It is the facility permit holder’s responsibility to ensure that all required emergency and other equipment is available and emergency drugs are on-site and current whenever oral moderate sedation is being administered in the facility.

SEDATION/ANESTHESIA TEAM
Please provide the following documentation for each facility-based ORAL MODERATE CONSCIOUS SEDATION provider AND team member.

**SEDATION PROVIDER**
Current CPR [HCP or equivalent, ACLS or PALS] □

**SEDATION TEAM MEMBER [IF APPLICABLE]**
Current CPR [HCP or equivalent, ACLS or PALS] □
Current registration with their regulatory body – CNO or CRTO □

SEDATION/ANESTHESIA DOCUMENT
Please provide the following documentation for EACH sedation/anesthesia provider in the facility.

Medical History □
Out-of-facility Instructions for sedatives/anxiolytics [if applicable] □
Pre-Sedation Instructions □
Post-Sedation Instructions □
Drug Register □
Facility Emergency Protocols □
5 sedation/anesthesia records (this applies to re-inspections only) □

EQUIPMENT

**EQUIPMENT MAINTENANCE RECORDS**
Please provide the written record of the annual maintenance/servicing or invoices (if purchased within the past year), on any automated monitors or equipment used on the patient. For RE-INSPECTIONS, please provide those records for the previous 3 years.

Monitor(s) or pulse oximeter(s) □
Nitrous oxide oxygen delivery system □

**EQUIPMENT**
Size of the equipment is required to reflect the population treated

- Portable apparatus for intermittent positive pressure resuscitation of appropriate sizes [Adult Pediatric] □
- Full face masks of appropriate sizes (Sm, Med, Lrg) and connectors for the administration of positive pressure □
- Monitor(s) or pulse oximeter(s) □
- Stethoscope □
- Sphygmomanometers of appropriate sizes (Sm, Med, Lrg) □
- Portable auxiliary system for light □
- Portable auxiliary system for battery-powered suction □

**DRUGS**

- Portable E size cylinder of oxygen dedicated to emergencies □
- Acetylsalicylic Acid (non-enteric coated) □
- Epinephrine □
- Flumazenil □
- Naloxone [REQUIRED ONLY IF OPIOIDS USED] □
- Nitroglycerin □
- Parenteral Diphenhydramine □
- Salbutamol □