



Non-Hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

IV Procedural Sedation and Analgesia for Adults

No.	Description	Reference	Risk	Change
IVS1.0	IV PROCEDURAL SEDTATION AND ANALGESIA FOR ADULTS			
IVS1.1	Anesthesiologists who administer IV procedural sedation/analgesia are qualified. <i>Guidance: This section applies to IV procedural sedation and analgesia under the care of an anesthesiologist.</i>			



No.	Description	Reference	Risk	Change
	<i>maxillofacial surgeons or podiatric surgeons currently administering and/or directing the administration of IV-PSA that have not completed post-graduate training in IV procedural sedation within the last 5 years may be grandparented until June 2021, after which time evidence of IV procedural sedation refresher training must be on file.</i>			
IVS1.2.4	M Each physician that administers or directs the administration of IV-PSA holds current ACLS training. <i>Guidance: Physicians that administer or direct the administration of IV-PSA must possess the requisite knowledge and skills to assess the patient care requirements during procedural sedation and recovery. The medical director is responsible for ensuring facility staff have the proper qualifications, training and knowledge and possess the competencies required for their role, which would include all specialized skill courses such as Basic Life Support (BLS) Provider, ACLS and airway management. ACLS courses may be taken directly through the Heart and Stroke Foundation of Canada (HSFC) and/or from a third-party provider. Medical directors must ensure third party providers instruct in accordance to the HSFC guidelines. Following initial certification, re-certification is required every two years.</i>		M	
IVS1.3	Registered nurses who administer IV procedural sedation or monitor a patient under IV procedural sedation are qualified.			
IVS1.3.1	M Each registered nurse holds practising registration with the British Columbia College of Nursing Professionals. <i>Guidance: Registered nurses (RN) are the only other regulated health professional whose scope of practice may include IV procedural sedation. It is not within a licensed practical nurse's (LPN) scope of practice to administer medications for the purposes of procedural sedation. LPNs who may be involved in the monitoring of patients under IV procedural sedation do so in a team-nursing approach with an RN (i.e. the RN is present in the room at all times).</i>		H	



No.	Description	Reference	Risk	Change
IVS1.3.2	<p>M Each registered nurse has completed a procedural sedation management course. <i>Guidance: Registered nurses that administer IV-PSA or monitor a patient under IV-PSA must possess the competencies required to carry out this activity. IV procedural sedation courses may be taken through a third-party provider. Medical directors must ensure that the course content includes both theory and in-person/hands-on components which meet necessary skills competencies for the non-hospital setting. IV procedural sedation refresher training is required every five years. At the discretion of the medical director, registered nurses currently administering and/or monitoring patients under IV-PSA that completed an IV procedural sedation management course more than 5 years ago may be grandparented until June 2021, after which time evidence of IV procedural sedation refresher training must be on file. Post-anesthesia care registered nurses are not required to complete a procedural sedation management course as they acquire the necessary education to administer IV sedation and/or monitor a patient under IV sedation through their education and experience in critical care/post-anesthesia care nursing. Post-anesthesia care registered nurses are not required to complete IV procedural sedation refresher training provided they have worked in a hospital post-anesthesia care unit and/or critical care unit within the last three years.</i></p>		M	
IVS1.3.3	<p>M Each registered nurse holds current ACLS training. <i>Guidance:</i></p>			



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No.	Description	Reference	Risk	Change
IVS1.5.2	<p>M A physician is dedicated to the operating/procedure room from the start to the finish of each procedure.</p> <p><i>Guidance: A minimum of three health professionals are dedicated to the operating/procedure room from the start to the finish of each procedure: the anesthesiologist administers the IV procedural sedation and analgesia and is solely dedicated to the monitoring of the patient, the physician who performs the procedure, and the circulating nurse to assist the physician (i.e. specimens, patient positioning).</i></p>		H	



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No.	Description	Reference	Risk	Change
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No.	Description	Reference	Risk	Change
	<i>capnography monitoring is precluded by the nature of the procedure (i.e. facial and ear, nose and throat (ENT) procedures). Capnography must also be established for any patient whose pre- procedural assessment identified an increased risk for respiratory depression or airway obstruction such as obesity or obstructive sleep apnea. Capnography equipment may be portable (i.e. moved from room to room). The capnography has both audible and visual alarms.</i>			
IVS1.11.5	M The room is equipped with oxygen equipment. <i>Guidance: Oxygen equipment includes oxygen supply and regulator, nasal cannulas, masks and oral airways. The use of supplemental oxygen during procedural sedation/analgesia is recommended. This oxygen equipment is in addition to the oxygen equipment located on the facility's emergency cart.</i>		H	
IVS1.11.6	M The room is equipped with suction equipment. <i>Guidance: Suction equipment includes suction canisters and liners, tubing, suction tips and catheters. This suction equipment is in addition to the suction equipment located on the facility's emergency cart.</i>		H	
IVS1.11.7	M			



No.	Description	Reference	Risk	Change
IVS1.12.1	M Continuous pulse oximetry monitoring is established.			



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References

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Revision history

Date	Revisions
September 2009 Version 1.0	Original publication
September 2013 Version 1.1	Amended publication
March 2017 Version 1.2	Amended publication
June 28, 2019 Version 2.0	<p>Staff qualifica [REDACTED]</p> <p>Physicians (non-anesthesiologists), dentists, and health professionals qualified to perform IV-PSA who personally administer and/or direct the administration of IV-PSA are required to complete post-graduate training in IV procedural sedation. IV procedural sedation training is also required every five years. At the discretion of the [REDACTED]</p>



Date	Revisions



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	<p>capnography must be established for any patient whose pre-procedural assessment identifies an increased risk for respiratory depression or airway obstructions such as obesity or obstructive sleep apnea, and the equipment may be portable (i.e. moved from room to room).</p>
<p>April 8, 2020 Version 4.0</p>	<p>Introduction:</p> <p>Removed examples of what is considered minimal and moderate sedation.</p> <p>Added definition of deep sedation.</p> <p>Clarified that patients displaying functional characteristics of moderate sedation must be monitored in accordance with the requirements for moderate sedation.</p> <p>Clarified that when the intended level of sedation is moderate sedations, patients must be monitored in accordance with the requirements for moderate sedation.</p> <p>IVS1.11.4, IVS1.12.2, and IVS1.12.3</p> <p>Revised guidance to remove reference to two or more IV procedural sedation agents.</p>
<p>June 2022 Version 5.0</p>	<p>Revised introduction to clarify that the standard is intended for minimal and moderate levels of sedation only.</p> <p>Removed criterion IVS1.1.4 – difficult airway course for anesthesiologists that have not practised anesthesia in a hospital setting within three years.</p>
<p>September 8, 2022 Version 6.0</p>	<p>Anesthesiologist qualifications:</p> <p>Revised IVS1.1.3</p> <ul style="list-style-type: none"> o From: Anesthesiologists that have not practised anesthesia in the hospital setting within the previous three years hold current ACLS training o To: Anesthesiologists that have not held active or provisional privileges in the health authority within the previous three years hold current ACLS

