

ANESTHESIA CLASS REQUIREMENTS

If a facility is not in compliance with any item in this document, standard 1-A-1 will be scored as deficient.

All facilities must comply with the laws, regulations, and professional scope-of-practice requirements of their specific country or state regarding who may administer sedation and anesthesia. QUAD A acknowledges that not every licensed provider listed below will be applicable to all facilities. It is the facility's responsibility to understand and follow its jurisdiction's legal and regulatory requirements, as well as the scope-of-practice for each licensed provider working within the facility. When requirements differ, the more stringent requirement must be followed as long as it does not conflict with state or country law.

1. Class A (Facility must meet every Class "A" requirement):

All surgical and procedural cases are performed in the facility under local, topical anesthesia, minimal sedation, or nitrous oxide using a standalone system for administration.

NOTE: Endotracheal tubes and supraglottic airways are permitted in the facility for emergency use only.

Local or Topical Anesthesia may be administered by any of the following:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA) under the supervision of an anesthesiologist
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN) under the direct supervision of a credentialed physician as permitted by state law.

Nitrous Oxide may be administered using a Nitrous-Oxide Delivery System with required safety features by a credentialed:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Pediatric Dentist
- Dental Anesthesiologist
- Oral and Maxillofacial Surgeon (OMS)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)
- Dental Assistant under the supervision of a Pediatric Dentist or Dental Anesthesiologist in accordance with State law.
- Registered Nurse, Nurse Practitioner, or Physician Assistant under the direct supervision of a credentialed physician as permitted by state law.

Anxiolytics may be administered for mild sedation by any of the following:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA) under the supervision of an anesthesiologist
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN) with an electronic or written order by a credentialed provider.

Clarifications:

- All cases performed in a Class A facility must be performed using local anesthesia with minimal sedation only. A Class A facility is not permitted to perform any cases with moderate sedation.
- No more than 500cc of liposuction aspirate may be removed.
- A single dose of analgesic or minimal sedation (anxiolytic) drug may be administered preoperatively, which results in minimal sedation, and one (1) dose of the same medication may be administered postoperatively. Any additional doses or agents are considered Moderate Sedation, requiring the facility to be accredited under **facility Class B, C-M (international facilities only)**, or C standards. This includes doses taken by patients prior to arriving at the facility.
- The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.
- **The combination of Nitrous Oxide and any agent that results in minimal sedation is not permitted to be administered together in a Class A facility; they**

- are only permitted in facility Class B, C-M (international facilities only), and C facilities.
- If a facility performs procedures by administering oral **anxiolytics** (e.g., **diazepam**) **in conjunction with** performing **major peripheral or plexus** nerve blocks (**interscalene**, supraclavicular, femoral) **or advanced regional techniques** (e.g., retrobulbar **block**, digital, Bier **block.**), this practice **falls under the accreditation standard for facility Class B**. The use of field or nerve blocks is **not** permitted in facilities accredited under facility Class A accreditation standards. Digital blocks are permitted in Class A.
 - **Exception: Simple local infiltration anesthesia, including digital nerve blocks, is permitted under the accreditation standard for facility Class A.**

2. Class B (Facility must meet every Class “A” and “B” requirement):

Surgical and procedural cases are performed in the facility under intravenous sedation, regional anesthesia, analgesia, or dissociative drugs (excluding Propofol), **that result** in moderate (**formerly referred to as** conscious sedation) and without the use of endotracheal intubation or laryngeal mask airway, or inhalation general anesthesia. The use of sublingual midazolam, ketamine HCl, and ondansetron (MKO) melt is permitted.

NOTE: Endotracheal tubes and supraglottic airways are permitted in the facility for emergency use only.

Intravenous Sedation may be administered by any of the following:

- Surgeon/proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)
- Registered Nurse, Nurse Practitioner, or Physician Assistant under the direct supervision of a qualified physician

Field and Peripheral Nerve Blocks may be administered by any of the following:

- Physician Anesthesiologist
- Oral and Maxillofacial Surgeon (OMS)
- Dental Anesthesiologist
- Pediatric Dentist

- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)

Oral or Intranasal Sedation may be administered by any of the following:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Pediatric Dentist
- Oral Maxillofacial Surgeon (OMS)
- Certified Anesthesia Assistant (CAA)
- Certified Registered Nurse Anesthetist (CRNA)
- Registered Nurse, Nurse Practitioner (NP), or Physician Assistant (PA) under the direct supervision of a qualified physician

The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.

3. **Class C-M:** (A Facility must meet every Class “A” and “B” accreditation standard requirement): Class C-M is an accreditation pathway available only to international facilities.

Surgical and procedural cases are performed in the facility under moderate or deep sedation, **including the use of Propofol, Epidural, or Spinal anesthesia.**

The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.

Propofol may be administered by any of the following:

- Physician Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)

Epidural Anesthesia may be administered by any of the following:

- Physician Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)

Spinal Anesthesia may be administered by any of the following:

- Physician Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)

Dissociative Drugs may be administered by any of the following:

- Physician Anesthesiologist
- Certified Anesthesia Assistant (CAA)
- Certified Registered Nurse Anesthetist (CRNA)
- Registered Nurse, Nurse Practitioner (NP), or Physician Assistant (PA) under the direct supervision of a qualified physician.

Clarification:

- The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.
4. **Class C:** (A Facility must meet every Class “A”, “B” “C-M” (international facilities only), and “C” requirement):

Surgical and procedural cases may be performed in the facility with intravenous propofol, spinal or epidural, and general anesthesia administered by any of the following:

- Physician Anesthesiologist
- Dental Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesia Assistant (CAA)

Clarifications:

- Facilities using total intravenous anesthesia (TIVA) and have no inhalational anesthetics present in the facility would not be required to have an anesthesia machine. See standard 4-C-18.
- **For International Facilities:** Achieving Class C accreditation requires full compliance with all Class C standards, including those for general anesthesia with an anesthesia machine, in addition to all requirements for Classes A, B, and C-M.

Additional Guidance

Table 1. ASA Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia, 2019

	Minimal Sedation (Anxiolysis)	Moderate Sedation/Analgesia (Conscious Sedation)	Deep Sedation/Analgesia	General Anesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful* response to verbal or tactile stimulation	Purposeful* response after repeated or painful stimulation	Unarousable, even with painful stimulus
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular function	Unaffected	Usually maintained	Usually maintained	May be impaired

Minimal Sedation (Anxiolysis) indicates a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Moderate Sedation/Analgesia (Conscious Sedation) indicates a drug-induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* after repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia (Conscious Sedation) should be able to rescue patients who enter a state of Deep Sedation/Analgesia, whereas those administering Deep Sedation/Analgesia should be able to rescue patients who enter a state of General Anesthesia. (Developed by the American Society of Anesthesiologists: Approved by ASA House of Delegates on October 13, 1999 and last amended on October 15, 2014. Available at: <http://www.asahq.org/quality-and-practice-management/practice-guidance-resource-documents/continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia>. Accessed on August 21, 2017.)

*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

Patient Monitoring – Moderate and Deep Sedation

Many of the complications associated with moderate sedation and analgesia may be avoided if adverse drug responses are detected and treated in a timely manner (*i.e.*, before the development of cardiovascular decompensation or cerebral hypoxia). Patients given sedatives or analgesics in unmonitored settings may be at increased risk of these complications.

Patient monitoring includes strategies for the following: (1) monitoring patient level of consciousness assessed by the response of patients, including spoken responses to commands or other forms of bidirectional communication during procedures performed with moderate sedation/analgesia; (2) monitoring patient ventilation and oxygenation, including ventilatory function, by observation of qualitative clinical signs, end-tidal carbon dioxide, and pulse oximetry; (3) hemodynamic monitoring, including blood pressure, heart rate, and electrocardiography; (4) contemporaneous recording of monitored parameters; and (5) availability/presence of an individual responsible for patient monitoring. See standards in Section 8: Clinical Records, Sub-section H.

Summary Table for Anesthesia Options

ANESTHESIA OPTIONS	Class			
	A	B	C-M*	C
Local Anesthesia	X	X	X	X
Topical Anesthesia	X	X	X	X
Nitrous Oxide	X	X	X	X
Parenteral Sedation		X	X	X
Field and Peripheral Nerve Blocks		X	X	X
Dissociative Drugs (excluding Propofol)		X	X	X
Propofol			X	X
Epidural Anesthesia			X	X
Spinal Anesthesia			X	X
General Anesthesia – with or without endotracheal intubation anesthesia, or laryngeal mask airway (LMA) anesthesia				X

***Applicability Note:** Class C-M is an accreditation pathway available only to International Facilities

Nitrous Oxide

Only Nitrous Oxide-Oxygen Delivery Systems with the following safety features may be used in a QUAD A accredited facility:

- Alarms - Audio and/or visual alarms (e.g., low- or high-oxygen and nitrous oxide pressure alarms).
- Color Coding - Gas tanks, knobs, and hoses are coded by color (standardized nationally, but not necessarily internationally).
- Diameter index safety system - A standard for noninterchangeable, removable connections for use with medical gases helps ensure that the appropriate gas flows through the appropriate tubing and cannot be interchanged.
- Emergency air inlet - An inlet designed to remain closed as long as gases are being administered to the patient; however, when the oxygen fail-safe system turns the gases off, ambient air is allowed to enter the system so that the patient can continue to breathe through the nasal hood or face mask.
- Locks - According to national fire codes, nitrous oxide and other compressed gases must be kept in locked rooms; many manufacturers supply additional locks for the machines at the tanks, the manifold, or the mixer level to prevent staff members from accessing nitrous oxide inappropriately.
- Oxygen fail-safe system—The oxygen fail-safe system is designed so that the nitrous oxide supply will be turned off automatically when oxygen delivery is compromised or depleted. Delivery systems are required to provide a minimum oxygen liter flow that ensures 2.5 to 3.0 liters of oxygen per minute is the minimum amount being administered and that concentrations of oxygen never fall below 30% during gas delivery.
- Oxygen flush button—This mechanism allows 100% oxygen to be administered through a reservoir bag in the event of an emergency. When the button is pressed, the oxygen flush valve engages, and the system delivers oxygen straight from the pipeline or tank regulator at 45 to 50 psi at a flow rate between 35 and 75 L/min.
- Pin-index safety system—Pins protruding from the gas tank yokes have a unique configuration that fits into corresponding holes in the tank valves. This helps prevent the accidental attachment of a nonoxygen tank to the oxygen attachment portal.
- Quick connect for positive-pressure oxygen- In an emergency situation in which positive-pressure oxygen is required (e.g., to augment cardiopulmonary resuscitation), quick-connect compatibility helps ensure immediate access to positive-pressure oxygen anywhere in the office.
- Reservoir bag—An inflatable rubber reservoir bladder into which fresh gas entering the circuit is conveyed; the bag is filled gradually as gases enter the circuit and deflates with inhalation.