INTERNATIONAL SURGERY STANDARDS CHANGE REPORT

QUAD A Previous Version 5.0		Revised Standards - Version 5.1 Effective February 2, 2026	
Standard	**Language**	**Standard**	**Language**
1-A-1	The facility practices within the Anesthesia Class for which it is accredited and in accordance with facility policies and procedures, industry standards, regulations, and laws governing the facility.	**1-A-1**	No Change
1-A-2	All care is provided by a credentialed healthcare provider as listed in the Anesthesia Class document and in accordance with facility policies, procedures, and state/provincial and federal law.	**1-A-2**	No Change
1-B-3	The facility has defined a mission statement that reflects the population it serves and the services it provides.	**1-B-3**	No Change
1-B-4	The facility has provided a set of organizational values which guide daily operations, are familiar to all staff, and are available to the public.	**1-B-4**	No Change
1-B-5	The facility must inform the public of the services.	**1-B-5**	No Change
1-B-6	The facility must ensure that no marketing and advertising regarding the competence and capabilities of the organization is misleading or implies that it provides care or services that it is not capable of providing.	**1-B-6**	No Change
1-B-7	Only recognized abbreviations are allowed to be used in the clinical record.	**1-B-7**	No Change

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Standard	**Language**	**Standard**	**Language**
1-B-8	The facility must perform a self-survey review of compliance with all Quad A standards annually prior to the expiration date of its accreditation in each of the two years between Quad A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include: 1. A completed Self-Survey checklist 2. A Plan of Correction for any standard identified as non-compliant 3. Evidence that each plan of correction has been carried out to establish compliance with standards 4. Evidence that findings from the self-survey have been reviewed, included in the facility's Quality Improvement Plan, and discussed in the facility's Quality Improvement meetings.	**1-B-8**	No Change
1-B-9	The facility must make its final survey results publicly available.	**1-B-9**	No Change
1-C-1	A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient surgery in this facility must be referred to alternative facilities as defined in facility policy. Any surgery for which a patient must be routinely transferred to a hospital after the surgery is not appropriate for an outpatient surgical setting.	**1-C-1**	No Change
1-C-2	The facility must have a scheduling policy that includes only those procedures and/or a combination of procedures of duration and degree that permit safe recovery and discharge from the facility consistent with federal/national, state/provincial, and local regulations, if applicable.	**1-C-2**	No Change
1-C-3	The process for entry or admission to the facility for a procedure must be coordinated and defined in a policy.	**1-C-3**	No Change

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Standard	**Language**	**Standard**	**Language**
1-C-4	If pediatric services are provided by the facility, there must be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, BMI or weight, special needs, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current.	**1-C-4**	No Change
1-C-5	No more than **5000 mLs** of aspirate may be removed while performing liposuction in a Class B or C facility.	**1-C-5**	No Change
1-C-6	No more than **500 mLs** of aspirate should be removed when performing liposuction in Class A facilities. The more stringent requirement applies if State law differs.	**1-C-6**	No Change
1-D-1	A copy of the most current QUAD A "Patients' Bill of Rights" is prominently displayed, or a copy is provided to each patient. The QUAD A "Patients' Bill of Rights" is also adhered to by facility personnel. If required, an additional Patients' Bill of Rights must be prominently displayed in accordance with prevailing laws and regulations.	**1-D-1**	No Change
1-D-18	The patient has a right to personal privacy.	**1-D-18**	No Change
1-D-19	The patient has a right to receive care in a safe setting.	**1-D-19**	No Change
1-D-20	The patient has a right to be free from all forms of abuse or harassment.	**1-D-20**	No Change
1-D-22	The patient has a right to refuse treatment.	**1-D-22**	No Change
1-D-23	All new staff must have training regarding the Patient Bill of Rights including concerns and complaints from family members / adult escorts and the various religious and ethnic concerns of the usual patient population and the policy and process for addressing concerns and complaints.	**1-D-23**	No Change

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Standard	**Language**	**Standard**	**Language**
1-D-24	Any issues judged significant related to the Patient's Bill of Rights must be brought to the attention of administration in a timely fashion.	**1-D-24**	No Change
1-D-25	The facility must have the patient acknowledge that the Bill of Rights has been reviewed and understood by the patient/legal representative.	**1-D-25**	No Change
1-D-26	The facility must provide patient privacy including gender-specific dressing and lavatory areas. This may include gender-specific dressing and lavatory areas as well as dietary provisions if provided by the facility.	**1-D-26**	No Change
1-D-27	The staff provide care in a manner that is respectful, professional, and consistent with the facility's mission statement.	**1-D-27**	No Change
1-D-28	The Patient's Bill of Rights is printed and available in the language of the majority (and substantial minority) of the patient population served.	**1-D-28**	No Change
1-E-1	Changes in facility ownership must be reported to the QUAD A Central Office within thirty (30) days of the change.	**1-E-1**	No Change

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Standard	**Language**	**Standard**	**Language**
1-E-2	Any change in the physician's staff must be reported in writing to the QUAD A Central Office within thirty (30) days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the QUAD A Central Office.	**1-E-2**	Any change in provider staff must be reported to the QUAD A Central Office, in writing, within thirty (30) days of the change, along with the appropriate credentials. **Surgical Programs (ASC, OBS, OBP, PD, OMS, I-DENT, I-SURG):** Surgeons, Proceduralists, and Pain Management Providers must submit medical license, board certification or board eligibility, and delineation of facility privileges. **RHC:** Physicians, Advanced Practice Providers (NP, PA, CNM) and licensed behavior health providers (CP, CSW, MFT, MHC) must submit professional licenses. **Physical Therapy (OPT, I-PT):** SLP, OT, PT, SLPA, OTA, PTA must submit professional licenses. **Polyclinic:** Physicians, Dentist, Advanced Practice Providers (NP, PA, CNM), Physiotherapist, and Physical Therapists must submit must professional licenses.
1-E-3	Any action affecting the current professional license of any licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action.	**1-E-3**	No Change
1-E-4	Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the QUAD A office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in an QUAD A-accredited facility, an unannounced survey may be performed.	**1-E-4**	No Change

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Standard	**Language**	**Standard**	**Language**
1-E-5	All adverse events which occur in the facility or as a result of care provided at the facility must be communicated to the affected patient(s) and/or facility staff.	**1-E-5**	No Change
1-F-1	Online Patient Safety Data Reporting is performed at least every three (3) months in accordance with the due dates established by QUAD A and includes submitting random cases and all adverse events to the QUAD A portal at www.QUAD A.org.	**1-F-1**	No Change
1-F-2	For each surgeon/proceduralist operating in the facility, the random sample of the cases must include, at a minimum, the first case performed by such surgeon/proceduralist each month during the reporting period for a total of three (3) cases. The facility must submit into the online Patient Safety Data Reporting portal a minimum of three (3) cases, or all cases performed by surgeons who have performed fewer than three (3) in the respective period, every three (3) months.	**1-F-2**	No Change
1-F-3	The facility is up to date with accurate PSDR reporting. Reportable adverse events must be submitted to PSDR, including, but not limited to: · Any unplanned hospital admission; · Any emergency department visit; · Any unscheduled return to the operating room for a complication of a previous surgery; · Any complication such as infection, bleeding, wound dehiscence, or inadvertent injury to another body structure; · Any cardiac or respiratory problems during the patient's stay at the facility or within 48 hours of discharge; · Any allergic reactions · Any pre- and post-procedure incorrect instrument, needle or sponge counts · Any patient or family complaint; · Any equipment malfunction leading to injury or potential injury to the patient; · Any death occurring within 30 days of a procedure; · Any iatrogenic dental trauma	**1-F-3**	No Change

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Standard	**Language**	**Standard**	**Language**
1-F-15	Each adverse event submission must include: The identification of the problem, The immediate treatment or disposition of the case, The outcome, The reason for the problem, and An assessment of the efficacy of treatment.	**1-F-15**	No Change
2-A-1	The Operating Suite is physically and distinctly separate and segregated from the General Office Area (waiting room, exam room(s), administrative area, physician office, staff lounge, etc.)	**2-A-1**	No Change
2-A-2	The Operating Suite includes the Operating Room, Prep/Scrub area, Clean and/or Dirty Room, and Post-Anesthesia Care Unit (PACU).	**2-A-2**	No Change
2-A-3	There is a separate and adequately sized Post-Anesthesia Care Unit (PACU) within the operating room suite.	**2-A-3**	No Change
2-A-7	All major surgery is done in the separate and distinct operating room(s).	**2-A-7**	No Change
2-A-8	Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, signage, or facility personnel.	**2-A-8**	No Change
2-A-9	There is a separate waiting room which is adequately sized and adequately lighted.	**2-A-9**	No Change
2-A-10	There is designated area for administrative activities.	**2-A-10**	No Change
2-A-11	There is at least one examination room.	**2-A-11**	No Change

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Standard	**Language**	**Standard**	**Language**
2-A-12	This examination room is separate and distinct from the operating room.	**2-A-12**	No Change
2-B-3	The entire facility must be maintained, equipped, regularly cleaned, sanitary, and free of clutter and litter, consistent with a medical facility designed to perform procedures.	**2-B-3**	No Change
2-B-4	The walls, cabinets, countertops, blinds and shades, and flooring are covered with smooth and easy-to-clean material that is free from tears, breaks, or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone.	**2-B-4**	No Change
2-B-5	The operating room and scrub area ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that could contaminate the operating room and scrub area.	**2-B-5**	No Change
2-B-6	All openings to outdoor air are effectively protected against the entrance of insects, animals, etc. The facility must have policies and procedures in place and implemented to address these issues.	**2-B-6**	No Change
2-B-7	There are no overloaded wall plugs or overloaded extensions in use, no altered grounding plugs in use, and wires are not broken, worn, or unshielded.	**2-B-7**	No Change
2-B-9	The entire facility is appropriately lighted, properly ventilated, and temperature controlled for patient and personnel comfort.	**2-B-9**	No Change
2-B-10	The entire facility provides adequate work space and provides sufficient space and storage for supplies and equipment.	**2-B-10**	No Change
2-B-14	The lavatory facilities are sufficient to accommodate patients and staff needs.	**2-B-14**	No Change

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Standard	**Language**	**Standard**	**Language**
2-B-19	Smoking is prohibited in the entire facility.	**2-B-19**	No Change
2-C-2	Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the operations, and must comply with applicable local, state/provincial or federal/national requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport.	**2-C-2**	No Change
2-C-3	Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.	**2-C-3**	No Change
2-C-4	The facility must have policies and procedures in place that address operating room cleaning, frequency and type of disinfectants used in accordance with industry standards.	**2-C-4**	No Change
2-C-5	There is adequate storage space within the operating room to hold equipment, supplies, and medications. Unused equipment, supplies, and medications are stored in a manner to avoid contamination.	**2-C-5**	No Change
2-C-6	If a pre-existing sink is present in the operating room, a written policy to prohibit the use of the sink during sterile surgical procedures must be in place. A sink is permissible in an operating/procedure room which is exclusively used for endoscopic or urological procedures in accordance with the standards of those professions. Requests for allowance by other specialties will be reviewed on a case -by-case basis.	**2-C-6**	No Change
2-D-1	The PACU is maintained, clean and free of litter.	**2-D-1**	No Change

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Standard	**Language**	**Standard**	**Language**
2-E-1	Sterile supplies and equipment are stored away from potential contamination in closed cabinets/drawers; or if not, sterile supplies must be stored away from heavy traffic areas and potential contamination hazards.	**2-E-1**	No Change
2-E-2	Storage space for sterile supplies and equipment is organized in a manner that maintains cleanliness, sterility, and functionality, provides easy access for identification and minimizes the risk of contamination and injury to patients and staff.	**2-E-2**	No Change
2-E-3	As applicable to the setting, outdated medical supplies, instruments, implants, and equipment are removed and destroyed in accordance with federal/national, state, provincial, and local regulations.	**2-E-3**	No Change
3-A-2	There is a reliable means of two-way communication to necessary personnel in other facility locations.	**3-A-2**	No Change
3-B-1	There is a Facility Safety Manual that is reviewed and updated annually and is in accordance with all other federal/national, provincial, state and local regulations. For international facilities, there must be evidence that specific national, provincial, and local regulations are included.	**3-B-1**	No Change
3-B-4	The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.	**3-B-4**	No Change
3-B-5	There is a written exposure control plan, which is reviewed and updated at least annually.	**3-B-5**	No Change
3-B-6	There is a written chemical hazard communication program, which is reviewed and updated annually.	**3-B-6**	No Change

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Standard	**Language**	**Standard**	**Language**
3-C-2	All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to state/provincial, local or national laws and regulations.	**3-C-2**	No Change
3-C-4	Compressed gas cylinders are stored and handled in a safe manner according to local, state/provincial, or national laws and regulations.	**3-C-4**	No Change
3-C-5	Hazardous chemicals are labeled as hazardous. Any hazardous material removed from the manufacturer's container and placed in a secondary container must be properly labeled.	**3-C-5**	No Change
3-D-1	All medical hazardous wastes are disposed of in sealed, labeled containers and stored in compliance with federal/national, state, provincial, and local regulations and/or OSHA (Occupational Safety and Health Administration) acceptable containers and separated from general refuse for special collection and handling.	**3-D-1**	No Change
3-D-4	Used disposable sharp items are placed in secure puncture-resistant containers that are located as close to the use area as is practical.	**3-D-4**	No Change
3-E-1	The facility is equipped with functioning heat sensors and/or smoke detectors that are tested annually.	**3-E-1**	No Change
3-E-2	The number of fire extinguishers available and their location must conform to local fire codes. Minimally, a fire extinguisher is located within 75 feet of any location in the facility. Fire extinguishers are visually inspected monthly, maintenance inspections are done annually and conform to local fire codes.	**3-E-2**	No Change
3-F-3	There are sufficient emergency lights for exit routes and patient care areas in case of power failure.	**3-F-3**	No Change

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Standard	**Language**	**Standard**	**Language**
3-F-4	Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.	**3-F-4**	No Change
3-G-1	If an ethylene oxide gas sterilizer or automated endoscope re-processor (AER) is used, appropriate personnel are badge-tested to ensure that there is no significant ethylene oxide or glutaraldehyde exposure.	**3-G-1**	No Change
3-G-2	Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.	**3-G-2**	No Change
3-G-3	There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (e.g., instrument cleaning, disposal of biological waste, surgery, radiology protection, exposure reduction, etc.).	**3-G-3**	No Change
3-H-2	If laboratory services are provided, these laboratory services must be provided in accordance with the Clinical Laboratory Improvement Act (CLIA) requirements at 42 CFR 493 operating under a current CLIA certificate appropriate to the level of services performed.	**3-H-2**	No Change
3-H-3	If x-ray equipment is used, safety measures are taken to protect patients and staff from injury. Warnings and signage exist to warn those whose health may be affected by x-rays.	**3-H-3**	No Change
3-H-4	If X-ray is used, staff maintain dosimetry badges and records, if applicable, for at least three (3) years.	**3-H-4**	No Change
3-H-8	If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, including appropriate eyewear, covered mirrors, covered windows, signage on the door, etc. in accordance with state/provincial laws and regulations.	**3-H-8**	No Change

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Standard	**Language**	**Standard**	**Language**
4-A-1	If a central source of piped oxygen is used, the system must meet all applicable local, state/provincial, country safety codes.	**4-A-1**	No Change
4-A-2	Medical equipment and supplies are available in the facility in appropriate sizes and quantities based on the patient population served.	**4-A-2**	No Change
4-B-2	There is a properly functioning operating room table or chair.	**4-B-2**	No Change
4-B-3	The operating room is provided with functioning lighting in the ceiling based on the types of cases performed. Illumination for patients, machines, and monitoring equipment, and access to battery-powered illuminating systems are present.	**4-B-3**	No Change
4-B-5	Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations) and connected to emergency power supplies where appropriate.	**4-B-5**	No Change
4-B-6	Sequential compressive devices (SCD) are employed for operations lasting one (1) hour or longer, except for operations carried out solely under local or topical anesthesia.	**4-B-6**	No Change
4-B-7	When unipolar electrocautery is used, a single-use/ disposable grounding pad is used.	**4-B-7**	No Change
4-B-8	“Forced air warmers,” blanket warmers, or other interventions are used to maintain the patient’s temperature when the procedure lasts more than 60 minutes. The patient's temperature is monitored periodically to ensure normothermia.	**4-B-8**	No Change
4-C-1	The operating room is equipped with an EKG monitor with pulse read-out.	**4-C-1**	No Change
4-C-2	The operating room is equipped with a pulse oximeter.	**4-C-2**	No Change
4-C-3	The operating room is equipped with blood pressure monitoring equipment, including cuff sizes as appropriate for the patient population treated in the facility.	**4-C-3**	No Change

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Standard	**Language**	**Standard**	**Language**
4-C-4	The operating room is equipped with oral airways including sizes specific for each size of patient population treated in the facility.	**4-C-4**	No Change
4-C-5	The operating room is equipped with nasopharyngeal airways including sizes for each size of patient population treated in the facility.	**4-C-5**	No Change
4-C-6	The operating room is equipped with a functional and clean laryngoscope. Laryngoscope is cleaned as appropriate, HLD or sterilized. Permitted in Class B for emergency use only.	**4-C-6**	No Change
4-C-7	The operating room is equipped with a comprehensive assortment of endotracheal tubes, stylets, and laryngeal mask airways including sizes and types for the patients being treated in the facility. Permitted in Class B for emergency use only.	**4-C-7**	No Change
4-C-9	The operating room is equipped with a positive pressure ventilation device (e.g. Ambu® bag, bag valve mask), including sizes of masks to cover the range needed for the patient population treated in the facility. If self-inflating bags are used, they must be capable of delivering positive-pressure ventilation with at least 90% oxygenation concentration.	**4-C-9**	No Change
4-C-10	The operating room is equipped with a source of oxygen and with appropriate delivery devices (e.g. nasal cannula, face mask) to provide adequate oxygen for the patient population treated and procedures performed in the facility.	**4-C-10**	No Change
4-C-11	The operating room is equipped with a source of adequate and reliable suction and suction equipment.	**4-C-11**	No Change

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4-C-12	The operating room is equipped with a reliable source of oxygen, adequate for the length of the procedures performed in the facility (back up must consist of at least one full E cylinder). Back up oxygen source must have a regulator on it and be ready to use. If oxygen cylinders are used as backup, they must be full.	**4-C-12**	No Change
4-C-13	If inhalation general anesthesia is used, the operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine with an audible alarm to indicate a low oxygen concentration.	**4-C-13**	No Change
4-C-14	The operating room is equipped with an end tidal carbon dioxide monitor with an audible alarm to indicate values outside the normal range which is used on all moderate sedation, deep sedation, and general anesthesia cases.	**4-C-14**	No Change
4-C-15	When ventilation is controlled by a mechanical ventilator, there shall be in continuous use a device that is capable of detecting the disconnection of any of the breathing system's components. The device must give an audible signal when its alarm threshold is exceeded.	**4-C-15**	No Change
4-C-16	If nitrous oxide alone is used, then a safe delivery system is used. A safe delivery system meets these criteria: 1) Alarms 2) Gas scavenging 3) Color coding of tanks, knobs, and hoses 4) Diameter index safety system for non-interchangeable connection of gases - pin index safety system 5) Oxygen fail-safe system and oxygen flush capacity 6) Quick connection for positive-pressure oxygen delivery 7) Emergency air inlet 8) Reservoir bag 9) Storage in secured area	**4-C-16**	No Change

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4-C-17	An anesthesia machine with a purge system to extract exhaled gaseous air to out-of-doors or to a neutralizing system is present. If inhalation anesthesia is used, a carbon–dioxide-neutralizing system is required when using an anesthesia machine. An adequate and reliable waste anesthetic scavenging system exists if inhalation anesthetics are used.	**4-C-17**	No Change
4-C-18	An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no inhalation agents (volatile or nitrous oxide) are available, an anesthesia machine is not required.	**4-C-18**	No Change
4-D-1	The PACU is equipped and readily accessible to handle emergencies	**4-D-1**	No Change
4-D-2	A separate pulse oximeter is available for each patient in the PACU.	**4-D-2**	No Change
4-E-1	The facility has a preventive maintenance program to ensure that all essential mechanical, electric and patient-care equipment is maintained in safe operating condition and is replaced no less frequently than according to a schedule. A qualified technician annually inspects all equipment and reports in writing that the equipment is safe and operating according to the manufacturer's specifications. Stickers may be placed on individual equipment; however, written records must be maintained. All equipment is on a maintenance schedule, and records are kept for a minimum of at least three (3) years.	**4-E-1**	No Change
4-E-5	The manufacturer's specifications and requirements for all equipment are kept in an organized file and followed for each piece of equipment.	**4-E-5**	No Change

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4-E-6	The facility's emergency backup power equipment is tested monthly and according to the manufacturer's recommendations to ensure proper function in accordance with federal/national, state, provincial, and local requirements, if applicable. The test results are filed and kept for a minimum of three (3) years.	**4-E-6**	No Change
4-E-10	The facility regularly conducts appropriate testing in accordance with the manufacturer's specifications for all equipment. Records of that testing are maintained within the facility for at least three (3) years.	**4-E-10**	No Change
4-E-11	All equipment not requiring a qualified technician inspection is on a preventative maintenance schedule with appropriate records kept for a minimum of 3 years (examples include manual wheelchair, manual stretcher, etc.).	**4-E-11**	No Change
5-A-1	Emergency cart is immediately available with a defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads) necessary for the patient population being served.	**5-A-1**	No Change
5-A-3	The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability in accordance with the manufacturer's instructions for use, and the test results are documented and kept for a minimum of three (3) years.	**5-A-3**	No Change
5-A-4	The facility medical staff, anesthesia professionals, other clinical staff, and the governing body of the facility coordinates, develops, and revises facility policies and procedures to specify the types of emergency equipment required for use in the facility's operating room.	**5-A-4**	No Change
5-A-5	The emergency equipment must be immediately available for the use of emergency situations.	**5-A-5**	No Change

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5-A-6	The emergency equipment must be appropriate for the facility's patient population.	**5-A-6**	No Change
5-A-7	The emergency equipment must be maintained by appropriate personnel.	**5-A-7**	No Change
5-B-1	The emergency power source is able to begin generating ample power to operate essential electrical equipment used in the operating room within thirty (30) seconds of a power failure.	**5-B-1**	No Change
5-B-2	The operating room(s) and PACU have an emergency power source, (e.g. a generator or battery powered inverter), with capacity to operate critical equipment (e.g., ventilators, lighting, monitoring, anesthesia, and procedure equipment) for a minimum of 90 minutes. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms.	**5-B-2**	No Change
5-C-1	There must be a written protocol for emergency evacuation of the facility. The protocol must include provisions for annual drills for the emergency evacuation of patients, staff, and guests; staff training upon hire and annually. Documentation of all drills must be retained in the facility for a minimum of three (3) years.	**5-C-1**	No Change
5-C-2	A written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients, must be documented and reviewed annually. The protocol must include provisions for annual drills for security emergencies; staff training upon hire and annually; drill documentation; and, retention of documentation for a minimum of three (3) years.	**5-C-2**	No Change

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5-C-3	There must be a written protocol for fires and fire drills. This protocol must include the provision for: fire drills; staff training upon hire and annually; drill documentation and retention of documentation for a minimum of three (3) years.	**5-C-3**	No Change
5-C-4	There must be a written protocol for returning patients to the operating room or transfer to the hospital in the event of patient emergencies.	**5-C-4**	No Change
5-C-7	There must be a written protocol for a situation in which the surgeon/proceduralist, anesthesia professional, or other healthcare professional is impaired or becomes incapacitated.	**5-C-7**	No Change
5-C-11	There must be a written protocol for isolation procedures.	**5-C-11**	No Change
5-F-1	There is a written protocol for a disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the facility.	**5-F-1**	No Change
5-F-2	Facilities must conduct a biennial review and test of its disaster preparedness plan.	**5-F-2**	No Change
6-A-2	Drugs must be prepared and administered according to established policies and acceptable standards of practice.	**6-A-2**	No Change
6-A-5	Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation.	**6-A-5**	No Change
6-A-6	Medications are stored in a secured area away from patient and visitor access.	**6-A-6**	No Change

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Standard	**Language**	**Standard**	**Language**
6-A-7	All drugs and biologicals given to patients must be approved by the physician/dentist with a signed order.	**6-A-7**	No Change
6-A-8	The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.	**6-A-8**	No Change
6-B-1	Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility, including intravenous (IV) administration sets, and various sizes of IV needles based on the patient population served.	**6-B-1**	No Change
6-C-1	If blood is administered in the facility, a protocol is present that addresses: typing; cross- matching; checking; verification; who may administer blood; and, patient monitoring requirements.	**6-C-1**	No Change
6-C-3	The facility has the means for obtaining and administering blood or blood substitutes such as Dextran, if necessary.	**6-C-3**	No Change
6-D-1	All controlled substances are secured and locked under supervised access. Storage of controlled substances must be in accordance with applicable federal/national, state/provincial, and local regulations.	**6-D-1**	No Change
6-D-2	There is a dated controlled substance inventory and a control record that includes the use of controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered, bound journal from which pages may not be removed, or in a tamper -proof, secure computer record consistent with state and federal law. This log must be kept in the facility.	**6-D-2**	No Change

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6-D-3	All controlled substance transactions, including daily counts and wastes, require verification by two (2) licensed members of the team. (For facilities with only Schedule IV and V controlled substances, one (1) licensed and (1) authorized member of the operating room team may document verification of daily counts and wastes.) These verifications must be completed on any day that the facility is open and/or controlled substances are administered, and in compliance with federal/national, provincial, state, and local regulations. The facility must develop a policy detailing how unlicensed authorized individuals are authorized, if applicable.	**6-D-3**	No Change
6-E-5	There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.	**6-E-5**	No Change
6-F-1	All emergency medications as noted in the following standards must be available and in the facility at all times. Licensed personnel in the facility must know their location.	**6-F-1**	No Change
6-F-2	The following medication must be available in the facility at all times: IV Antihistamines (e.g. Diphenhydramine) – Minimum 50 mg.	**6-F-2**	No Change
6-F-3	The following medication must be available in the facility at all times: Short-acting beta-blocker (e.g., esmolol or labetalol).	**6-F-3**	No Change
6-F-4	The following medication must be available in the facility at all times: Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine.	**6-F-4**	No Change

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Standard	**Language**	**Standard**	**Language**
6-F-5	The following medication must be available in the facility at all times: If a Benzodiazepine is used in the facility, a reversal agent must be available (e.g. Mazicon™, Flumazenil).	**6-F-5**	No Change
6-F-6	The following medication must be available in the facility at all times: Vasopressors other than epinephrine (e.g. Ephedrine).	**6-F-6**	No Change
6-F-8	The following medication must be available in the facility at all times: Bronchospasm-arresting medication (inhaled beta-agonist, e.g. albuterol).	**6-F-8**	No Change
6-F-9	The following medication must be available in the facility at all times: Anti-hypertensives	**6-F-9**	No Change
6-F-10	The following medication must be available in the facility at all times: Seizure arresting medication (a benzodiazepine, e.g. Midazolam).	**6-F-10**	No Change
6-F-11	The following medication must be available in the facility at all times: Intravenous corticosteroids (e.g., dexamethasone).	**6-F-11**	No Change
6-F-12	Facilities administering regional or tumescent anesthesia containing bupivacaine must always have 20% lipid emulsion available.	**6-F-12**	No Change
6-F-13	The following medication must be available in the facility at all times: A narcotic reversal agent (e.g., naloxone, nalmefene).	**6-F-13**	No Change

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Standard	**Language**	**Standard**	**Language**
6-G-1	If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use, and staff training must occur on hire and then annually.	**6-G-1**	No Change
6-G-2	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: Screening for MH risk must be documented, that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise.	**6-G-2**	No Change
6-G-5	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: MH crisis management must be covered in annual staff training. All clinical staff (including contracted healthcare professionals) must be trained. Annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required.	**6-G-5**	No Change
6-G-6	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e. 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®).	**6-G-6**	No Change

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6-G-7	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO3).	**6-G-7**	No Change
6-G-8	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial).	**6-G-8**	No Change
6-G-9	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: An additional* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional* dantrolene/Ryanodex and diluents on a STAT basis within 10 minutes for continued treatment and stabilization of a patient experiencing a MH episode. *Additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial).	**6-G-9**	No Change
6-G-10	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and/or the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility: Flow sheets for any MH intervention as well as forms to rapidly communicate the progress of intervention with receiving facilities are on the emergency cart, and the facility must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to the receiving facility.	**6-G-10**	No Change

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Standard	**Language**	**Standard**	**Language**
7-A-10	The facility's policies address operating/procedure room apparel. This includes: scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate apparel based on the procedure being conducted.	**7-A-10**	No Change
7-A-11	A sterile field is used during all operations and procedures, as applicable.	**7-A-11**	No Change
7-A-12	The facility staff must have knowledge of infection prevention and control techniques.	**7-A-12**	No Change
7-A-13	Reuse of single-use disposable biopsy forceps is strictly prohibited. Purchase records must be retained for three (3) years and available for comparison to procedural and pathology specimen logs.	**7-A-13**	No Change
7-A-14	Policy and practices exist to prevent and control infections such as: proper use of antibiotics, hand hygiene, prevention of site infection, and infection event reporting.	**7-A-14**	No Change
7-A-15	Aseptic techniques are maintained during procedures and between cases.	**7-A-15**	No Change
7-B-1	Hand hygiene is performed in accordance with current nationally recognized and/or WHO guidelines and standards of practice. Periodic hand hygiene auditing must be a part of the facility's quality activities. **For surgical/procedural facilities**: Scrub facilities are provided for the operating room staff. Scrub products (as appropriate), soap, and alcohol cleansers are provided for the operating room staff, consistent with current adopted guidelines and standards of practice for hand hygiene.	**7-B-1**	No Change
7-C-1	The facility has a written protocol for the reprocessing of all surgical instruments and disinfection of all equipment used in patient care consistent with the manufacturer's instructions for use.	**7-C-1**	No Change

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Standard	**Language**	**Standard**	**Language**
7-C-2	There is strict segregation of dirty surgical equipment and instruments that have been cleaned and are in the preparation and assembly area.	**7-C-2**	No Change
7-C-3	The instrument preparation and assembly area (clean processing area) are separated by walls or space from the instrument cleaning and decontamination area (reprocessing area).	**7-C-3**	No Change
7-C-4	Single-use devices are not reprocessed unless they are approved by the FDA for reprocessing. Reprocessing of these devices is done by an FDA-approved reprocessor. NOTE: The FDA requirement does not apply to international facilities. International facilities must comply with local, state/provincial or federal/national requirements regarding reprocessing single-use devices.	**7-C-4**	No Change
7-D-1	All instruments used in patient care are sterilized, where applicable.	**7-D-1**	No Change
7-D-2	The facility has at least one (autoclave) that uses high-pressure steam and heat, or all sterile items are single-use disposable, or the facility has contracted with an outside vendor to process instruments, if applicable. Instrument reprocessing and sterilization must follow the manufacturer's instructions for use.	**7-D-2**	No Change
7-D-3	Additional methods in use can be chemical autoclave (Chemclave©) or gas (ethylene oxide/EO) sterilizer.	**7-D-3**	No Change
7-D-4	Gas sterilizers and automated endoscope re-processors (AER) must be vented and tested for occupational exposure in accordance with the manufacturer’s specifications.	**7-D-4**	No Change

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Standard	**Language**	**Standard**	**Language**
7-D-5	The facility monitors the sterilization cycle's effectiveness in accordance with nationally and internationally recognized standards of practice and in conjunction with the manufacturer's instructions for use. This includes but is not limited to: · Monitoring each sterilizer load for the appropriate mechanical indicators (e.g., time, temperature, and pressure); · Using type 1 (external) and type 5 (internal) chemical indicators; · Weekly biological indicator (spore test) for each sterilizer; · Using a biological indicator for every load containing implantable items; and. · Recording evidence of sterilization assurance monitoring for every load, and any corrective action is documented.	**7-D-5**	No Change
7-D-6	Sterile instruments and supplies are packaged according to the manufacturer's instructions for use (IFU) and sealed effectively. Self-sealing peel pouches must be folded on the crease and may only be double-pouched when the process is validated by the manufacturer.	**7-D-6**	No Change
7-D-7	Each sterilized pack is labeled with the date of sterilization and, when applicable, with the expiration date. When the facility has more than one sterilizer, labels must also identify the sterilizer used.	**7-D-7**	No Change
7-D-9	Comprehensive monitoring records that include quality control are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.	**7-D-9**	No Change
7-D-10	There is a written policy and procedure for the management of a positive biological indicator.	**7-D-10**	No Change
7-D-11	Immediate use steam sterilization (IUSS) is not done on a routine or frequent practice.	**7-D-11**	No Change

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Standard	**Language**	**Standard**	**Language**
7-E-1	High-level disinfection is performed upon heat-sensitive endoscopic equipment and other medical devices classified as semi-critical, but only when recommended by the manufacturer's instructions for use (IFU).	**7-E-1**	No Change
7-E-2	Endoscopes are processed in accordance with a written policy and procedure in accordance with recognized guidelines and standards of practice. The policy must address how scopes are treated at the point of use, transported, cleaned, high-level disinfected, and stored.	**7-E-2**	No Change
7-F-2	The entire operating room suite is cleaned and disinfected according to an established facility policy and procedure, based on industry standards, and includes, at a minimum: • Cleaning schedule • Process for cleaning between cases • Process for terminal cleaning after the last case of the day • Use of intermediate-level, medical-grade disinfectants EPA-registered as virucidal, bactericidal, tuberculocidal, and fungicidal.	**7-F-2**	No Change
7-F-3	There is a written policy for cleaning spills, especially spills that may contain blood borne pathogens.	**7-F-3**	No Change
7-F-4	All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal. A spill kit is available and readily accessible.	**7-F-4**	No Change
7-F-5	Facility policies and procedures have been developed for use by housekeeping personnel for cleaning floors, tables, walls, ceilings, counters, furniture, and fixtures of the operating suite.	**7-F-5**	No Change
7-F-6	Instrument handling and reprocessing areas are cleaned and maintained.	**7-F-6**	No Change
8-A-5	Clinical records must be kept secure and confidential, consistent with national patient privacy regulations.	**8-A-5**	No Change
8-A-8	Clinical records for each patient must be accurate, legible, and promptly completed.	**8-A-8**	No Change

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Standard	**Language**	**Standard**	**Language**
8-A-9	Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.	**8-A-9**	No Change
8-A-10	Clinical records are maintained and easily accessible by the accredited facility.	**8-A-10**	No Change
8-B-1	Clinical records must contain patient identification.	**8-B-1**	No Change
8-B-2	A pre-operative surgical safety checklist must be used for each patient and noted in the patient record.	**8-B-2**	No Change
8-B-7	The pre-operative clinical record includes significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the clinical record prior to the surgical procedure.	**8-B-7**	No Change
8-B-8	Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and facility policy. The pre-surgical assessment must include documentation of any allergies to drugs and biologicals. This assessment must be placed in the patient's clinical record prior to the surgical procedure.	**8-B-8**	No Change
8-B-9	The pre-procedural operative assessment includes documentation regarding special needs such as physical impairments, disabilities, religious and/or ethnic concerns.	**8-B-9**	No Change

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Standard	**Language**	**Standard**	**Language**
8-B-10	The pre-operative clinical record includes documentation of blood pressure, pulse, respiration and temperature as taken prior to the operation.	**8-B-10**	No Change
8-B-11	The pre-operative clinical record includes documentation of all pre-operative medications and intravenous fluids given to a patient. This record includes the patient's name, date, time, dose, and route of administration.	**8-B-11**	No Change
8-B-13	The pre-operative clinical record includes documentation of any allergies and abnormal drug reactions.	**8-B-13**	No Change
8-B-14	The pre-operative clinical record includes documentation of current medications.	**8-B-14**	No Change
8-B-15	The pre-operative clinical record includes documentation of medical history.	**8-B-15**	No Change
8-B-17	The pre-operative clinical record includes documentation of any previous operations.	**8-B-17**	No Change
8-B-18	The pre-operative clinical record includes documentation of perioperative bleeding risk, including medical conditions and anticoagulant medication taken up to the day of the operation.	**8-B-18**	No Change
8-B-19	A written pregnancy testing policy must be in place that requires a discussion and documentation of the issue with each patient, as appropriate.	**8-B-19**	No Change
8-B-20	The pre-operative clinical record includes evidence that treating physicians or consultants are contacted in cases when warranted by the history and physical examination.	**8-B-20**	No Change
8-B-22	The pre-operative clinical record includes pre-operative diagnostic studies and laboratory procedures (entered before surgery), if performed.	**8-B-22**	No Change

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8-B-23	For patients receiving general anesthesia or surgical procedures scheduled for 60 minutes or longer or for patients with a history of venous thromboembolism (VTE), the pre-operative clinical record includes a written screening protocol for VTE risk. This protocol and assessment tool are to be placed in the facility manual for reference.	**8-B-23**	No Change
8-B-24	The surgeon/proceduralist and the licensed or qualified anesthesia professional concur on the appropriateness of the procedures performed at the facility based on the medical status of the patient, age and physiological appropriateness of the patient, and qualifications of the providers and the facility resources. This concurrence must be documented in the clinical record.	**8-B-24**	No Change
8-B-27	A physician is responsible for determining the medical status of the patient and must examine the patient immediately before procedures and update the H & P.	**8-B-27**	No Change
8-B-29	An anesthesia history and physical and risk assessment (e.g. physical status anesthesia classification) are recorded in the medical/dental records.	**8-B-29**	No Change
8-B-32	The facility must implement a policy related to patient health needs that are noted during the health assessment conducted preoperatively. The policy must include providing and documenting relevant patient education related to identified areas of need as applicable, such as: 1. Smoking cessation; 2. Importance of good nutrition; 3. Importance of exercise; and 4. Substance abuse resources in the medical record.	**8-B-32**	No Change

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Standard	**Language**	**Standard**	**Language**
8-C-1	Properly executed informed consent forms are always obtained, from the patient or, if applicable, the patient's representative, which includes: · A description of the proposed surgery, including the anesthesia to be used; · The indications for the proposed surgery; · Risks and benefits; · Treatment alternatives; · The surgeon/proceduralist by name to perform surgery; · Whether physicians other than the operating practitioner will be performing important tasks related to the surgery; and · Whether, as permitted by State law, qualified medical practitioners who are not physicians will perform important parts of the surgery or administer the anesthesia, and if so, the types of tasks each type of practitioner will carry out.	**8-C-1**	No Change
8-C-3	The written informed consent provides consent for the administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA.	**8-C-3**	No Change
8-C-4	The patient signs a consent form if research protocols, videography, or photography are to take place.	**8-C-4**	No Change
8-E-1	Reports of: laboratory, pathology, X-ray, consultation, treating physician, and any other diagnostic tests are maintained in the clinical record and are accessible for review prior to the procedure.	**8-E-1**	No Change
8-E-5	The name of the healthcare provider appears on the reports.	**8-E-5**	No Change
8-E-6	Outside clinical laboratory procedures must be performed by a licensed and accredited facility.	**8-E-6**	No Change

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Standard	**Language**	**Standard**	**Language**
8-E-9	The name of the pathologist must be on all pathology reports.	**8-E-9**	No Change
8-E-10	All laboratory results must be reviewed and acknowledged by the ordering health care provider.	**8-E-10**	No Change
8-E-11	All other reports, such as pathology reports and medical clearance reports, must be reviewed and acknowledged by the ordering healthcare provider.	**8-E-11**	No Change
8-E-12	If tests/studies are done in the facility, the laboratory meets applicable licensure, standards, and state/provincial/national laws and regulations.	**8-E-12**	No Change
8-E-13	All surgical specimens sent out for pathology must be documented in a pathology specimen log, which minimally includes the date, patient's name, number and type of specimen (biopsy, swab, fluid, etc.), and physician's name.	**8-E-13**	No Change
8-F-12	The anesthesia care plan is based on allergy history.	**8-F-12**	No Change
8-F-13	An anesthesia care plan is present that is based on, at a minimum, the following: · The patient's medical history; · The patient's prior anesthetic experiences; · Drug therapies; · A medical examination of the patient and assessment of any conditions that might affect the patient's pre-operative risk; · A review of the medical tests and consultations · The determination of pre-operative medications needed for anesthesia; · Providing pre-operative instructions; and, · Allergy history	**8-F-13**	No Change

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Standard	**Language**	**Standard**	**Language**
8-G-1	A “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every operation. This protocol must include: · A pre-operative verification process including clinical records, imaging studies, surgical fire risk, and any implants identified, and be reviewed by the operating room team. Missing information or discrepancies must be addressed in the clinical record at this time. · Marking the operative site: Surgical procedures calling for right/left distinction; multiple structures (breasts, eyes, fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking. · Immediately before starting the surgical procedure, conduct a final verification by at least two (2) members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail-safe” measure, the surgical procedure is not started until any and all questions or concerns are resolved. · Procedures performed in non–operating room settings must include site marking for any procedures involving laterality, or multiple structures.	**8-G-1**	No Change
8-H-1	A qualified anesthesia professional shall be present in the OR/procedure room throughout the conduct of all general anesthetics, regional anesthetics, and monitored anesthesia care.	**8-H-1**	No Change

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Standard	**Language**	**Standard**	**Language**
8-H-2	Clinical records must contain evidence of circulation monitored by continuous EKG during procedures. **Note**: This standard does not apply if only topical and/or local anesthetic is used without the use of an oral premedication.	**8-H-2**	No Change
8-H-3	Clinical records must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes. **Note**: This standard does not apply if only topical and/or local anesthetic is used without the use of an oral premedication.	**8-H-3**	No Change
8-H-4	Clinical records must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes. **Note**: This standard does not apply if only topical and/or local anesthetic is used without the use of an oral premedication.	**8-H-4**	No Change
8-H-5	The clinical record must contain evidence of oxygenation and circulation monitoring by continuous pulse oximetry. When the pulse oximeter is utilized, the variable pitch pulse tone and the low threshold alarm shall be audible to the care team. **Note**: This standard does not apply if **only** topical and/or local anesthetic is used without the use of an oral premedication.	**8-H-5**	No Change
8-H-9	Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected.	**8-H-9**	No Change
8-H-11	Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all moderate sedation, deep sedation or general anesthesia. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment.	**8-H-11**	No Change

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Standard	**Language**	**Standard**	**Language**
8-H-12	When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas and documented in the clinical record. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel.	**8-H-12**	No Change
8-H-13	If an anesthesia machine is used during general anesthesia, the anesthesia machine must have an alarm for low O2 concentration.	**8-H-13**	No Change
8-H-14	Patient monitoring during anesthesia will consist of assessing the patient's color. To facilitate this assessment, adequate illumination and exposure of the patient are necessary.	**8-H-14**	No Change
8-H-15	An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.	**8-H-15**	No Change
8-H-16	An anesthesia record is maintained in which all intravenous fluids given intra-operatively are recorded.	**8-H-16**	No Change
8-H-17	An anesthesia record is maintained in which the duration of the procedure is recorded.	**8-H-17**	No Change
8-H-18	An anesthesia record is maintained for each case in which IV or general anesthesia is used.	**8-H-18**	No Change
8-H-19	Ventilation is noted by: Clinical signs are evaluated by continual observation during regional/sedation analgesic.	**8-H-19**	No Change

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Standard	**Language**	**Standard**	**Language**
8-I-1	The operating room may be used for patient recovery if only one operation is scheduled that same day, or if the recovering patient meets all discharge criteria prior to beginning the next operation, or if there is another operating room available for the next operation.	**8-I-1**	No Change
8-I-2	Patients transferred to the PACU will be continually evaluated and monitored as needed during transport.	**8-I-2**	No Change
8-I-3	Patients transferred to the PACU are accompanied by an anesthesia professional who is knowledgeable about the patient.	**8-I-3**	No Change
8-I-4	Patient transfer to the PACU will include the transmission of a verbal report on the patient to the PACU nurse accepting care of the patient from the anesthesia professional who accompanies the patient to the PACU. The clinical record must include documentation that the verbal report was completed.	**8-I-4**	No Change
8-I-5	Patient transfer to the PACU will include the transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course.	**8-I-5**	No Change
8-I-6	Patient transfer to the PACU will include an anesthesia professional who remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.	**8-I-6**	No Change
8-I-8	The PACU is available to recover all patients after anesthesia administration.	**8-I-8**	No Change
8-I-9	If a patient is not sent to PACU, there is a specific order for the variance that is documented on the record.	**8-I-9**	No Change

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Standard	**Language**	**Standard**	**Language**
8-J-1	PACU documentation includes patient's time of arrival in the PACU, or when recovery time started if the patient is recovered in the OR.	**8-J-1**	No Change
8-J-2	The patient's post-surgical condition must be assessed and documented in the clinical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and facility policy.	**8-J-2**	No Change
8-J-4	PACU documentation includes a record of all medications given to a patient, including date, time, dose, and route of administration.	**8-J-4**	No Change
8-J-5	PACU documentation includes a record in which all intravenous fluids given post- operatively are recorded.	**8-J-5**	No Change
8-J-6	PACU documentation includes a record of monitoring and assessment of: - post-operative vital signs, including temperature, heart rate, respirations, and blood pressure; - mental status; - airway patency, ventilation, and oxygen saturation; and, - pain, nausea and vomiting, hydration, drainage, and bleeding, as applicable. Patient status is recorded until the patient is discharged from the facility.	**8-J-6**	No Change
8-J-9	Post-operative progress notes are recorded.	**8-J-9**	No Change
8-J-10	There is a procedure/operative report completed by the surgeon/proceduralist, which includes procedure technique and findings.	**8-J-10**	No Change
8-J-11	A written, accurate post-anesthetic care report is maintained.	**8-J-11**	No Change

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Standard	**Language**	**Standard**	**Language**
8-K-4	Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score).	**8-K-4**	No Change
8-K-6	A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the PACU staff. That individual's name must be noted on the record, signed by that individual with the time of discharge.	**8-K-6**	No Change
8-K-8	Written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient's care and transportation following a procedure or the patient has received discharge instructions prior to receiving sedation/anesthesia. A signed copy of the instructions is maintained in the patient's chart. The standard does not apply if **only** topical and/or local anesthetic is used without the use of an oral premedication.	**8-K-8**	No Change
8-K-10	Patients receiving anesthetic agents other than topical or local anesthesia must be supervised in the immediate post-discharge period by a responsible adult for at least 12 to 24 hours, depending on the procedure and the anesthesia used.	**8-K-10**	No Change
8-K-14	The patient is transported in a suitable vehicle with a responsible adult.	**8-K-14**	No Change
8-K-15	Patients receiving only local anesthesia without sedation may transport themselves.	**8-K-15**	No Change
8-K-16	The facility must have a policy for discharge from the recovery area with approved and standardized discharge criteria.	**8-K-16**	No Change

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Standard	**Language**	**Standard**	**Language**
8-L-1	A separate dated operative log of all cases is maintained, either in a sequentially numbered, bound journal from which pages may not be removed, or in a tamper-proof, secured computer record consistent with state and federal law. This log must be kept in the facility.	**8-L-1**	No Change
8-L-3	An operative log must include the date of procedure.	**8-L-3**	No Change
8-L-4	An operative log must include the patient's name and date of birth or other identification number.	**8-L-4**	No Change
8-L-5	An operative log must include record of surgery(ies) and other invasive procedures to be conducted during the case.	**8-L-5**	No Change
8-L-6	An operative log must include the surgeon/proceduralist's name.	**8-L-6**	No Change
8-L-7	An operative log must include a record of the type of anesthesia used.	**8-L-7**	No Change
8-L-8	An operative log must include the name of person(s) administering anesthesia.	**8-L-8**	No Change
8-L-9	An operative log must include the name of person(s) assisting physician (e.g. additional physician, registered nurse - circulating or scrubbed, scrub tech, physician's assistant, dental assistant, anesthesia assistant, or other qualified personnel).	**8-L-9**	No Change
9-A-1	The facility has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing facility's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.	**9-A-1**	No Change

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Standard	**Language**	**Standard**	**Language**
9-A-5	The governing body/facility leadership has defined the scope and intended use of the facility, as well as the appropriate ancillary support needed for the intended surgical procedures.	**9-A-5**	No Change
9-A-7	The governing body/facility leadership: Is regulated by a governing document that has the consent of each member of the body.	**9-A-7**	No Change
9-A-10	The governing body/facility leadership: Sets policy on how individual staff deal with each other and external parties.	**9-A-10**	No Change
9-A-11	The governing body/facility leadership: Sets policy on staff's role in properly dealing with patients.	**9-A-11**	No Change
9-A-12	The governing body/facility leadership is responsible for the operation and performance of the facility including: Determining the mission and goals of the facility, including the types of services provided and for determining, implementing, and monitoring policies governing the facility's total operation.	**9-A-12**	No Change
9-A-14	The governing body/facility leadership is responsible for the operation and performance of the facility including: Adopting policies and procedures for the orderly conduct of the facility and for ensuring procedures are provided in a safe and effective manner.	**9-A-14**	No Change
9-A-16	The governing body/facility leadership is responsible for the operation and performance of the facility including: Approving all arrangements for ancillary medical care delivered in the facility, including laboratory, radiological, pathologic, and anesthesia services.	**9-A-16**	No Change
9-A-17	The governing body/facility leadership must ensure that all outside services are provided in a safe and effective manner.	**9-A-17**	No Change

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Standard	**Language**	**Standard**	**Language**
9-A-20	The facility's policies and services are developed with the advice of a group of professional personnel that includes one or more physicians / dentists, one or more physician assistants / nurse practitioners / mid-level clinical personnel, and at least one community member who is not a member of the clinic staff.	**9-A-20**	No Change
9-A-21	The policies, procedures, and processes adopted by the governing body/facility leadership are reviewed and revised at least annually and in accordance with any implementation timelines adopted by the governing body/facility leadership.	**9-A-21**	No Change
9-A-22	The governing body/facility leadership must document the content of any policies, procedures, or processes implemented in key functional areas of the facility. The governing body/facility leadership must document its approval of the policies, procedures, or processes.	**9-A-22**	No Change
9-A-23	The facility's leadership reviews and updates strategic objectives annually.	**9-A-23**	No Change
9-A-26	The governing body/facility leadership is responsible for overseeing the program of risk management.	**9-A-26**	No Change
9-A-27	The governing body/facility leadership will designate a person or committee responsible for implementation and ongoing management of the risk management program.	**9-A-27**	No Change
9-A-28	The facility's risk management program must include the assessment of vulnerable patients.	**9-A-28**	No Change
9-A-29	All identified risks and adverse events must be logged and retained in a risk register (log) for tracking and trending over time.	**9-A-29**	No Change

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Standard	**Language**	**Standard**	**Language**
9-B-3	The facility must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the facility.	**9-B-3**	No Change
9-C-3	If the facility discharges patients to a recovery hotel following full recovery from anesthesia the facility has in place a protocol that identifies that the hotel being used for extended recovery of the patient: -Is less than thirty (30) minutes from a hospital where the physician has admitting privileges. -Has a trained registered nurse certified in BLS and ACLS, and a second BLS certified staff member on duty at all times there is a patient present in the hotel. -Has the ability to meet all special diet provisions of the patient. -Has a defibrillator or AED equipment. -Has first aid equipment. -Has an agreement for transportation to the hospital in an emergency as well as how an admission would be handled.	**9-C-3**	No Change
9-C-4	If overnight stays are permitted, the facility is in compliance with all applicable local, state/provincial, and national laws and regulations.	**9-C-4**	No Change
10-A-1	A licensed and qualified anesthesia professional supervising or providing care in the facility must participate in quality assessment/quality improvement and risk management in the facility.	**10-A-1**	No Change
10-A-2	The governing body/facility leadership must identify the specific committee or individual(s) responsible for the development, implementation, and oversight of the quality assurance and risk management program.	**10-A-2**	No Change

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Standard	**Language**	**Standard**	**Language**
10-B-2	The facility has a written quality improvement program implemented which includes surveys or projects to: - Monitor and evaluate patient care - Evaluate methods to improve patient care - Identify and correct deficiencies within the facility - Alert the facility's Quality Improvement Program to identify, track, trend, evaluate and resolve problems.	**10-B-2**	No Change
10-B-6	The facility has a written quality improvement program that includes documentation of Peer Review meetings for the prior three (3) years, which must be available for the surveyor. Facilities with a monthly case volume of 50 or fewer cases must conduct peer review meetings no less than twice per year. Facilities with a monthly case volume in excess of 50 cases must conduct peer review meetings no less than quarterly.	**10-B-6**	No Change
10-B-19	The governing body must ensure that the QAPI program is defined, implemented, and maintained by the ASC.	**10-B-19**	No Change
10-B-24	The quality improvement program will demonstrate measurable improvement in patient health outcomes by focusing on high risk, high volume, and problem-prone areas.	**10-B-24**	No Change
10-B-25	The quality improvement program will improve patient safety by using quality indicators or performance measure(s) by focusing on incidence, prevalence and severity of problems identified.	**10-B-25**	No Change
10-B-26	The quality improvement program will implement a process to identify and reduce medical errors.	**10-B-26**	No Change
10-B-27	The quality improvement program should include patient/service user satisfaction assessment and other performance measures.	**10-B-27**	No Change

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Standard	**Language**	**Standard**	**Language**
10-B-28	The number and scope of distinct quality improvement projects conducted annually must reflect the scope and complexity of the facility's services and operations.	**10-B-28**	No Change
10-B-29	Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.	**10-B-29**	No Change
10-C-1	As part of an ongoing risk management program, the facility must conduct a risk assessment of its operational activities at least annually. The assessment must study the risks presented to patients and staff by medication management, fall hazards, infection prevention and control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The results of the Risk Assessment must be prioritized for risk mitigation, risk management, and QA/PI (Quality Assessment/Quality Improvement) projects.	**10-C-1**	No Change
10-C-2	The facility must develop and maintain a program of risk management, appropriate to the organization. This may be carried out in conjunction with the Quality Assessment/Quality Improvement program (QA/QP).	**10-C-2**	No Change
10-C-3	Near-miss events must be reported, analyzed, and tracked. Measures must be implemented to prevent the event from reoccurring.	**10-C-3**	No Change
10-C-4	A definition of an adverse incident must be documented in policy and procedure, including near miss events.	**10-C-4**	No Change
10-C-5	The facility has processes that report and investigate safety incidents, complaints, adverse events and near misses for patients and staff on a defined basis. The results of these investigations of adverse events are reported in the Quality Improvement/Quality Assessment meetings.	**10-C-5**	No Change

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Standard	**Language**	**Standard**	**Language**
10-C-6	Adverse events must be tracked and trended on a defined basis.	**10-C-6**	No Change
10-C-7	All staff must be educated in risk management activities on commencement of employment and annually thereafter, and when there is an identified need.	**10-C-7**	No Change
10-C-8	The facility should have a process to monitor, track and trend patient satisfaction (e.g. surveys or assessments) and implement actions to improve patient satisfaction as necessary.	**10-C-8**	No Change
10-C-9	The facility must conduct an ongoing review of patient complaints and grievances, including defined response times.	**10-C-9**	No Change
10-C-10	A system is in place for leadership to receive and resolve in a timely manner any ethical dilemmas such as decisions not to treat, to discontinue treatment, or treat against the patient's wishes.	**10-C-10**	No Change
10-C-11	A policy should document the competencies of staff handling specialized equipment.	**10-C-11**	No Change
10-C-12	A system is in effect for documenting, reporting, and follow-up on any patient and family complaints and grievances. Complaints and grievances must be formally addressed at Quality Improvement meetings. The complaints must be addressed by appropriate staff with the patient/family even if no immediate resolution is available.	**10-C-12**	No Change

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Standard	**Language**	**Standard**	**Language**
10-C-13	The facility must have a written policy to make their complaint process publicly available, via posting within the facility, on the website, by distribution to patients, or through other means that eliminates barriers to patient awareness of such process.	**10-C-13**	No Change
10-D-4	Peer review and the associated peer review meetings include at a minimum the same random cases and adverse events submitted to the Patient Safety Data Reporting since the preceding peer review meeting.	**10-D-4**	No Change
10-D-12	To be compliant, a copy of a Business Agreement must be signed by each physician working outside the facility participating in peer review, and a copy must be retained on file in the facility.	**10-D-12**	No Change
10-D-13	If peer review sources external to the facility are used to evaluate the delivery of medical care, an agreement to conduct peer review is so written as to waive the confidentiality of the clinical records.	**10-D-13**	No Change
10-D-14	Peer review may be done by a recognized peer review organization or a physician, podiatrist, or oral and maxillofacial surgeon other than the operating surgeon.	**10-D-14**	No Change

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Standard	**Language**	**Standard**	**Language**
10-D-15	Peer review is conducted and contains, at a minimum, the following review of each clinical record subject to peer review: · Adequacy and legibility of history and physical exam · Adequacy of the surgical consent · Adequacy of appropriate laboratory, EKG, and radiographic reports · Adequacy of a written operative report · Adequacy of anesthesia and recovery records (with IV sedation or general anesthesia) · Adequacy of instructions for post-operative care · Documentation of the discussion of any complications	**10-D-15**	No Change
11-A-2	All personnel are provided with a code of ethics or behavior that governs their conduct when communicating with fellow staff or the public.	**11-A-2**	No Change
11-B-7	The Facility Director must be actively involved in the direction and management of the facility.	**11-B-7**	No Change
11-B-8	The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors medical and facility staff members for compliance with this policy.	**11-B-8**	The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors medical and facility staff members for compliance with this policy.
11-B-10	The Medical Director must be involved in planning and budgeting for the facility's range of services.	**11-B-10**	No Change
11-B-11	The Medical Director signs an Attestation that the direction and management of the facility is under his/her management.	**11-B-11**	No Change
11-B-12	The Medical Director must ensure that the facility meets all local, regional and country regulations including those relating to employment health and safety, building, environmental protection, reportable diseases, and waste management.	**11-B-12**	No Change

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QUAD A Previous Version 5.0		Revised Standards - Version 5.1 Effective February 2, 2026	
Standard	**Language**	**Standard**	**Language**
11-B-13	The Medical Director shall document the strategic plan for the facility.	**11-B-13**	No Change
11-B-14	The Medical Director should document the staffing levels and what qualifications are required for each position based on the services offered at the facility.	**11-B-14**	No Change
11-B-15	The Medical Director must annually review credentialing and performance for all practitioners, staff and volunteers annually, including contract employees.	**11-B-15**	No Change
11-B-16	The Medical Director should review and maintain a record of the performance of all practitioners, staff and volunteers at least annually, including contract employees. This should include a record of corrective actions and educational activities.	**11-B-16**	No Change
11-B-17	Each personnel file has evidence of general facility-specific orientation and training related to the individual's job duties.	**11-B-17**	No Change
11-C-2	Procedures must be performed in a safe manner by qualified physicians, advanced practice registered nurses, or physician assistants who have been granted clinical privileges by the governing body in accordance within their scope of practice, state law, and approved policies and procedures of the facility.	**11-C-2**	No Change
11-C-6	The facility must have written policies and procedures that address the criteria for clinical staff privileges and the process that the facility's leadership body uses when reviewing physician, APRN, and PA credentials and determining whether to grant privileges and the scope of the privileges for each practitioner.	**11-C-6**	No Change

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Standard	**Language**	**Standard**	**Language**
11-C-8	Members of the medical staff, including both directly employed and contract medical staff, must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The facility grants privileges in accordance with recommendations from qualified medical/dental personnel.	**11-C-8**	No Change
11-C-20	The practitioners shall be required to show evidence of hospital privileges including scope of practice relevant to the procedures performed in the facility.	**11-C-20**	No Change
11-D-3	An anesthesia professional must be responsible for the administration of dissociative anesthesia with propofol, spinal or epidural blocks, or general anesthesia as well as the monitoring of all life support systems.	**11-D-3**	No Change
11-D-6	If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the operating suite throughout the administration of anesthesia.	**11-D-6**	No Change
11-D-21	The qualified individual responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques appropriate for the type of anesthesia being administered.	**11-D-21**	No Change
11-E-1	When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the QUAD A definition of Class A, there is a licensed registered nurse, physician other than the operating surgeon, or physician's assistant designated as the person responsible for patient care in all areas of the facility (i.e. operating room, operating suite, and all patient care areas), in accordance with state/local law.	**11-E-1**	No Change

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Standard	**Language**	**Standard**	**Language**
11-E-7	A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, staffed with supervised assistant/dental hygienist personnel capable of reasonably handling procedures, problems, and emergencies.	**11-E-7**	No Change
11-G-1	There is a written policy that whenever parenteral sedation, dissociative drugs, epidural, spinal or general anesthesia is administered, a physician is immediately available until the patient is discharged from the PACU.	**11-G-1**	No Change
11-G-2	All recovering patients must be observed and supervised by trained medical personnel in the PACU. A physician, CRNA, PA, or RN currently licensed and certified in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS), as appropriate, is immediately available until the patient has met PACU discharge criteria for discharge from the facility. Local mandates and stricter standards may apply.	**11-G-2**	No Change
11-G-5	A minimum of one ACLS, and when appropriate PALS as well, certified staff member must be present in the facility until all patients recovering from anesthesia have met the facility's discharge criteria for discharge from the facility.	**11-G-5**	No Change
11-G-7	All recovering patients must remain under direct observation and supervision by appropriate medical personnel who are trained in the assessment of patient vital signs, post-operative care, and safety matters until discharged from monitored patient care.	**11-G-7**	No Change
11-H-2	The facility maintains a manual outlining personnel policies that is reviewed annually and updated as needed.	**11-H-2**	No Change
11-H-4	The facility maintains a personnel file for all clinical and administrative employees, including direct and contract employees.	**11-H-4**	No Change

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Standard	**Language**	**Standard**	**Language**
11-H-5	Each personnel record contains any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.	**11-H-5**	No Change
11-H-6	Each personnel record contains resume of training and experience.	**11-H-6**	No Change
11-H-8	Each personnel record contains date of employment.	**11-H-8**	No Change
11-H-9	Each personnel record contains description of duties.	**11-H-9**	No Change
11-H-10	Each personnel record contains on-going records of inoculations or refusals in accordance with local, state/provincial or federal/national requirements.	**11-H-10**	No Change
11-H-12	Each personnel record contains current certification or license if required by the state, province, region, or country.	**11-H-12**	No Change
11-H-13	The practitioners shall document an appropriate level of Continuing Medical Education (CME) and follow national accepted evidence-based protocols where they exist.	**11-H-13**	No Change
11-I-1	Each personnel record has evidence of annual hazard safety training.	**11-I-1**	No Change
11-I-2	Each personnel record has evidence of annual blood borne pathogen training.	**11-I-2**	No Change
11-I-3	Each personnel record has evidence of annual standard precautions training.	**11-I-3**	No Change
11-I-4	Each personnel record has evidence of other annual safety training including operative fire safety training and structure fire safety, including operation of a fire extinguisher.	**11-I-4**	No Change

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Standard	**Language**	**Standard**	**Language**
11-I-5	Each personnel record has evidence of at least Basic Cardiopulmonary Life Support (BLS) certification, but preferably Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) for each operating room and PACU team member, depending on the patient population served.	**11-I-5**	No Change
11-I-8	Anesthesia professionals, both directly employed and contract anesthesia professionals, must be trained and knowledgeable with the facility's emergency protocol for cardio-pulmonary emergencies, safe and timely transfer of a patient to an alternative care facility when extended emergency care is needed, and other internal and external disasters.	**11-I-8**	No Change
11-I-10	The operating room personnel are familiar with the equipment and procedures utilized in treating emergencies, as discussed in standards section 5-C: Emergency Protocols.	**11-I-10**	No Change
11-I-13	Where staff cannot demonstrate competency, training, or experience in the safe operation of equipment, the facility provides and documents training or arranges training through an external provider.	**11-I-13**	No Change
11-I-15	Operating room personnel have adequate knowledge to treat malignant hyperthermia, cardiopulmonary resuscitation, and anaphylactic emergencies.	**11-I-15**	No Change
11-I-16	Health care professionals providing dental, surgical, and anesthesia services are prepared to respond to medical emergencies that may occur in conjunction with the services provided.	**11-I-16**	No Change
The following standards are part of the supplemental for Dubai DSC facilities only			
16-A-1	All health facilities providing Day Surgical Services (DSS) shall adhere to Federal and Local Laws and Regulations.	**16-A-1**	No Change

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Standard	**Language**	**Standard**	**Language**
16-A-2	Health facilities aiming to provide DSS shall comply with the DHA licensure and administrative procedures available on the DHA website https://www.dha.gov.ae	**16-A-2**	No Change
16-A-3	Licensed health facilities opting to add DSS shall inform Health Regulation Sector (HRS) and submit an application to HRS to obtain permission to provide the required service.	**16-A-3**	No Change
16-A-4	Summary of Day Surgical Center (DSC) classification and minimum requirements are found in DHA appendix 1.	**16-A-4**	No Change
16-A-5	Day Surgical Centers shall be granted a license based on the Health Facility Classification and their permitted levels (DHA Appendix 2-4)	**16-A-5**	No Change
16-A-6	All Day Surgical Centers (DSC) are mandated to be accredited within two (2) years of licensure and to upload their accreditation certificate to the facility's Sheryan account.	**16-A-6**	No Change
16-A-7	The DSC shall adhere to the DHA Sentinel Events Notification and Management Policy.	**16-A-7**	No Change
16-A-8	DSC do not require to have a mortuary in-house, but will require to have a policy for mortuary management.	**16-A-8**	No Change
16-A-9	The DSC shall maintain a policy and procedures on medication management, medication storage and monitoring of medication inventory and expiration dates consistent with applicable federal and local legislation and regulations.	**16-A-9**	No Change
16-A-10	Adhere to the requirements in the DHA Policy for Emergency Medication as well as the DHA Guidelines for Pharmacy.	**16-A-10**	No Change
16-A-11	The DSC shall have in place internal policies and procedures including but not limited to: Patient acceptance/referral criteria.	**16-A-11**	No Change
16-A-12	The DSC shall have in place internal policies and procedures including but not limited to: Lab and diagnostic services and turn-around timeframes for reporting non-critical and critical results.	**16-A-12**	No Change

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Standard	**Language**	**Standard**	**Language**
16-A-13	The DSC shall have in place internal policies and procedures including but not limited to: Patient assessment and admission criteria	**16-A-13**	No Change
16-A-14	The DSC shall have in place internal policies and procedures including but not limited to: Patient education, communication and informed consent.	**16-A-14**	No Change
16-A-15	Consent should include the need for higher sedation within the same facility or following transfer to a higher-level facility.	**16-A-15**	No Change
16-A-16	The DSC shall have in place internal policies and procedures including but not limited to: Staffing plan, staff management and clinical and privileging.	**16-A-16**	No Change
16-A-17	The DSC shall have in place internal policies and procedures including but not limited to: Patient health record, confidentiality and privacy as per DHA policy for Health Information Assets Management.	**16-A-17**	No Change
16-A-18	The DSC shall have in place internal policies and procedures including but not limited to: Patient health record, confidentiality and privacy as per DHA policy for Health Information Assets Management.	**16-A-18**	No Change
16-A-19	The DSC shall have in place internal policies and procedures including but not limited to: Medication management and pharmacy services as per DHA Guidelines for Pharmacy.	**16-A-19**	No Change
16-A-20	The DSC shall have in place internal policies and procedures including but not limited to: Medical and hazardous waste management as per the Dubai Municipality (DM) requirements.	**16-A-20**	No Change

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Standard	**Language**	**Standard**	**Language**
16-A-21	There should be an allocated medical waste storage and collection area that is well ventilated and secured from public and patient access.	**16-A-21**	No Change
16-A-22	The medical waste storage and collection area shall be adequately labelled with a hazard sign to prevent unexpected entry from patients or the public.	**16-A-22**	No Change
16-A-23	The DSC shall have in place internal policies and procedures including but not limited to: Laundry and housekeeping services	**16-A-23**	No Change
16-A-24	The DSC shall have in place internal policies and procedures including but not limited to: Violence against Staff/Zero Tolerance.	**16-A-24**	No Change
16-A-25	The health facility should ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.	**16-A-25**	No Change
16-A-26	The health facility shall maintain documented evidence of treatment protocols and care pathway for surgical procedures to include, but not be limited to the following: Referral criteria.	**16-A-26**	No Change
16-A-27	The health facility shall maintain documented evidence of treatment protocols and care pathway for surgical procedures to include, but not be limited to the following: Pre-op assessment and patient acuity classification.	**16-A-27**	No Change

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Standard	**Language**	**Standard**	**Language**
16-A-28	The health facility shall maintain documented evidence of treatment protocols and care pathway for surgical procedures to include, but not be limited to the following: Surgical Safety Checklist for Surgical Procedures.	**16-A-28**	No Change
16-A-29	All DSC must have a written agreement for patient referral and emergency transfer to a nearby hospital setting. The transfer agreement shall detail the transfer plan/protocol of patients and meet Dubai transfer timeframes for emergency patients as per DHA Policy for Patient Referral and Inter-facility Transfer.	**16-A-29**	No Change
16-A-30	The DSC may provide necessary allied health services to meet patient needs and based on the facility's type of services.	**16-A-30**	No Change
16-A-31	Such services may be available on the premises or through a written agreement with an external provider.	**16-A-31**	No Change
16-B-1	Summary of Day Surgical Center (DSC) classification and minimum requirements are found in appendix 1.	**16-B-1**	No Change
16-B-2	DSC operational requirements include the following: Day surgical centers shall not operate or open between 12:00am and 6:00am.	**16-B-2**	No Change
16-B-3	DSC operational requirements include the following: Surgeries in DSC Class CM and Class C, requiring general anesthesia shall not start after 5:00pm.	**16-B-3**	No Change
16-B-4	DSC operational requirements include the following: Surgeries in DSC CM under deep sedation shall not exceed two (2) hours.	**16-B-4**	No Change
16-B-5	DSC operational requirements include the following: Surgeries in DSC C under deep sedation and or general anesthesia shall not exceed three (3) hours.	**16-B-5**	No Change
16-B-6	DSC operational requirements include the following: Multiple surgeries in different sites that exceed three (3) hours are not permitted.	**16-B-6**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-7	Day Surgical Services shall be Consultant or Specialist Led services with a minimum of ten (10) years' experience in one of the main surgical specialties within the scope of the DSC.	**16-B-7**	No Change
16-B-8	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: General Surgery (pediatric and/or adult)	**16-B-8**	No Change
16-B-9	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Dentistry	**16-B-9**	No Change
16-B-10	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Ophthalmology	**16-B-10**	No Change
16-B-11	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Vascular	**16-B-11**	No Change
16-B-12	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Orthopaedic	**16-B-12**	No Change
16-B-13	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Obstetrics and Gynaecology	**16-B-13**	No Change
16-B-14	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Gastroenterology	**16-B-14**	No Change
16-B-15	The DSC can be specialised in one or more surgical speciality such as but not limited to the following: Plastic Surgery	**16-B-15**	No Change
16-B-16	The health facility should meet the health facility requirement as per the DHA Health Facility Guidelines (HFG).	**16-B-16**	No Change
16-B-17	HRS must be informed and approve changes to existing or new services or staffing levels.	**16-B-17**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-18	DSC should have a contract with the following types of healthcare facilities: A nearby hospital for: referral of urgent and emergency cases, ward and ICU Admissions (if required), Assessment and follow up with professionals, specialties and services not available or not within the scope of the DSC.	**16-B-18**	No Change
16-B-19	DSC should have a contract with the following types of healthcare facilities: External Laboratory service (Applicable to DSC class A, B and any DSC that provides solely vascular or ophthalmology services only).	**16-B-19**	No Change
16-B-20	DSC should have a contract with the following types of healthcare facilities: External Diagnostic imaging services (Applicable to DSC class A, B and any DSC that provides solely vascular or ophthalmology services only).	**16-B-20**	No Change
16-B-21	DSC should have a contract with the following types of healthcare facilities: Pharmacy service (if required).	**16-B-21**	No Change
16-B-22	DSC should have a contract with the following types of healthcare facilities: Rehabilitation service (if required).	**16-B-22**	No Change
16-B-23	DSC should have a contract with the following types of healthcare facilities: Home healthcare services (if required).	**16-B-23**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-24	DSC should have a contract with the following types of healthcare facilities: Telehealth services (if required).	**16-B-24**	No Change
16-B-25	The surgical setup shall be capable of providing the required level of sedation/anesthesia and emergency response.	**16-B-25**	No Change
16-B-26	The Health Facility shall put in place annual simulation scenarios with all surgical teams to manage patient recovery and transfer.	**16-B-26**	No Change
16-B-27	Simulation outcome and improvement plans shall be documented.	**16-B-27**	No Change
16-B-28	Class B Day Surgical Centers will have sufficient medical equipment to manage permitted endoscopic procedures: Procedural sedation shall be performed in designated areas where the patient can be resuscitated if sedation is deeper than intended.	**16-B-28**	No Change
16-B-29	Class B Day Surgical Centers will have sufficient medical equipment to manage permitted endoscopic procedures: Practitioners should be ACLS certified and possess the skills necessary to resuscitate or rescue a patient whose level of sedation is deeper than initially intended.	**16-B-29**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-30	Class A and B (without endoscopy) do not require a ventilator and will have the required medical equipment to manage permitted surgeries: Emergency Medical Service (EMS) call system;	**16-B-30**	No Change
16-B-31	Class A and B (without endoscopy) do not require a ventilator and will have the required medical equipment to manage permitted surgeries: Pulse oximeter	**16-B-31**	No Change
16-B-32	Class B (with endoscopy) and C Day Surgical Centers will have the required medical equipment to manage permitted surgeries: Emergency Medical Service (EMS) call system;	**16-B-32**	No Change
16-B-33	Class B (with endoscopy) and C Day Surgical Centers will have the required medical equipment to manage permitted surgeries: Pulse oximeter and hemodynamic monitoring equipment shall include but not be limited to the following: - Central venous pressure - ABG	**16-B-33**	No Change
16-B-34	Class B (with endoscopy) and C Day Surgical Centers will have the required medical equipment to manage permitted surgeries: One portable ventilator is required for (1) one to (4) four OTs (backup)	**16-B-34**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-35	Class B (with endoscopy) and C Day Surgical Centers will have the required medical equipment to manage permitted surgeries: One ventilator is required for two beds in the recovery bay.	**16-B-35**	No Change
16-B-36	DSC Class A and B shall ensure that the full-time surgeon is responsible for managing medications and record keeping in the DSC (Appendix 4).	**16-B-36**	No Change
16-B-37	DSC Class B (with endoscopy) and C shall ensure the anesthetist is responsible for managing anesthesia, narcotic and controlled medications, emergency medicine, any other medication and record-keeping in the DSC (Appendix 4).	**16-B-37**	No Change
16-B-38	DSC with pharmacy services, shall ensure the pharmacist is responsible for managing anesthesia, narcotic and controlled medications, emergency medicine, any other medication and record-keeping in the DSC (Appendix 4).	**16-B-38**	No Change
16-B-39	DSC that provide ambulatory care pharmacy services must employ a full time pharmacist.	**16-B-39**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-40	The pharmacy service should include storage of medication, medication preparation, dispensing and safe disposal. Refer to DHA Guidelines for Pharmacy	**16-B-40**	No Change
16-B-41	In the absence of a pharmacist (sick leave, emergency leave or annual leave), the anesthetists shall be responsible for managing anesthesia, narcotic and controlled medications, emergency medicine, any other medication and record-keeping. Refer to DHA Guidelines for Pharmacy	**16-B-41**	No Change
16-B-42	All DSC shall have access to laboratory and diagnostic services as per patient needs determined by the services provided and the medical team.	**16-B-42**	No Change
16-B-43	Refer to DHA Standards for Clinical Laboratory Services and DHA Standards for Diagnostic Services.	**16-B-43**	No Change
16-B-44	Class A DSC categories must provide: - Point of Care Testing for glucose, Dipstick urinalysis and Pregnancy test. - Radiology services as per patient need may be contracted with an external radiology provider.	**16-B-44**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-45	Class B DSC categories must provide: - Point of Care Testing for glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test. - Radiology services as per patient need may be contracted with an external radiology provider.	**16-B-45**	No Change
16-B-46	Class C DSC categories must provide: - Point of Care Testing (glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test. - Arterial Blood Gas (ABG)	**16-B-46**	No Change
16-B-47	Class C DSC categories must provide essential onsite radiology services. - Radiology (or mobile x-ray) should include plain x-rays and chest x-rays. - The remaining radiology services as per patient need may be contracted with an external radiology provider.	**16-B-47**	No Change
16-B-48	DSC class C providing solely Ophthalmology services shall have a Point of Care Testing (POCT) for glucose, Dipstick urinalysis and Pregnancy test. Any lab or radiology services may be contracted with an external provider.	**16-B-48**	No Change
16-B-49	Inhouse radiology services is optional for DSC class C providing solely Vascular services.	**16-B-49**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-50	The DSC shall maintain a copy of operator and safety manuals of all medical equipment and inventory list with equipment location. All Medical Equipment should be registered and documented properly in the inventory which will be updated every time a new equipment arrives prior to use.	**16-B-50**	No Change
16-B-51	The inventory includes all in-use medical equipment only. No medical equipment that is not in use or not maintained should be stored in the facility.	**16-B-51**	No Change
16-B-52	The medical equipment Inventory include the following: a.Device name b.Description of the device c.The name of the factory d.The supplying company (agent) e.Year of purchase f.Section (location) g.Serial number h.Duration of preventive maintenance work (PM) i.Last day of maintenance & the next one due j.Periodic maintenance reports (qualitative and quantitative tests)	**16-B-52**	No Change
16-B-53	Many healthcare facilities use external contractor and/or services to provide specific services essential to the ongoing operation of the DSC, e.g. nutrition, laundry, cleaning, maintenance, transport, and security.	**16-B-53**	No Change
16-B-54	Some clinical services may be provided by an external contractor such as radiology, lab and pathology and allied health.	**16-B-54**	No Change
16-B-55	External service providers shall be managed effectively to provide safe, high-quality care and services.	**16-B-55**	No Change

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Standard	**Language**	**Standard**	**Language**
16-B-56	All DSC shall have a Business Continuity Plan to ensure the core functions of the center are met.	**16-B-56**	No Change
16-B-57	DSC must put in place a written policy that adheres to DHA requirements for patient rights and responsibilities as per the Ministerial Decision No. (14) of 2021 concerning the Patient Rights and Duties Charter	**16-B-57**	No Change
16-B-58	Information on patients' rights and responsibilities shall be communicated and displayed in at least two languages (Arabic and English) at the entrance, reception, and waiting for the area(s) of the premises and website.	**16-B-58**	No Change
16-B-59	Key Performance Indicators (KPIs) shall be captured by DSC management by the 2nd week of each quarter and reported to HRS as per the DHA Guidelines for Reporting Standalone Day Surgery Center Key Performance Indicators.	**16-B-59**	No Change
16-B-60	Submission reflects the outcomes achieved in the previous quarter. Data submission includes but is not limited to the following: a.Access b.Quality	**16-B-60**	No Change
16-C-1	All healthcare professionals in the health facility shall hold an active DHA professional license and work within their scope of practice and granted privileges.	**16-C-1**	No Change
16-C-2	The privileging committee and/or medical director of the health facility shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege shall be reviewed and revised on regular intervals as per the DHA Policy for Clinical Privileging.	**16-C-2**	No Change

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Standard	**Language**	**Standard**	**Language**
16-C-3	Additional multidisciplinary staff must be in place as per specialisation, continuity of care, service descriptions, scope and patient volume.	**16-C-3**	No Change
16-C-4	The standalone DSC shall comply with the minimum requirements: There must be one full time licensed physician with the role of Medical Director.	**16-C-4**	No Change
16-C-5	The standalone DSC shall comply with the minimum requirements: At least one full time licensed specialist or consultant surgeon present in the DSC.	**16-C-5**	No Change
16-C-6	The standalone DSC shall comply with the minimum requirements: The specialist or consultant surgeon and anaesthesiologist must always be present until the patient is discharged or transferred to a higher level healthcare setting.	**16-C-6**	No Change
16-C-7	The standalone DSC shall comply with the minimum requirements: At least one part time anesthetist is required in Class B (with endoscopy) where permitted narcotics, and dissociative anesthetics are being administered for endoscopic procedures (Appendix 4).	**16-C-7**	No Change
16-C-8	At least one full-time anesthetist must be present in DSC Class C.	**16-C-8**	No Change
16-C-9	For Endoscopic Standards, refer to the DHA Standards for Endoscopy Services	**16-C-9**	No Change

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Standard	**Language**	**Standard**	**Language**
16-C-10	Pediatric cases should be managed and treated only by professionals within the pediatric specialty (e.g.: pediatric surgery) or by a health care professional who is privileged to conduct the procedure and must have evidence of training in managing pediatric cases and PALS certified.	**16-C-10**	No Change
16-C-11	The treating surgeon shall be available at the DSC facility until the patient is discharged safely.	**16-C-11**	No Change
16-C-12	Healthcare professionals engaged in surgery shall maintain up to date hands-on in: Advanced Cardiac Life Support (ACLS) applicable to all healthcare professionals working within the scope of medicine.	**16-C-12**	No Change
16-C-13	Healthcare professionals engaged in surgery shall maintain up to date pediatrics Advanced Life Support (PALS) applicable to all healthcare professionals working within the scope of pediatrics.	**16-C-13**	No Change
16-C-14	Healthcare professionals engaged in surgery shall maintain up to date hands-on in: Advanced Trauma Life Support (ATLS) applicable to all healthcare professionals working within the scope of surgery.	**16-C-14**	No Change
16-C-15	If the DSC manages pediatric cases, DSC must ensure all professionals managing pediatric cases (e.g.: Pediatricians, anesthetists and nurses) are trained in managing pediatric cases and PALS certified.	**16-C-15**	No Change
16-C-16	Visiting surgeons shall be available twenty-four (24) hours after the procedure.	**16-C-16**	No Change

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Standard	**Language**	**Standard**	**Language**
16-C-17	Visiting surgeons must always ensure their patients are handed over to a competent physician(s) to oversee patient follow up and patient care during their absence.	**16-C-17**	No Change
16-C-18	The handover process should include a signed document on the patient care plan.	**16-C-18**	No Change
16-C-19	For DSC that provide full radiology/diagnostic services, one full time consultant/specialist radiologist shall be available to supervise and manage radiology services in the DSC.	**16-C-19**	No Change
16-C-20	At least one radiography technician shall be available in each shift and shall only be responsible for essential radiography services.	**16-C-20**	No Change
16-C-21	For DSC that provide full laboratory services, one full time DHA licensed pathologist shall be available to supervise and manage the clinical laboratory services in the DSC.	**16-C-21**	No Change
16-C-22	At least one laboratory technician shall be available in each shift and shall only be responsible for essential laboratory services.	**16-C-22**	No Change
16-D-1	All Day Surgical Centers must have in place a written Surgical Care Pathway (Appendix 5).	**16-D-1**	No Change
16-D-2	Day Surgical Center shall only provide surgical and diagnostic procedures for ASA-PS Classification I, II and III patients in both adults and pediatrics (appendix 3-4).	**16-D-2**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-3	ASA-PS classification III patients must have a medical consultation, assessment and clearance as per their medical morbidities prior to any day surgical procedures under deep sedation and/or general anesthesia.	**16-D-3**	No Change
16-D-4	For patient selection criteria in dentistry under general anesthesia refer to Appendix 12.	**16-D-4**	No Change
16-D-5	Only permitted procedures are performed in the Day Surgical Center. For a list of permitted procedures by DSC Classification, refer to the following link: https://www.dha.gov.ae/uploads/092023/List%20of%20Permitted%20Procedures%20by%20Day%20Surgical%20Center%20Classification2023951570.pdf	**16-D-5**	No Change
16-D-6	The following exclusions must be considered during patient consultations and pre-op assessments: Emergency/unprepared patients.	**16-D-6**	No Change
16-D-7	The following exclusions must be considered during patient consultations and pre-op assessments: Inpatients.	**16-D-7**	No Change
16-D-8	The following exclusions must be considered during patient consultations and pre-op assessments: Uncooperative patients.	**16-D-8**	No Change
16-D-9	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with a history of sleep apnea.	**16-D-9**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-10	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with a history of drug or alcohol abuse.	**16-D-10**	No Change
16-D-11	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with airway difficulties.	**16-D-11**	No Change
16-D-12	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with severe allergies.	**16-D-12**	No Change
16-D-13	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with at risk of blood loss, excessive bleeding and may require a blood transfusion.	**16-D-13**	No Change
16-D-14	The following exclusions must be considered during patient consultations and pre-op assessments: Patients that require cardiac catheterization or Interventional Cardiology	**16-D-14**	No Change
16-D-15	The following exclusions must be considered during patient consultations and pre-op assessments: Patients with metabolic disorders (ASA IV and above).	**16-D-15**	No Change
16-D-16	The following exclusions must be considered during patient consultations and pre-op assessments: High-risk patients (ASA IV-VI) in accordance with the American Society of Anesthesiologists (ASA) Classifications.	**16-D-16**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-17	The following exclusions must be considered during patient consultations and pre-op assessments: Patients who require surgical procedure, intra or immediate post-operative care from a specialized healthcare professional or a specific service not within the scope and available services and professionals of the DSC.	**16-D-17**	No Change
16-D-18	Prior to patient referral for surgery, patients with ASA Classification III should: Have a thorough consultation with appropriate laboratory tests with the treating physician within the DSC or other healthcare facility, prior to the surgery.	**16-D-18**	No Change
16-D-19	Prior to patient referral for surgery, patients with ASA Classification III should: Have evidence of the assessment and feedback e.g.: referral letter, medical report or other communication evidence between the healthcare team and a follow-up appointment with the physician to discuss surgical and non-surgical options.	**16-D-19**	No Change
16-D-20	If the surgical procedure requires higher-level sedation, which does not align with the existing day surgical category, then the provider is required to refer the patient to a higher facility category.	**16-D-20**	No Change
16-D-21	Surgical procedures are limited to those where there is only a small risk of surgical and anesthetic complications and hospitalization.	**16-D-21**	No Change
16-D-22	A comprehensive pre-op patient assessment process and testing shall be achieved with the support of a multi-disciplinary team (as applicable) and based on each patient's clinical and priority needs.	**16-D-22**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-23	For DSC Class A and B: blood pressure, blood glucose, BMI and exclusions noted in Standard 2 should form part of the pre-op assessment.	**16-D-23**	No Change
16-D-24	For Class C: pre-op assessment should include but not limited to: - CBC - Blood glucose - Coagulation profile - BMI - And exclusions noted in Standard 3 (8.6 through 8.6.12)	**16-D-24**	No Change
16-D-25	Patients undergoing elective surgery shall provide their consent at pre-op assessment. a.The timeframe from pre-op assessment to surgery shall be conducted within 4-weeks. Patients exceeding the 4-week window should be re-assessed. b.Patients or their next of kin/legal guardian shall be given written information/instructions on the surgery and surgical preparation. c.Patients shall be given sufficient time to make an informed decision before surgery. e. The physician shall be available to answer any further questions in a non-technical way. f. Consent should be available in both English and Arabic languages. The minimum requirements for informed consent are set out in Appendix 6.	**16-D-25**	No Change
16-D-26	A Physician, Anesthetists (if applicable) and RN must document, complete and verify the Surgical Safety Checklist (Appendix 7).	**16-D-26**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-27	All surgeries under Day Surgical Center category B must always be overseen by: a.A DHA licensed surgeon and nurse b.b. An anesthetist (part-time) must be present if narcotic drugs are being used for permitted endoscopic procedures (Appendix 4).	**16-D-27**	No Change
16-D-28	All surgeries under Day Surgical Center category C must always be overseen by a DHA licensed surgeon, anesthetist and nurse. The surgical team shall be competent to stabilize critically ill patients and transfer them to a higher level of care if the health facility cannot manage the patient onsite.	**16-D-28**	No Change
16-D-29	Minimally invasive procedures shall follow Procedural Sedation and Analgesia (PSA), as per the permitted levels of sedation per DSC facility type.	**16-D-29**	No Change
16-D-30	The DHA Licensed anesthetist shall hold valid certification in conscious sedation and be trained and competent in: Understanding the continuum of sedation and apply methods and levels of sedation, conscious sedation and associated risks of moderate/deeper sedation training and required competencies (Appendix 8-9).	**16-D-30**	No Change
16-D-31	The DHA Licensed anesthetist shall hold valid certification in conscious sedation and be trained and competent in: Being able to conduct a physical assessment to assess the fitness and appropriateness of the patient for PSA.	**16-D-31**	No Change

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Standard	**Language**	**Standard**	**Language**
16-D-32	The DHA Licensed anesthetist shall hold valid certification in conscious sedation and be trained and competent in: Discharging the patient, including but is not limited to the following checks: a.The patient returned to their baseline level of consciousness. b.Vital signs are stable and within acceptable limits c.Sufficient time has elapsed following administration of reversal agents (if applicable) to ensure that patient is not re-sedated. d.All recovery assessments, discharge and home release, have been met and completed (Appendix 10-11).	**16-D-32**	No Change
16-D-33	The DHA Licensed anesthetist shall hold valid certification in conscious sedation and be trained and competent in: Being able to discuss where and when deeper levels of sedation or anesthesia may be indicated.	**16-D-33**	No Change
16-E-1	The following should be considered and documented in the patient record: Patient identity (including history and family history).	**16-E-1**	No Change
16-E-2	The following should be considered and documented in the patient record: Evidence of consultation, physical examinations and confirmatory lab or diagnostics (patient selection).	**16-E-2**	No Change
16-E-3	The following should be considered and documented in the patient record: Procedure to be undertaken and location with clear markings.	**16-E-3**	No Change
16-E-4	The following should be considered and documented in the patient record: No emerging issues since the last pre-op assessment.	**16-E-4**	No Change

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Standard	**Language**	**Standard**	**Language**
16-E-5	The following should be considered and documented in the patient record: Verification of Nothing by Mouth Status.	**16-E-5**	No Change
16-E-6	The following should be considered and documented in the patient record: Mitigating circumstances/exclusions not to perform the surgery (6.2.3. and Appendix 3).	**16-E-6**	No Change
16-E-7	The following should be considered and documented in the patient record: Adequate staff levels for the procedure.	**16-E-7**	No Change
16-E-8	The following should be considered and documented in the patient record: Sedation/anesthesia and recovery plan.	**16-E-8**	No Change
16-E-9	The following should be considered and documented in the patient record: Document adherence to the Surgical Safety Checklist (Appendix 7) for all surgeries.	**16-E-9**	No Change
16-E-10	The following should be considered and documented in the patient record: Control of concentrated electrolyte solutions.	**16-E-10**	No Change
16-E-11	The following should be considered and documented in the patient record: Assuring medication accuracy and safe dosing.	**16-E-11**	No Change
16-E-12	The following should be considered and documented in the patient record: Avoiding catheter and tubing misconnections.	**16-E-12**	No Change

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Standard	**Language**	**Standard**	**Language**
16-E-13	The following should be considered and documented in the patient record: Single-use of injection devices and insert of the IV line.	**16-E-13**	No Change
16-E-14	There are several patient safety measures that should be considered and documented in facility logbook such as and not limited to: Confirmation of functioning equipment and a back-up plan.	**16-E-14**	No Change
16-E-15	There are several patient safety measures that should be considered and documented in facility logbook such as and not limited to: A list of look-alike, sound-alike medication.	**16-E-15**	No Change
16-E-16	All patient diagnostic or surgical procedures shall be continuously monitored in accordance with the surgical procedure, patient safety and risk factors.	**16-E-16**	No Change
16-E-17	Minor procedures performed under topical or local anesthesia, not involving drug-induced alteration of consciousness other than minimal preoperative anti-anxiety medications (e.g. mole removals or incision and drainage of superficial abscesses) maybe performed by a DHA licensed physician or dentist within their scope of practice and privileges.	**16-E-17**	No Change
16-E-18	When moderate sedation is targeted, the healthcare professional is assigned responsibility for patient monitoring and may perform brief interruptible tasks.	**16-E-18**	No Change

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Standard	**Language**	**Standard**	**Language**
16-E-19	Monitoring includes an electronic assessment of blood pressure, respiratory rate, heart rate and pulse oximetry combined with visual monitoring of the patient's level of consciousness and discomfort.	**16-E-19**	No Change
16-E-20	Procedures that require the use of deep sedation/analgesia, general anesthesia, or major conduction blockade (e.g. liposuction) may be serious or life-threatening (Appendix 3-4).	**16-E-20**	No Change
16-E-21	Major regional blocks include but are not limited to the spinal, epidural or caudal injection of any drug, which has analgesic, anesthetic or sedative effects.	**16-E-21**	No Change
16-E-22	When deep sedation or general anesthesia is targeted, the anesthetist is responsible for patient monitoring must be dedicated solely to that task and be readily available to take the necessary action to ensure patient safety during the procedure.	**16-E-22**	No Change
16-E-23	The DSC shall put in place procedures to rescue patients who are sedated deeper than intended.	**16-E-23**	No Change

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Standard	**Language**	**Standard**	**Language**
16-E-24	Documentation of the clinical assessments and monitoring data during sedation and recovery and discharge is required to include: Food consumption appropriate for the patient and consistent with the patient's condition, and clinical care shall be provided.	**16-E-24**	No Change
16-E-25	Documentation of the clinical assessments and monitoring data during sedation and recovery and discharge is required to include: Ability to pass urine following surgery.	**16-E-25**	No Change
16-E-26	Documentation of the clinical assessments and monitoring data during sedation and recovery and discharge is required to include: Patient-level of consciousness and ability to put on clothing without assistance.	**16-E-26**	No Change
16-E-27	A discharge plan shall start from patient admission and include various personnel, information and resources.	**16-E-27**	No Change
16-E-28	Considerations for discharge preparation shall include but not be limited to: Medication needed from the pharmacy.	**16-E-28**	No Change
16-E-29	Considerations for discharge preparation shall include but not be limited to: Physician written authorization for discharge.	**16-E-29**	No Change
16-E-30	Considerations for discharge preparation shall include but not be limited to: Documentation of the procedure for the patient and treating physician.	**16-E-30**	No Change

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Standard	**Language**	**Standard**	**Language**
16-E-31	Considerations for discharge preparation shall include but not be limited to: No driving policy and travel distance to home.	**16-E-31**	No Change
16-E-32	Considerations for discharge preparation shall include but not be limited to: Environmental conditions, such as stairs, access to toilet or bedroom.	**16-E-32**	No Change
16-E-33	The carer's/authorized persons contact details and their awareness of possible issues and requirements following discharge.	**16-E-33**	No Change
16-E-34	Contact numbers after discharge, such as the doctor or emergency contact. a.Follow up phone call and follow up appointments	**16-E-34**	No Change
16-E-35	The treating physician shall respect patients' choices if they decide to Discharge Against Medical Advice (AMA).	**16-E-35**	No Change
16-E-36	AMA patients must sign a form before leaving the facility and be witnessed by the treating physician and a nurse.	**16-E-36**	No Change
16-F-1	DSC shall have written policies and procedures must be established and implemented. They should define and describe the scope of critical care services that ensure safe and competent delivery of the patients' services.	**16-F-1**	No Change
16-F-2	The DSC shall ensure there is one competent Registered Nurse (RN) during surgery with suitable training and experience in critical care on duty to provide the critical care services if required.	**16-F-2**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-3	Evidence of the competency and training shall include the following: - Recognizing arrhythmias. - Assisting the physician in placing central lines or arterial lines. - Obtaining blood gases ABG's. - Central Venous Pressure (CVP). - Glasgow Coma Scale (GSC) - Point of Care Testing - Training in using defibrillator and care of patients on ventilators.	**16-F-3**	No Change
16-F-4	The DSC shall ensure periodic training and education for staff in the use of equipment for emergency management.	**16-F-4**	No Change
16-F-5	Training and assessment of competency shall be documented as per the requirements of the training provider.	**16-F-5**	No Change
16-F-6	The ratio of recovery rooms should consider the number of surgical theatres, hours of operation, procedures being performed and patient scheduling.	**16-F-6**	No Change
16-F-7	Critical care services equipment and supplies must be immediately available in the DSC for the immediate and safe provision of care and treatment required.	**16-F-7**	No Change
16-F-8	At a minimum, DSC shall have a clear protocol and provision for essential emergency management for illness and/or injection injuries that occurred for the patient, healthcare professionals, employees or visitors, which needs immediate emergency care and assistance before transport to another health facility.	**16-F-8**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-9	Emergency services must be provided by qualified and licensed physician(s) who are authorized by their scope of practice to provide emergency services and received privileges from the facility to perform specific emergency procedures.	**16-F-9**	No Change
16-F-10	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Patient Triage.	**16-F-10**	No Change
16-F-11	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Operating a Cardiac Monitor.	**16-F-11**	No Change
16-F-12	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: ECG Recording and Interpretation.	**16-F-12**	No Change
16-F-13	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Pulse Oximetry.	**16-F-13**	No Change
16-F-14	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Oxygen Administration.	**16-F-14**	No Change
16-F-15	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Suctioning.	**16-F-15**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-16	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Intravenous cannulation.	**16-F-16**	No Change
16-F-17	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed: Emergency services will be available during the operational hours of the DSC.	**16-F-17**	No Change
16-F-18	Emergency Medications must be available in all DSCs as per DHA Emergency Medications Policy.	**16-F-18**	No Change
16-F-19	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Resuscitation kit, cardiac board and oral airways.	**16-F-19**	No Change
16-F-20	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Laryngoscope with blades.	**16-F-20**	No Change
16-F-21	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Diagnostic set.	**16-F-21**	No Change
16-F-22	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Patient trolley with an IV stand.	**16-F-22**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-23	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Nebulizer	**16-F-23**	No Change
16-F-24	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Refrigerator for medication.	**16-F-24**	No Change
16-F-25	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Floor Lamp (Operating light mobile).	**16-F-25**	No Change
16-F-26	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Sets of instruments shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.	**16-F-26**	No Change
16-F-27	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Disposable supplies shall include the following: - Suction tubes (all sizes) - Tracheostomy tube (all sizes) - Intravenous cannula (different sizes - Syringes (various sizes) - Dressings (gauze, sofratulle) - Crepe bandages (sizes) - Splints (Thomas splints, cervical collars, finger splints).	**16-F-27**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-28	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Glucometer	**16-F-28**	No Change
16-F-29	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Sufficient electrical outlets to satisfy monitoring equipment requirements, including clearly labelled outlets connected to an emergency power supply.	**16-F-29**	No Change
16-F-30	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, EtCO2).	**16-F-30**	No Change
16-F-31	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: One portable ventilator is required for (1) one to (4) four OTs (backup) Note: EtCo2, ventilators and defibrillator are not required in DSC level A and level B (without endoscopy).	**16-F-31**	No Change

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Standard	**Language**	**Standard**	**Language**
16-F-32	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: Policy for maintaining personal items and food in the emergency area shall be established and maintained by the health facility.	**16-F-32**	No Change
16-F-33	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions shall include but not limited to the following: A record must be kept for each patient receiving emergency services and integrated into the patient's health records. The record shall include patient name, date, time and method of arrival, physical findings, care, and treatment. Name of treating physician and discharging/transferring time.	**16-F-33**	No Change
16-F-34	Well-equipped ambulance services shall be ready and nearby with licensed, trained and qualified Emergency Medical Technicians (EMT) for patient transportation if required.	**16-F-34**	No Change
16-F-35	The service can be outsourced with a written contract with an emergency services provider licensed in Dubai.	**16-F-35**	No Change
16-F-36	Ambulance services shall meet Dubai emergency transfer timeframes.	**16-F-36**	No Change