

Form C
Page 1 of 5

The CDSA Dental Facilities Accreditation Committee (DFAC) requires that every Non-Owner Facility Dentist who provides Dental Surgical Services in a Non-Hospital Surgical Facility (NHSF) or Dental Surgical Facility (DSF) or acknowledge their compliance with the CDSA *Standard of Practice: Minimal and Moderate Sedation Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice*.

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

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

Note: You may access a copy of the CDSA *Standard of Practice: Minimal and Moderate Sedation Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice* as follows:

<https://www.cdsab.ca/patients-general-public-protection/public-protection/cdsa-bylaws-and-standards-of-practice/>

or

You may contact the CDSA Regulatory Programs Manager at (780) 432-1012 for a copy.

Periodic updates to the *Standard of Practice: Minimal and Moderate Sedation Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice* may be provided to you by the facility where you provide Dental Surgical Services.

Form C
Page 2 of 5

TO BE COMPLETED BY NON-OWNER FACILITY DENTIST:

Name of NHSF/DSF:

Name of Non-Owner Facility Dentist:

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

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

- To be familiar with the CDSA *Standard of Practice: Minimal and Moderate Sedation Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice*.
- To comply with all future updates to the *Standard of Practice: Minimal and Moderate Sedation Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice*, as provided by the DFAC.
- To maintain current BLS (CDSA *Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice* - C2.1) and to provide BLS renewal documentation to the dental operator or facility manager annually or as required.

Note: Additional certifications such as ACLS, PALS or Airway Management may also be provided, as appropriate. Please attach copies of your current BLS, ACLS and/or PALS, and Airway Management certificates to form.

- To comply with CDSA *Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice*, Occupational Health/Immunization E1.1, E1.2 and E1.3 and to provide evidence of immunization (E1.4) as required by The Facility Policies and Procedures.

Note: Please attach copy of supportive documentation that is in keeping with the immunization policy of the facility.

Form C
Page 3 of 5

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

- That accompanying personnel who hold a current practice permit will provide copies of documentation to the facility on an annual basis at renewal, or as required.
Note: Personnel would typically include registered Dental Assistants and regulated Dental Hygienists.
- That accompanying personnel (regulated and non-regulated) will be certified and hold current BLS (CDSA Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice - C2.1) and will provide copies to the facility on an annual basis at renewal, or as required.
Note: Additional certifications such as ACLS, PALS or Airway Management may also be provided to the facility, as appropriate.
- That accompanying personnel will comply with CDSA Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice, Occupational Health/Immunization E1.1, E1.2 and E1.3 and will provide evidence of immunization (E1.4) as required by The Facility Policies and Procedures.

Please attach the following:

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

Form C
Page 4 of 5

As a Non-Owner Facility Dentist, I acknowledge that it is my responsibility to comply with CDSA Standard of Practice: *Infection Prevention and Control Standards and Risk Management for Dentistry* and confirm:

- That I and all accompanying personnel have been oriented to the facility infection prevention and control policies and procedures.
- That any preferred instruments, equipment or supplies that I and/or accompanying personnel bring to the facility for the purposes of provision of Dental Surgical Services to patients have been and will be processed according to the relevant CDSA *Deep Sedation and General Anaesthesia in Non-Hospital Dental Practice* and Facility IPC Policies and Procedures.
- That I and all accompanying personnel have been oriented to the facility policies and procedures for management of percutaneous injuries.
- That I will monitor for and report to the facility any post-operative infections of patients that could be as a result of treatment provided at the facility.

As a Non-Owner Facility Dentist, I acknowledge that the facility has a reporting requirement to the Registrar of the CDSA regarding the following Unforeseen Events:

- Death within the facility or within 10 days of a sedation procedure.
Note: In the event of a death, the Medical Examiner must be notified prior to any further action to the body, including moving the body or removal of any lines or tubes from the body.
- Transfer from the facility to a hospital regardless of whether or not the patient was admitted.
- Unexpected admission to hospital within 10 days of a procedure or anaesthetic performed in the facility. (see also discharge instructions to patients D5.5 and D5.6).
Note: When notified of an unexpected admission of a patient to hospital within 10 days of the procedure in the Non-Hospital Dental Facility (NHSF) or Dental Surgical Facility (DSF) the Registrar may determine that written notification is not required when the reason given for admission to hospital is not related to the services provided in the facility.
- Clusters of infections among patients treated in the facility.
- Any procedure performed on the wrong patient, site or side.
- Missing or non-locatable opioids or Class 1 controlled substances.

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

Form C
Page 5 of 5

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

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

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

Print Name

Date