SUBMISSION DOCUMENT

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REF: Submission on an updated sedation practice standard

Date: 15th September 2016

Resuscitation Skills Limited, a resuscitation training provider makes the following submission with regards to the above consultation process.

Question 1.

1. We agree with the proposed clinical team for sedation as outlined in proposal 1.

Question 2.

2. We agree in principle with the training requirements to provide for sedation and monitoring-only of sedated patients as outlined in proposal 2 & 3.

Question 3.

3. We agree with the core competencies for providing sedation and monitoring-only of a sedated patient as outlined in proposal 4 and appendices B & C of the draft practice standard). However, we note in the appendix B, there is no written requirement for the person providing monitoring only to know or perform a supportive role in any potential resuscitation efforts as a result of complications. The competencies merely states; "inform the sedator of complications." We recommend a person who is monitoring a sedated patient should be able to initiate immediate resuscitation efforts while calling for help and be a functional and useful member of the resuscitation team. This competency should be explicit.

Question 4.

4. We agree DCNZ should stipulate the minimum requirements for resuscitation training for providing sedation as out lined in these proposals.
5. We further agree and support the use of simulation based training to rehearse complications of sedation, furthermore this should occur in clinical teams, not individuals.
6. We disagree this should be within the context of the NZRC CORE Course which has been specifically designed to provide the skills to provide resuscitation in the event of cardiac arrest. This is not a criticism of the CORE course per se, however we feel the most likely pathway for a dental professional to gain CORE certification will be to attend a course that will be comprised of GPs, RNs and other allied health professionals. Most of our dental clients work in small practices and it would be rare to fill and entire CORE course with solely dental personnel. Their exposure therefore to appropriate simulation scenarios managing sedation complications will be low or non-existent. They will be exposed to many simulations of VF/VT cardiac arrest, anaphylaxis etc., all in the undifferentiated patient in a GP or hospital setting.

7. There is an immense of amount of redundant *knowledge* in the CORE advanced course manual that is not specific for managing complications of sedation. The *skills* gained in participating in these simulations we believe are not transferrable to a sedation complication scenario. There may be merit in the development of a specific course manual (utilising e-learning software) to meet this need.
8. We support the notion of developing sedation specific simulations to ensure providers deliver consistent, well validated and tested simulations to dental course participants however, we are unclear about the appropriateness of this inside the context of CORE.
9. We recommend the dental council consider stipulating the minimum requirements for resuscitation training for those providing sedation be a modular form of CORE ADVANCED (this provides fundamental resuscitation skills of CPR, airway management, use of an AED etc.) and develop a series of well validated, tested and standardised simulations for accredited providers to deliver in addition to this skill based component. The combination of both education activities would form the minimum requirements. This would we believe, require discussion with the NZRC as we as providers are bound by their rules and regulations for course delivery.

Question 5.

10. We have concerns about the impacts of an NZRC policy change where the new implementation of the CORE IMMEDIATE and CORE ADVANCED course formats does not allow for these courses to be run simultaneously therefore dental personnel of different skill mixes will inevitably end up training separately. The entire reason for team based simulation training is to train together. We are unclear of the potential impacts of this, however as a matter of first principles, this seems counter intuitive to best practice in crisis management training. Hence, in our recommendation (9) above, we discuss the need to split fundamental skills training and the team-based simulations to allow teams to rehearse complications in situ as one.

Further Expression of Interest.

Resuscitation Skills is willing to work with the council to develop and implement and education and training programme for monitoring-only of sedated patients and provide expert assistance in the development of validated, tested and standardised simulations for management of the complications of sedation.