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| **Agreement between a registered mobile anaesthetic service and an unregistered dental or radiology facility**Mobile health servicesOFFICIAL |

Introduction

This form sets out the requirements that must be in place prior to a registered mobile anaesthetic service offering service in an unregistered dental or radiology facility.

It must be completed and signed by the proprietor of the registered mobile service and the proprietor of the unregistered dental facility.
**A copy of the form and corresponding documents must be submitted to the Department of Health (the department) upon registration.**If the registered mobile service enters into arrangements to provide services in additional dental facilities after initial registration, a completed Agreement form must be submitted to the department for each of these settings.

## Details of registered mobile anaesthetic service

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| Full name of proprietor: |  |
| Name of mobile service: |  |
| Full postal address of the business: |  |
| Contact Name: |  |
| Position/ title: |  |
| Mobile number: |  |
| Email: |  |

## Details of unregistered dental facility

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| Full name of proprietor: |  |
| Name of practice: |  |
| Full postal address of the unregistered office: |  |
| Contact Name: |  |
| Position/ title: |  |
| Mobile number: |  |
| Email: |  |

This form is divided into two sections:

**The first section** outlines the physical requirements necessary to ensure patient safety in the delivery of anaesthesia in an unregistered dental facility.
**The second section** lists the procedures and systems that must be in place to deliver safe patient care.

# **Physical environment**

Before a registered mobile service can enter into an agreement to provide services in an unregistered dental facility, the proprietor must ensure that the physical environment enables the provision of safe and quality patient care.

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| Physical requirements |
| Ambulance services must be able to access the building with equipment to transport the patient from the building/room if necessary/in the event the patient requires emergency transport. Please describe how this will occur. |
| Patients must be able to be transported from the practice in the case of an emergency. If the practice is located above the ground floor, is there a lift that fits an ambulance trolley or alternate method to transport in the event of patient deterioration? (If an alternate method will be used, what is the weight limit of patients that can be safely transported?) |
| It is important that patients be provided with privacy for pre- and post-procedure interviews (and for changing if required). How will this be provided?  |
| Patient toilets should be located within the practice. Please describe the location of the toilets in relation to the procedure room. |
| A clinical hand basin should be located within a reasonable proximity to the procedural room. Please describe the proximity of the hand basin in relation to the procedural room. |
| The floor surface in the recovery area should be vinyl. Please describe the floor covering in the recovery room.  |
| A resuscitation trolley must be available and stocked according to Australian Resuscitation Council (ARC) Guidelines. Please describe the availability and stock of the resuscitation trolley. |
| Patients must be able to summon staff – this may be a wired in system or a handheld device. How will this be done? |
| Storage of drugs must comply with drugs and poisons legislation (2017). How will this be done? |

# **Emergency Equipment**

**The procedure must be performed in a setting that ensures patient safety during that procedure and allows for the management of adverse events or patient emergencies.**

Factors that will impact these activities will include the size of the setting of service delivery (the procedure room), type of procedure, type of anaesthetic / IV-sedation and equipment.

Settings must be appropriate, equipment must function properly, and be current to maintain basic life support until emergency services arrive and the patient can be transferred to an emergency health care facility.

Emergency equipment should be available in every setting visited to ensure first response emergency care can be provided. In most cases, it is likely this equipment will be supplied by the practice, however certain items may also be provided by the anaesthetist / IV-sedationist.

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| **Physical requirements** |
| There must be sufficient space to accommodate necessary equipment and personnel to ensure patient safety during procedures and in response to adverse or emergency events. Outline how first line responders, (e.g., ambulance officers) will access the patient in the event of an emergency. |
| If equipment is installed that creates a barrier between the patient and the exit from the room, how will this be managed to ensure patient access and transport in the event of an emergency? |
| The patient must be positioned safely for the procedure. Is the necessary equipment available to do this? Who has responsibility to ensure it is up to date and functions properly. How often is this conducted? |
| A reliable source of oxygen must be available (see the ANZCA Guideline PS54 for further details). How will this be supplied? |
| A reliable source of suction must be available. How will this be supplied? |
| Resuscitation equipment and drugs must be available. How will this be supplied? |
| Should the patient deteriorate, there should be adequate room for 4 staff in the room (the anaesthetist or IV-sedationist, the nurse, and two ambulance crew). Is there adequate room to perform resuscitation? |
| It is necessary to have a supine, stable surface for the patient in the event that CPR must be performed. If the patient is in a chair, can it be reclined into a supine position to perform basic life support? |
| In the case of loss of power, there must be sufficient back-up power to ensure patient safety and protection (at a minimum, there must be back up lighting and vital signs monitors). How will this be supplied? |
| If a drug with a reversing agent is being used, the reversing agent for that drug must be available onsite. How will this be supplied? |
| In the case of emergencies, appropriate drugs must be available. How will these be supplied? Who will be responsible to check the expiry date and replace as necessary? |
| Equipment to manage a difficult airway must be available. How will this be supplied? Who will be responsible to check the expiry date and replace as necessary? |

# **Administration**

**Before entering into an agreement to provide anaesthesia in an unregistered dental facility, the proprietor of a registered mobile service must ensure that the staff of the mobile service are appropriately trained and that the practice has the necessary protocols in place to deliver safe care.**

## Staffing during procedures

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM) Professional Document PS09 Guidelines on IV-sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures forms the basis for the staffing ratios. Appendix III of PS09 outlines the necessary personnel required for five procedural sedation and analgesia scenarios. The five scenarios are defined by increasing depth of anaesthetic/sedation administered and clinical complexity and risk.

It is expected that the registered mobile service will provide at least one of the following models of care. However, in the case that more than one model will be provided, the highest risk setting/clinical risks model to be implemented should be reflected in the contract and the guide the completion of this form.

Please note that the regulations require that “at least one Registered Nurse for every 10 patients or fraction of that number during day and evening shifts”. This means that as a registered service, the mobile anaesthetic or IV-sedation service will need to have a Registered Nurse.

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| **Who will provide the Registered Nurse (Div 1) ?****□** the proprietor of the registered mobile service **□** the proprietor of the premises |

 **ASA - American Society of Anesthesiologists’ Classification of Physical Status

P 1** A normal healthy patient
**P 2** A patient with mild systemic disease
**P 3** A patient with severe systemic disease
**P 4** A patient with severe systemic disease that is a constant threat to life
**P 5** A moribund patient who is not expected to survive without the operation
**P 6** A declared brain-dead patient whose organs are being removed for donor purposes
**E** Patient requires emergency procedure
Adapted from: American Society of Anesthesiologists. ASA physical status classification system <<http://www.asahq.org/For-Members/Clinical-Information/ASA-PhysicalStatus-Classification-System.aspx>>

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| **Scenario 1) Three personnel – sedation by proceduralist**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam) in ASA P 1-2 patients.This scenario requires three personnel and the sedation may be administered by the proceduralist. There must be :A medical or dental practitioner proceduralist with airway and resuscitation skills, and training in nitrous oxide or low dose oral sedation administration ; An assistant who has been trained to monitor patients post-sedation (Registered Nurse Division 1 with peri-anaesthetic or critical care training) ; andAn assistant to assist both.This scenario excludes the use of :The use of propofol and thiopentone ; andOther intravenous anaesthetic agents. |
| **Scenario 2) Three personnel – sedation by medical or dental practitioner**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam), propofol, thiopentone and other intravenous anaesthetic agents may be used in ASA P 1-2 patients by a medical or dental practitioner trained in their use. The sedation may not be administered by the proceduralist. There must be : A proceduralist ;A medical or dental practitioner with airway and resuscitation skills, and training in administration of sedation ; andAn assistant to assist both. |
| **Scenario 3) Four personnel – sedation by medical or dental practitioner**For cases in which low dose opioids (e.g. fentanyl) or benzodiazepines (e.g. midazolam), or propofol, thiopentone and other intravenous anaesthetic agents may be used in ASA P 1-3 patients by a medical or dental practitioner trained in their use. The sedation may not be administered by the proceduralist. There must be :A proceduralist ;A medical or dental practitioner with airway and resuscitation skills, and training in the administration of sedation ; andAn assistant to assist both. The assistant must be trained to monitor patients post-sedation (Registered Nurse (Div 1) with peri-anaesthetic or critical care training). |
| **Scenario 4) Three personnel – sedation by anaesthetist**For cases in which any anaesthetic drugs may be used. The level of sedation/anaesthetic targeted can range from light sedation to general anaesthesia in all patients. The sedation/anaesthesia must be administered by an anaesthetist.There must be :A proceduralist ;An anaesthetist ; andAn assistant to both. The assistant must be trained to monitor patients post-sedation (Division 1 nurse with peri-anaesthetic or critical care training). |
| **Scenario 5) Four personnel – sedation by anaesthetist**For cases in which any anaesthetic drugs may be used. The level of sedation/anaesthetic targeted can range from light sedation to general anaesthesia in all patients. This scenario applies to cases in which assistance is likely to be required of the majority of the case (e.g. complex or emergency patients). The sedation/anaesthesia must be administered by an anaesthetist. There must be :A proceduralist ;An anaesthetist ; and An assistant to both. The assistant must be trained to monitor patients post-sedation (Division 1 nurse with peri-anaesthetic or critical care training). |
| **Which model of care will you be providing ? Please circle one :****Scenario : 1 2 3 4 5** |
| Are there any circumstances in which a different scenario might be undertaken? Please describe:  |

## Role delineation

Role delineation is an important safety factor and must be confirmed with the practice to which services are being provided before a contract of service can be entered into.
The following must be confirmed:

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| Role delineation | Please circle one |
| Have you confirmed with the proceduralist that you will have responsibility for the patient’s airway management? | **Yes** | **No** |
| Will there be a receptionist (or other person) present to call 000 in the case of an emergency? Who will this be? ……………………………………………………………………………. | **Yes** | **No** |
| Will you be physically present onsite until all patients have been recovered to an agreed upon clinical baseline? This must be recorded in the anaesthetist’s or IV-sedationist’s notes.  | **Yes** | **No** |
| Who will be in charge of leading and managing emergencies?  |
| Who will be onsite with training in advanced cardiac life support (ALS)? |
| Who will the recovery staff be? What are their qualifications? Are they trained in basic life support (BLS) or advanced life support (ALS)? |
| How will staff know who has which role in the case of an emergency? |

## Practice policies and protocols

It is expected that each practice will have protocols in place to ensure patient safety.

Note: **the mobile anaesthetist or IV-sedationist will also need to have these policies**.
They will outline how the mobile service manages these aspects of their mobile business (e.g., how they manage infection control with their equipment or manage the medical aspect of a deteriorating patient).

 **Please confirm that the office setting has:**

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| Policies at the office setting | Please circle one |
| A method for identifying patients | **Yes** | **No** |
| An infection control plan | **Yes** | **No** |
| A deteriorating patient protocol that includes appropriately trained staff able to respond | **Yes** | **No** |
| A patient exclusion policy that outlines at least:• a patient weight limit (this will be determined by factors including:- mechanical ratings of equipment and fixtures to allow safe manual handling - care of the patient and transport within the healthcare practice)• ASA categories of patients that will be excluded for treatment | **Yes** | **No** |
| An emergency evacuation plan | **Yes** | **No** |
| A health services permit | **Yes** | **No** |

**Please attach a copy of above practice policies to this check list.**

## Clinical emergency protocols

To ensure that there is optimal communication and coordination in clinical emergency situations, all practice staff and the visiting anaesthetist/IV-sedationist must be familiar with the practice’s emergency protocols.

 **Please confirm that the practice has:**

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| Clinical emergency protocols | Please circle one |
| Written protocols for clinical emergencies and response to escalation | **Yes** | **No** |
| Staff that are appropriately trained in written emergency protocols (these should be reviewed regularly) | **Yes** | **No** |
| How is this conducted? How frequently is this undertaken?  |
| Are you familiar with these policies? | **Yes** | **No** |

 **Please attach a copy of this information if available.**

# **Declaration for the proprietor of the registered mobile anaesthetic service**

|  |  |
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| I [insert full name of person signing declaration] |  |
| of [insert address] |  |
| am a [insert position/title of applicant, e.g., proprietor, partner, director] |  |

I declare that:

* the information provided in this declaration (including any attachment) is true, complete, and correct.
* I have read and understood and agree to the conditional and the associated material contained in this form.
* I understand that the Department of Health will have the right (but are not obliged) to act in reliance upon the contents of this form, including its attachments.
* the Department of Health is authorised to verify any information provided in this form; and
* I am aware that it is an offence to give false and misleading information or make false and misleading statements and that I may be subject to penalties under **section 151(1) of the *Health Services Act 1988* (Vic).**

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| **Signature of Declarant :** |  |
| **Date :** |  |

# **Declaration for the proprietor of the unregistered dental facility**

|  |  |
| --- | --- |
| I [insert full name of person signing declaration] |  |
| of [insert address] |  |
| am a [insert position/title of applicant, e.g., proprietor, partner, director] |  |

I declare that:

* The information provided in this declaration (including any attachment) is true, complete, and correct.
* I have read and understood and agree to the conditional and the associated material contained in this form.
* I understand that the Department of Health will have the right (but are not obliged) to act in reliance upon the contents of this form, including its attachments.
* The Department of Health is authorised to verify any information provided in this form; and
* I am aware that it is an offence to give false and misleading information or make false and misleading statements and that I may be subject to penalties under section 151(1) of the *Health Services Act 1988* (Vic).

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| **Signature of Declarant :** |  |
| **Date :** |  |

**Please send** the completed checklist and applications by email to the Private Hospitals & Day Procedure Centres Unit privatehospitals@health.vic.gov.au

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