must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility.

1000.10.60 C-M,C

All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, or an RN. The monitoring healthcare professional must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility.



AAAASF Pediatric Dentistry – Version 1.0

1000 Post-Procedural

1000.20 Transfer to Recovery Room

1000.20.10 B,C-M,C

Patients transferred to the post-anesthetic recovery area are accompanied by a member of the anesthesia team who is knowledgeable about the patient.

1000.20.20 B,C-M,C

Patients transferred to the post-anesthetic recovery area will be continually evaluated and monitored as needed during transport.

1000.20.30 B,C-M,C

A member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.

AAAASF Pediatric Dentistry – Version 1.0

1000 Post-Procedural

1000.30 Post-Procedural Documentation

Evaluation in the recovery area following an anesthetic procedure will include documentation of:

1000.30.10 B,C-M,C

Documentation of patient's time of arrival.

1000.30.20 B,C-M,C

Assessment of the patient by the anesthesia recovery staff, as well as by a responsible anesthesia provider.

1000.30.30 B,C-M,C

Transmission of a verbal report on the patient to the recovery staff from a member of the anesthesia team who accompanies the patient.

1000.30.40 B,C-M,C

Transfer of information concerning the pre-procedure condition of the patient and the procedure anesthesia course.

1000.30.50 B,C-M,C

There is a recovery record that includes vital signs, level of consciousness, medications and nurse's notes.

1000.30.60 B,C-M,C

Post-procedure vital signs are recorded until the patient is discharged from the facility.

1000.30.70 A,B,C-M,C

Post-procedure progress notes are recorded.

AAAASF Pediatric Dentistry – Version 1.0

1000 Post-Procedural

1000.30.80 A,B,C-M,C

There is a procedure report which includes procedure technique and findings.

AAAASF Pediatric Dentistry – Version 1.0

1000 Post-Procedural

1000.40 Discharge from Recovery Room

1000.40.10 B,C-M,C

There is a written policy that whenever parenteral sedation, dissociative drugs, or general anesthesia is administered, a licensed provider for that level of sedation is immediately available until the patient is discharged from the recovery area.

1000.40.20 B,C-M,C

A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the post-anesthetic procedure recovery staff. That individual's name must be noted on the record, signed by that individual with the time of discharge.

1000.40.30 B,C-M,C

Approved and standardized discharge criteria for pediatric patients are used and recorded. (e.g. Aldrete score)

1000.40.40 B,C-M,C

Personnel assist with discharge from the recovery area.

1000.40.50 B,C-M,C

Patients receiving anesthetic agents other than topical or local anesthesia or low-flow nitrous oxide/oxygen should be supervised in the immediate post discharge period by a responsible adult for at least 24 hours, depending on the procedure and anesthesia used.

1000.40.60 B,C-M,C

Written instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient's care and transportation following a procedure. A signed copy of the instructions is maintained in the patient's chart.

AAAASF Pediatric Dentistry – Version 1.0

1100 Medications and IV Fluids

1100.10 Intravenous Fluids

1100.10.10 A,B,C-M,C

Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility.

1100.20 Medications

1100.20.10 A,B,C-M,C

Emergency medications are readily available and procedure room personnel know their location. All emergency medications are appropriate for the pediatric population, adult population if applicable.

1100.20.20 A,B,C-M,C

Outdated medications are removed and destroyed in accordance with state pharmacy regulation.

1100.20.30 A,B,C-M,C

There is a dated narcotic/controlled substance inventory and control record which includes the use of narcotics/controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered bound journal from which pages may not be removed, or in a tamper-proof and secured computer record, consistent with state and federal law. A loose leaf or spiral-bound notebook does not meet this requirement.

1100.20.40 A,B,C-M,C

The inventory of narcotics/controlled substances is verified by two licensed members of the procedure room team at least weekly, on any day that narcotics are administered, and according to state regulations.

1100.20.50 A,B,C-M,C

All narcotics and controlled substances are secured and locked under supervised access.



AAAASF Pediatric Dentistry – Version 1.0

1100 Medications and IV Fluids

1100.30 PALS/ACLS Algorithm

1100.30.10 A,B,C-M,C

A complete copy of the current PALS algorithm (and current ACLS algorithm if appropriate) must be available on the emergency cart.

The following medications must be available on the emergency cart at all times as required by current PALS Algorithm (and ACLS algorithm if appropriate):

1100.30.20 A,B,C-M,C

Interosseous and intravenous needles

1100.30.30 A,B,C-M,C

Epinephrine

1100.30.40 A,B,C-M,C

Lidocaine – plain

1100.30.50 B,C-M,C

Narcotic antagonist (e.g. Narcan®)

1100.30.60 A,B,C-M,C

Seizure arresting medication (e.g. a benzodiazepine; example: Midazolam®)

1100.30.70 A,B,C-M,C

Bronchospasm arresting medication (e.g. inhaled beta agonist; example: Albuterol®)

1100.30.80 A,B,C-M,C

Intravenous corticosteroids (example: Dexamethasone®)



1100 Medications and IV Fluids

1100.40 Other Drugs on the Emergency Cart

1100.40.10 A,B,C-M,C

IV Antihistamines (example: Diphenhydramine®)

1100.40.20 B,C-M,C

Short-acting beta-blocker (example: Esmolol® or Labetalol®)

1100.40.30 C

Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine

1100.40.40 B,C-M,C

Benzodiazepine reversing agent (example: Mazicon®, Flumazenil)

1100.40.50 A,B,C-M,C

Atropine

AAAASF Pediatric Dentistry – Version 1.0

1100 Medications and IV Fluids

1100.50 Malignant Hyperthermia

1100.50.10 C-M,C

The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart. If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility, the following requirements apply.

1100.50.20 C-M,C

If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use.

In this instance, MH-related components as outlined in standards 1100.50.70, 1100.50.80, 1100.50.90, 1100.50.100, 1100.50.110, and 1100.50.120 are not required.

1100.50.30 C-M,C

There must be adequate screening for MH risk that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise.

1100.50.40 C-M,C

The Medical Director and all operating surgeons and anesthesiology providers should be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility.

1100.50.50 C-M,C

The Medical Director should be able to demonstrate that all operating surgeons and anesthesia providers have familiarity with the early recognition of impending MH crisis as defined by MHAUS.

AAAASF Pediatric Dentistry – Version 1.0

1100 Medications and IV Fluids

1100.50.60 C-M,C

The Medical Director will insure that all staff is trained; annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required.

1100.50.70 C-M,C

A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e., 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®).

1100.50.80 C-M,C

A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO₃).

1100.50.90 C-M,C

A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial).

1100.50.100 C-M,C

An additional* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional* dantrolene/Ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode.

*additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial)

1100.50.110 C-M,C

The current MHAUS Malignant Hyperthermia Algorithms must be available on the emergency cart.

AAAASF Pediatric Dentistry – Version 1.0

1100 Medications and IV Fluids

1100.50.120 C-M,C

Flow sheets for any MH intervention as well as forms to rapidly communicate progress of intervention with receiving facilities are on the emergency cart and all ASC's must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to receiving facility.

1100.50.130 C-M,C

Facilities should establish the best destination as a transfer standard, which means the Medical Director would preplan for MH transfer and establish the capabilities of a facility within a reasonable distance. (E.g. a tertiary care center that is further away may be better than a community type ER which is closer.) Arrangements must be made in advance with EMS system if that is to be activated. Ability of receiving transport team to continue MHAUS protocol must be ensured in advance as well as by the Medical Director.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.10 Facility Personnel

1200.10.10 A,B,C-M,C

All individuals using the facility must meet one of the following criteria (throughout this document the terms, medicine and medical apply to all DMD, DDS, MD, and DO Degrees):

- A Doctor of Dental Medicine or Dental Surgery certified or eligible for certification by training and license to perform deep sedation/general anesthesia.
- A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS) or a Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

Pediatric Dentists must have:

- DMD or DDS degree or equivalent
- Completion of a Commission on Dental Accreditation (CODA) postgraduate training program in Pediatric Dentistry in the United States or Canada or its equivalent
- Current certification or in pathway for certification by the American Board of Pediatric Dentistry (ABPD).

Individuals administering deep sedation or general anesthesia must have:

- DDS, DMD, MD, DO, or CRNA degree
- Certified or eligibility for certification by American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). (“Medical Anesthesiologist”)
- Certified or eligible for certification by American Dental Society of Anesthesiology (ASDA). (“Dentist Anesthesiologist”)

1200.10.20 A,B,C-M,C

All procedure room personnel must meet acceptable standards as defined by their professional governing bodies, where applicable.

1200.10.30 A,B,C-M,C

All procedure room personnel are under the immediate supervision of a Pediatric Dentist.



AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.20 Medical Director

1200.20.10 A,B,C-M,C

The Medical Director/Pediatric Dentist/Owner of practice must have the appropriate state dental board facility permit if required (for low-flow nitrous oxide/oxygen analgesia, minimal sedation, moderate sedation, or deep sedation/general anesthesia).

1200.20.20 A,B,C-M,C

The Medical Director/Pediatric Dentist/Owner must have the appropriate individual state dental board sedation/anesthesia permit. The anesthesia provider must have the appropriate state board deep sedation/general anesthesia permit.

1200.20.30 A,B,C-M,C

The Medical Director must be a sedation credentialed Pediatric Dentist currently licensed by the state in which the facility is located.

1200.20.40 A,B,C-M,C

The Medical Director must be actively involved in the direction and management of the facility.

1200.20.50 A,B,C-M,C

The Medical Director is responsible for establishing and enforcing policies that protect patients. The director monitors all members of the medical and facility staff for compliance with this policy.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.30 Pediatric Dentists

1200.30.10 A,B,C-M,C

The Pediatric Dentist is responsible for the operation of the procedure room and patient care areas.

1200.30.20 A,B,C-M,C

All individuals using the facility must meet one of the following criteria:

- A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).
- A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).
- A Doctor of Medicine in Dentistry or Doctor of Dental Surgery certified or eligible for certification by the American Board of Pediatric Dentistry (ABPD) or American Board of Oral and Maxillofacial Surgery (ABOMS).

ABMS and/or ABOMS certified or eligible medical and/or dental specialists who perform procedures within the accredited facility may perform only those procedures delineated in their ABMS and/or ABOMS board certification.

1200.30.30 A,B,C-M,C

Pediatric Dentist(s) using the facility are credentialed and qualified for the procedures they perform.

1200.30.40 A,B,C-M,C

Each Pediatric Dentist must currently be licensed by the state in which they practice. A copy of each Pediatric Dentist's current license must be maintained on file in the facility.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.30.50 A, B, C-M, C

Pediatric Dentists who operate in facilities accredited by AAAASF must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital within the last two (2) years. Only dental procedures included within those hospital privileges may be performed within the AAAASF accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a Pediatric Dentists to be credentialed for a specific surgery, the Pediatric Dentists may provide alternative evidence of training and competence in that surgery. Individual consideration will be given if the Pediatric Dentist no longer possesses or cannot obtain such privileges; and can demonstrate that loss of or inability to obtain such privileges was not related to lack of clinical competence, ethical issues or problems other than economic competition.

-OR-

If the Pediatric Dentist has never held privileges, or no longer holds privileges, AAAASF will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these Pediatric Dentists who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility's responsibility to conduct the primary source verification and not the Pediatric Dentist's.

Required elements of primary source verification are:

- Verification of dental education directly from institution (DMD or DDS degree)
- Verification of any specialty/subspecialty from sponsoring institution (CODA training of Pediatric Dentistry)
- Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited)
- Verification of board certification status (American Board of Pediatric Dentist, American Board of Oral Maxillofacial Surgery) if applicable.
- Drug Enforcement Administration (DEA) registration status
- National Practitioner Databank (NPDB)'s Integrated Querying and Reporting Services (IQRS)

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.40 Anesthesia Providers

1200.40.10 B,C-M,C

If Dentist Anesthesiologists, Medical Anesthesiologists and/or CRNAs participate in patient care at the facility, they are qualified for the procedures they perform, and their credentials have been verified.

1200.40.20 B,C-M,C

Must be licensed or certified by the state in which they practice.

1200.40.30 B,C-M,C

The Dentist Anesthesiologist or Medical Anesthesiologist responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques and be credentialed to perform such procedures.

1200.40.40 C-M,C

Must be responsible for the administration of dissociative anesthesia with Propofol or general anesthesia and monitoring of all life support systems.

1200.40.50 B,C-M,C

Ensure that all anesthesia equipment is in proper working order.

1200.40.60 A,B,C-M,C

Anesthesia personnel should review and be familiar with the facility's emergency protocol for cardiopulmonary emergencies and other internal and external disasters.

1200.40.70 B,C-M,C

Anesthesia personnel should be trained and knowledgeable about the facility's protocols for safe and timely transfer of a patient to an alternative care facility when extended or emergency services are required.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50 Personnel Records

IMPORTANT: Employee information must remain strictly confidential.

Individual or personal information such as previous employment, health information (except state required immunization and tests), disabilities, performance reviews and employment are protected and of no interest to the AAAASF inspector. However, the inspector does need to confirm that an adequate file is kept on each employee relating to the items listed below. Please have only this data available for each employee, separate from employee files.

“Personnel” is defined as any individual who is providing direct patient care (employee or contractor) including but not limited to Pediatric Dentists, Physicians, Physician’s Assistants, Nurses (including RNs, APNs, CRNAs), Dental Assistants, Surgical Techs, Medical Assistants, etc. Non-Clinical Staff are exempt from the personnel record review (i.e. receptionists, secretaries, clerks, billers, etc.).

1200.50.10 A,B,C-M,C

There is a manual outlining personnel policy.

1200.50.20 A,B,C-M,C

The manual contains personnel policies and records which are maintained according to OSHA and ADA (Americans with Disabilities Act) guidelines.

Personnel records should contain the following:

1200.50.30 A,B,C-M,C

Any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.

1200.50.40 A,B,C-M,C

Resume of training and experience.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50.50 A,B,C-M,C

Current certification or license if required by the state.

1200.50.60 A,B,C-M,C

Date of employment.

1200.50.70 A,B,C-M,C

Description of duties.

1200.50.80 A,B,C-M,C

On-going record of continuing education.

1200.50.90 A,B,C-M,C

On-going record of inoculations or refusals.

Personnel records document training in the following:

1200.50.100 A,B,C-M,C

Annual hazard safety training.

1200.50.110 A,B,C-M,C

Annual blood borne pathogens.

1200.50.120 A,B,C-M,C

Annual universal precautions.



AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50.130 A,B,C-M,C

Other annual safety training including surgical fire safety training and structure fire safety including operation of a fire extinguisher.

1200.50.140 A,B,C-M,C

At least Basic Cardiopulmonary Life Support (BLS) certification, but preferably Pediatric Advanced Life Support (PALS) for each procedure room and recovery team member. Additionally, Advanced Cardiac Life Support (ACLS) if appropriate.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.60 Personnel Continued

1200.60.10 A,B,C-M,C

The procedure room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the procedure room team, preferably the Pediatric Dentist or the anesthesia care giver, holds current PALS certification or ACLS if appropriate. Two members of the team must have advanced training in pediatric airways and life support.

1200.60.20 A,B,C-M,C

The procedure room personnel are familiar with equipment and procedures utilized in the treatment of the above emergencies.

1200.60.30 C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

1200.60.40 A,B,C-M,C

If a gas sterilizer is used, personnel are thoroughly familiar with the operating instructions and properly vented.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.10 Quality Improvement

1300.10.10 B,C-M,C

A licensed or qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility.

1300.10.20 A,B,C-M,C

The facility has a written quality improvement program in place which should include surveys or projects which:

1300.10.30 A,B,C-M,C

Monitor and evaluate patient care.

1300.10.40 A,B,C-M,C

Evaluate methods to improve patient care.

1300.10.50 A,B,C-M,C

Identify and correct deficiencies within the facility.

1300.10.60 A,B,C-M,C

Alert the Medical Director to identify and resolve problems.



AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.20 Peer Review

1300.20.10 A,B,C-M,C

To be HIPAA compliant, a copy of the Business Associates Agreement must be signed by each Pediatric Dentist participating in Peer Review, and a copy retained on file in the facility. For an example of a generic HIPAA Business Associates Agreement, contact the AAAASF Central Office.

1300.20.20 A,B,C-M,C

Peer review is performed at least every three (3) months (quarterly) and includes reviews of both random cases and unanticipated sequelae using the AAAASF forms and reporting format. Peer Review must be reported on line at www.aaaasf.org. A random sample of the cases for each sedation credentialed Pediatric Dentist must include the first case done by each Pediatric Dentist each month during the reporting period for a total of three (3) cases.

1300.20.30 A,B,C-M,C

If peer review sources external to the facility are used to evaluate delivery of medical care, the Business Associates Agreement is so written as to waive confidentiality of the medical records.

1300.20.40 A,B,C-M,C

Peer review may be done by a recognized peer review organization, unless otherwise specified by state regulations.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.30 Random Case Review

1300.30.10 A,B,C-M,C

A minimum of three (3) cases per Pediatric Dentist utilizing the facility are reviewed every three months. If a Pediatric Dentist performs less than three (3) cases in a three-month period, all cases will be reviewed.

Random case reviews must include at a minimum:

1300.30.20 A,B,C-M,C

Adequacy and legibility of history and physical exam.

1300.30.30 A,B,C-M,C

Adequacy of consent.

1300.30.40 A,B,C-M,C

Presence of laboratory, EKG and radiographic reports.

1300.30.50 A,B,C-M,C

Presence of a written procedure report.

1300.30.60 B,C-M,C

Anesthesia and recovery record (with IV sedation or general anesthesia).

1300.30.70 A,B,C-M,C

Presence of instructions for post-procedure care.

1300.30.80 A,B,C-M,C

Documentation of complications.



AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.40 Unanticipated Procedure Sequelae

All unanticipated procedure sequelae which occur within thirty (30) days of procedures are reviewed, including but not limited to:

1300.40.10 A,B,C-M,C

Unplanned hospital admission.

1300.40.20 A,B,C-M,C

Unscheduled return to the procedure room for a complication of a procedure.

1300.40.30 A,B,C-M,C

Significant and/or unexpected complications such as severe infection, bleeding, or injury to other body structure.

1300.40.40 A,B,C-M,C

Cardiac or respiratory problems during stay at facility or within forty-eight (48) hours of discharge.

1300.40.50 A,B,C-M,C

Allergic reactions.

1300.40.60 A,B,C-M,C

Patient or family complaint.

1300.40.70 A,B,C-M,C

Equipment malfunction leading to injury or potential injury to patient.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.40.80 A,B,C-M,C

Death occurring within thirty (30) days of a procedure performed in the facility.

1300.40.90 A,B,C-M,C

Identification of the problem.

1300.40.100 A,B,C-M,C

Immediate treatment or disposition of the case.

1300.40.110 A,B,C-M,C

Outcome.

1300.40.120 A,B,C-M,C

Reason for problem.

1300.40.130 A,B,C-M,C

Assessment of efficacy of treatment.

AAAASF Home Office
7500 Grand Ave, Suite 200
Gurnee, IL 60031

Toll Free: 888-545-5222

Phone: 847-775-1970

Fax: 847-775-1985

Email: info@aaaasf.org

Website: www.aaaasf.org

