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Non-Hospital Medical and Surgical Facilities Accreditation Program College of Physicians and Surgeons of British Columbia 300 669 Howe Street Vancouver BC V6C 0B4

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Overnight stay is considered a post-

just as Phase I and Phase II are considered post-anesthesia levels of

Overnight stay level of care is considered equivalent to the level of care provided on a medical/surgical in-patient unit. The decision to recommend an overnight stay for any patient in the non-hospital setting requires comprehensive evaluation of the patient, staff and facility.

Only non-hospital facilities accredited as a general anesthesia facility may provide overnight stay services. The patient length of stay at the facility may be no more than 24 hours following a procedure. Any patient stay that is more than 24 hours following a procedure must be reported by the medical director to the College using the Non-Hospital Medical and Surgical Facilities Accreditation Program Reportable Incident form.

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There is a documented call rota for anesthesia service and the surgical specialty of any overnight admission. Guidance: If call is transferred it must be transferred to another anesthesiologist, or to another specialist of the same discipline, both of whom must have privileges at the facility. The on-call anesthesiologist the on-call surgeon must be immediately available by telephone and shall be available on-site within 45 minutes. If the patient's clinical circumstances require more urgent medical assessment, the facility should call 911 to arrange transfer to hospital.

City/municipal fire authority approval has been received for the overnight stay area.

Guidance: The facility needs to have documentation, such as a letter, on file from the city/municipal fire authority. If the post-anesthesia recovery area is also the overnight stay area, documentation from the city/municipal fire authority needs to be on file.

Each overnight stay bay/room is equipped with vital sign monitoring equipment.

Guidance: Vital sign monitoring equipment includes fixed or portable equipment for blood pressure, oxygen saturation and temperature monitoring.

Each overnight stay bay/room is equipped with suction equipment.

Guidance: Suction equipment includes suction canisters and liners, tubing, suction tips and cathBT. 2 rers and linend liners,

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ONS1.5.1 There are policies and procedures for emergency situations.

Guidance: Emergency situations include fire, cardiac arrest, malignant hyperthermia, respiratory emergencies, anaphylaxis, neurological emergencies, and medication toxicity. The written policy shall define the chain of command and the expected level of A CLS intervention as determined by the facility's medical director as well as building access by emergency services after hours.

ONS1.5.2 There is policy and procedures for patient transfer to hospital.

Guidance: Patients appropriate for overnight stay level of care include, but are not limited to: patients that have not met phase II discharge score requirements; patients for whom a longer length of stay is being considered (e.g. not discharging home as originally planned) because of a medical complication or concern about the patient's condition; patients that have deteriorated following transfer to overnight stay to the extent of requiring a higher level of care (e.g. modified early warning score (MEWS) deterioration; need for testing or investigations (e.g. bloodwork, X-rays) beyond routine post-operative care and follow-up;

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National Association of PeriAnesthesia Nurses of Canada. Standards for practice. 3rd ed. Oakville, ON: National Association of PeriAnesthesia Nurses of Canada, 2014.

WorkSafeBC. Workers compensation act regulations [Internet]. Richmond, BC: WorkSafeBC; 2017 [cited 2017 Nov 21]; [1 screen]. Available from: <a href="https://www.worksafebc.com/en/law-policy/workers-compensation-law/workers-compensation-act-regulations">https://www.worksafebc.com/en/law-policy/workers-compensation-law/workers-compensation-act-regulations</a>

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