INSPECTION OF GENERAL ANAESTHETIC FACILITIES IN DENTAL OFFICES

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PATIENT DEMANDS and dental care plans have combined to make an increased need for general anaesthesia facilities in dental offices. It is recognized that the risk involved is at least as great as for any other surgery. Safety of the patient is of primary importance and he should be as safe in the dental office as he is in the acute care hospital. It is understood that the problem of safety is related to general anaesthesia and not to the dentistry. For this reason a high standard should be demanded of out-patient dental clinics and a committee made available to inspect the facilities and to offer advice. In December 1966 a committee was established jointly by the British Columbia Medical Association and the College of Dental Surgeons of British Columbia to provide for inspection of dental offices supplying general anaesthesia. The Committee consists of one anaesthetist and one dentist. Requests for inspection are voluntary and there is no statutory requirement for inspection and approval of such facilities.

When there is a call for the committee a time of inspection agreeable to all parties is arranged. Following this, the committee sits and reviews what has been seen, makes suggestions for improvement where necessary and decides whether to recommend for approval, conditional approval or rejection. The results are then forwarded to the College of Dental Surgeons. We have considered some sort of printed awards but that is as far as this has gone.

For assessment the committee considers the facilities under the following headings:

1. General description of the facilities.
2. Patient assessment.
3. Patient instructions.
4. Description of the operating area.
5. Anaesthetic equipment and monitoring apparatus.
6. Emergency drugs and procedures.
7. Recovery room.
8. Anaesthetist and other staff.
9. General remarks.
10. Recommendations.

1. *General Description of Facilities*

The operating site should be of adequate size with good lighting, clean and pleasant surroundings. Ideally, it should be at ground level but elevator and wheelchair service are acceptable. If stairs have to be negotiated then they should be wide enough so that the patient can be supported on two sides.

2. *Patient Assessment*

The committee seeks information with regard to the manner of assessment. Many dental offices provide a questionnaire which the patients complete themselves. As a rule these are very informative and of considerable value to the anaesthetist. However, in addition it is important that the patient submit to an examination by the anaesthetist and the latter record a history and physical examination. The committee determines whether this is being done.

3. *Patient Instructions*

The committee reviews the nature of the instructions given to the patient. These should be printed and list requirements such as the prohibition of food and liquid, no driving post-operatively, a friend or relative to accompany them home, casual clothing, low heels and no makeup.

4. *Description of the Operating Area*

We assess the size of the operating space. It should be large enough to give adequate access to the patient on all sides. Adequate suction must be available. The area should be well lighted and clean with a floor material that can be washed down. Electrical fixtures, plugs, lights, etc., should be in good condition with proper grounding. The operating table and chairs must be adjustable so that the patient can be quickly placed in the head-down position. Adequate staff should be present to assist at all times.

5. *Anaesthetic Equipment and Monitoring Devices*

The type of anaesthetic machine is noted as well as the nature of the vapourizers, CO₂ absorbers and gases used. The anaesthetic machine should be in good working order and properly stored when not in use. Explosive agents should not be used in dental offices. Ideally, N₂O and O₂ should be piped to the operating area from large tanks. These should have some sort of automatic transfer and alarm system when a cylinder becomes empty.

If disposable equipment is not used then there must be proper facilities for sterilizing syringes, airways, suction equipment, etc. Tracheal tubes must be properly cleansed if not disposable. Laryngoscopes must be in working order. Disposable needles should be used.

Induction agents and other pharmaceuticals should be neatly stored and readily accessible. There should be a refrigerator available for storage of agents such as succinylcholine. Intravenous equipment and solutions must be readily available. A note is made of what monitoring devices are used; for example blood pressure cuff only, stethoscope on the chest, pulseometer, electrocardiograph.

6. *Emergency Drugs and Procedures*

The staff in the dental office must have a plan and equipment to cope with any emergency that might arise. The inspection committee asks questions about what routine might be followed in the event of cardiac arrest. Ideally, an electrocardiograph unit and a defibrillator should be available. At the very least the dental office should be as well equipped in this respect as the local hospital.

A note is made and advice given as to what emergency drugs should be available. It has been suggested that procedure cards for grave emergencies such as cardiac arrest and hyperthermia be made available through the Canadian Anaesthetic Society to hospitals and out-patient general anaesthesia clinics. These would be very useful.

7. *Recovery Room*

This is a very important area for here fatal disasters occur all too frequently. At inspection we check to see that there is adequate staff to observe the patient's airway at all times and that they are able to get at the patient without difficulty. This area should be well lit and the patient easily seen from various locations. It must be possible to put the patient in the head-down position. Suction and oxygen should be available. Finally, we attempt to assess whether patients are discharged in a responsible manner. That means that a friend or relative should be with them and they have been allowed sufficient time to recover post-operatively.

The duration of anaesthesia is pertinent to recovery and we feel that not more than four hours' work under general anaesthesia should be done in an out-patient clinic.

8. *Anaesthetist and other Staff*

A note is made as to whether the anaesthetist is a specialist or a general practitioner. If the latter, then a note should be made of the amount and type of training he has had. The nature of the auxiliary staff should be noted with reference to whether they are adequately trained. This is particularly important with regard to the personnel that work in the recovery area.

9. *General Remarks*

Under this heading we make a note of good features and of things that require improvement.

10 *Recommendations*

We have three categories:

- (a) Recommended for approval. This implies that the premises are of a satisfactory standard for general anaesthesia.
- (b) Conditional approval. This means that approval is contingent on complying with advice given for example, removal of explosive gas.
- (c) Rejection. Conditions for general anaesthesia are unsatisfactory.

The committee has functioned in British Columbia for a number of years. As mentioned, inspection is on a voluntary basis. We feel that it has been of assistance to dentists and anaesthetists operating a practice of this nature. There is always room for improvement and we feel that with the passage of time and with experience, further improvements can be made by this committee. It is suggested that the inspection be repeated every five years.

SUMMARY

A report is given relating to the inspection of dental offices in British Columbia

which have facilities for general anaesthesia. The assessment is made using the following as guidelines:

1. General description of the facilities.
2. Patient assessment.
3. Patient instructions.
4. Description of the operating area.
5. Anaesthetic equipment and monitoring apparatus.
6. Emergency drugs and procedures.
7. Recovery room.
8. Anaesthetist and other staff.
9. General remarks.
10. Recommendations.

RÉSUMÉ

Depuis 1966, il existe en Colombie-Britannique un comité conjoint formé d'un anesthésiste et d'un dentiste qui se charge *sur invitation*, d'inspecter les cabinets de dentistes où l'on compte administrer l'anesthésie générale. Ce rapport décrit le plan général d'action suivi par les assesseurs :

- (1) Description générale des lieux.
- (2) Plan d'évaluation pré-opératoire du malade.
- (3) Instructions données au malade.
- (4) Description du bloc opératoire.
- (5) Appareillage d'anesthésie et de réanimation.
- (6) Manœuvres et médications en cas d'urgence.
- (7) Salle de réveil.
- (8) Anesthésiste et autre personnel.
- (9) Remarques.
- (10) Recommendations.