AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
Added						
				200.020.007	B, C-M, C	
				The operating suite includes operating rooms(s), a prep/ scrub area, a clean area and/or dirty area, and a post-anesthesia care unit		
Added						
				200.071.090	C	
				An inspired gas oxygen monitor on the anesthesia machine is present if inhalational anesthesia is used.		
Added						
				200.080.016	C	
				An adequate and reliable anesthetic scavenging system exists if inhalation anesthetics are used.		
Added						
				300.010.005	B, C-M, C	
				Continued evaluation in the PACU will consist of: Observation and monitoring by methods appropriate to the patient's condition (oxygen saturation, ventilation, circulation and temperature).		
Added						
				300.010.012	B, C-M, C	
				Continued evaluation in the PACU will consist of: Continuous pulse oximetry.		
Added						
				300.020.040	A, B, C-M, C	
				Discharge instructions require that a responsible adult verifies that post-op care instructions were given and verified with time and the signature of a person responsible for patient.		

AAAASF Procedural Version 3.1 AAAASF Procedural Version 4.3

Added						
				300.030.040	B, C-M, C	
				Patients are required to meet criteria for physiological stability before discharge, including vital signs and level of consciousness.		

Added						
				500.020.019	A, B, C-M, C	
				Adenosine as required by current ACLS algorithms.		

Added						
				500.050.005	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.		

Added						
				500.050.008	C-M, C	
				The MHAUS malignant hyperthermia algorithms must be available on the emergency cart.		

Added						
				500.050.050	B, 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 facilities must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia." This documentation must be transportable with the patient when transferred to a receiving facility.		

Added						
				500.050.055	C-M, C	

AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
				Facilities should establish the best destination as a transfer standard, which means the facility director has pre-planned for MH transfer and established the capabilities of a facility within a reasonable distance (e.g., a tertiary care center that is further away may be better than community-type emergency room that is closer). The facility must make advanced arrangements with an emergency medical service (EMS) provider to accommodate the facility's MH transfer plan. The facility's medical director must also ensure the ability of the receiving transport team to continue the MHAUS protocol.		
Added						
				600.010.005	A, B, C-M, C	
				Electronic medical records (EMR) must comply with security and privacy obligations under HIPAA regulations.		
Added						
				600.010.037	A, B, C-M, C	
				A pregnancy testing policy must be in place that requires a discussion and documentation of this issue with each patient.		
Added						
				700.040.037	A, B, C-M, C	
				Incorrect needle or sponge count.		
Added						
				800.041.040	A, B, C-M, C	
				Personnel records should contain Record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk.		
Added						
				900.023.015	C	

AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
				When ventilation is controlled by a mechanical ventilator, there shall be a continuous use device that is capable of detecting the disconnection of any of the breathing system's components. The device must give an audible signal when its alarm threshold is exceeded.		
Added						
				900.040.037	C-M, C	
				"Forced air warmers," blanket warmers, or other devices are used to maintain the patient's temperature for procedures greater than one hour.		
Added						
				900.040.040	C-M, C	
				Circulation may be monitored by Ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.		

AAAASF Procedural Version 3.1

AAAASF Procedural Version 4.3

Updated						
200.010.010	B,C-M,C			200.010.010	B,C-M,C	

AAAASF Procedural Version 3.1	AAAASF Procedural Version 4.3
B,C-M,C	B,C-M,C
A “procedural pause” or a “time out” protocol is in place, practiced, and documented prior to every procedural procedure and is documented in the operative chart.	A policy for “procedural pause” or a “time out” protocol is in place, practiced, and documented prior to every procedure.
This protocol should include a pre-operative verification process including medical records, imaging studies, and any implants identified, and be reviewed by the operating room team. Missing information or discrepancies must be addressed in the chart at this time.	This protocol should include a pre-operative verification process including medical records, imaging studies, and any implants identified, and reviewed by the operating room team. Missing information or discrepancies must be addressed in the chart at this time.
Marking the operative site-Procedural procedures calling for right/left distinction; multiple structures (breasts, eyes, fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking.	Marking the procedure site where appropriate -Procedures must include site marking for any procedure that involves laterality, or multiple structure (ovaries, eyes, fingers toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking.
“Time Out”-Immediately before starting the surgical procedure, conduct a final verification by at least 2 members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail- safe” measure, the surgical procedure is not started until any and all questions or concerns are resolved.	“Time Out”-Immediately before starting the surgical procedure, conduct a final verification by at least 2 members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail- safe” measure, the surgical procedure is no started until any and all questions or concerns are resolved.
Procedures done in non-operating-room settings must include site marking for any procedures involving laterality, or multiple structures.	Procedures done in non-operating-room settings include site marking for any procedures involving laterality, or multiple structures.

AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
Deleted						
200.070.025	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.						
Deleted						
200.070.030	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.						
Updated						
200.071.095	B,C-M,C			200.071.095	C-M,C	
A carbon dioxide monitor is present and used on all moderate sedation, deep sedation and general anesthesia cases.				A carbon dioxide monitor is present and used on moderate sedation, deep sedation and general anesthesia cases.		
Updated						
200.095.010	B,C-M,C			200.095.010	B,C-M,C	
The operating room and recovery room have an emergency power source–such as a generator or battery-powered inverter–with capacity to operate adequate monitoring, anesthesia, surgical equipment, cautery, and lighting for a minimum of 2 hours. If 2 of more operation and recovery rooms are used simultaneously, an adequate emergency power source must be available for each room.				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. (OR in case of a power failure, the facility has back-up power on all monitoring equipment.)		
Updated						
300.010.010	B,C-M,C			300.010.010	B,C-M,C	
There is an adequate recovery area within the procedure suite.				There is a separate and adequately sized PACU within the procedure suite.		

AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
Updated						
300.020.000				300.020.000		
Evaluation and Transfer of Care				Evaluation in the recovery area following an anesthetic procedure will include:		
Deleted						
500.030.025	A,B,C-M,C					
Vasopressors, other than epinephrine (example - Ephedrine)						
Updated						
500.040.020	C			500.040.020	C-M, C	
Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine				Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine		
Updated						
600.010.030	A,B,C-M,C			600.010.030	A,B,C-M,C	

AAAASF Procedural Version 3.1	AAAASF Procedural Version 4.3
Medical clearance should be recorded, if applicable. A current history and physical examination by the physician, anesthesia provider, or the patient's personal physician is recorded within two weeks 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.	Medical clearance should be recorded, if applicable. A current history and physical examination by the physician, anesthesia provider, or the patient's personal physician is recorded within thirty 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.

Deleted						

AAAASF Procedural Version 3.1				AAAASF Procedural Version 4.3		
800.020.035	A,B,C-M,C					
Practitioners of Pain Management would be required to meet all of the following criteria: 1. Have an M.D. or D.O. degree 2. Appropriate fellowship training in pain management 3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/ Neurology 4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS 5. All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital in the area of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility.						
Updated						
800.030.020	B,C-M,C			800.030.020	B,C-M,C	
This person is responsible for the operation of the procedure room suite and patient care areas.				When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the AAAASF definition of Class A, there is a regularly employed and licensed registered nurse, physician other than the operating surgeon or physician's assistant designated as the person responsible for patient care in all areas of the facility, in accordance with state law.		
Updated						
800.060.010	A,B,C-M,C			800.060.010	A,B,C-M,C	
If an ethylene oxide gas sterilizer is used, appropriate personnel are badge-tested to ensure that there is no significant exposure.				If an ethylene oxide gas sterilizer or AER is used, appropriate personnel are badge-tested to ensure there is no significant ethylene oxide or glutaraldehyde exposure.		
Updated						
900.023.005	C			900.023.005	C	

AAAASF Procedural Version 3.1	AAAASF Procedural Version 4.3
Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful.	Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.

Updated					
900.023.010	C		900.023.010	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.			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.		

Updated					
900.030.015	C		900.030.015	C-M,C	
Assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration.			Assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration.		