



Dental Council of New Zealand

Attn: Marie Warner
Chief Executive
PO Box 10-448
Wellington 6143

By Email: consultations@dcnz.org.nz

Dear Marie,

RE: Submission on an updated Sedation Practice Standard

September 16, 2016

In response to the consultation document for the draft Sedation Practice Standard, EMCARE Services respond with the following submission:

- Q1.** We AGREE with the proposed clinical team for sedation (proposal 1.)
- Q2.** We AGREE with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3.)
- Q3.** We AGREE with the proposed core competencies for providing sedation and monitoring-only of a sedated patient (proposal 4 and appendices B & C of the draft practice standard.)
- Q4.** We **'DISAGREE'** with the proposal to have scenario training relevant to the management of sedation-related complications, incorporated into the NZRC CORE Advanced resuscitation training every two years (proposal 5.)

There is concern that NZRC CORE Advanced resuscitation training framework is not designed appropriately for Dentistry. The current curriculum includes manual defibrillation and trauma that are not relevant to sedating dentists and unless the Dental Council wish to add the inclusion of cardiac monitoring neither is there relevance to dentists learning ECG rhythms.

Currently the NZRC CORE curriculum does not include management of the sedated patient. Our concern is that in reality most dentist will attend NZRC CORE courses along with other health professionals from differing disciplines (GP's, RN's) and the simulations will most likely be targeted towards the standard CORE model (VF/VT arrest, Acute MI, Anaphylaxis) and not the sedated patient. If this proves correct then how does the Council propose to determine if a dentist is certified under NZRC CORE Advanced Rescuer that it met all the objectives of the Dental Council?

Q5. We 'do' have concern with another area of the draft practice standard, not already expressed.

The NZRC are proposing that Advanced Rescuers (previously levels 5-7) should not train with those training as CORE Immediate (previously level 4). This would mean that were a practice (or more) arrange an in-practice training course that sedating dentists cannot train with their staff and colleagues that are only being trained in BLS or CORE Immediate therefore losing the 'team' training environment in which they will actually practice.

We believe there are significant clinical advantages to providing a course where those participants that are likely to work together in an emergency get the opportunity to be educated to do so.

As already stated following Q4. There are components of CORE Advanced that are irrelevant in dentistry and a modular approach would be more appropriate i.e. modular CORE Advanced.

Recommendations:

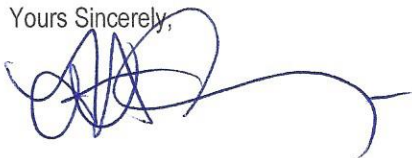
Emcare recommend that the Dental Council consider the following:

1. Introduction of a variant to NZRC CORE in the form of modular CORE Advanced that better meets the objectives outlined by the Dental Council
2. That the Dental Council seek approval from the NZRC to allow blended courses i.e. Immediate and Advanced rescuers to co-train and benefit from elements such as human factors and communication in emergency situations
3. Alternatively, the Dental Council consider adding the words 'or equivalent accredited course' and clearly outline what the learning objectives are satisfactory in the management of the sedated patient and in which case, training providers should seek accreditation from the Dental Council for course content they wish to will deliver and the qualifications of their instructors (e.g. NZRC Core or AHA ACLS instructor). This is already being done for the Level 4 courses where the NZDC allows for an "or equivalent". The notion of an accredited course provider is already well embedded with resuscitation providers though bodies such as the royal college of GPs.
4. Currently there is no consideration for the emergency evacuation process of a sedated patient and subsequent continuity of care should a patient need to be urgently evacuated from a practice under sedation. EMCARE believe the Dental Council should consider incorporating into the **updated Sedation Practice Standard** a guideline for the safe and urgent transfer and subsequent safe management of a sedated patient in the event of evacuation due to fire alarm activation or other emergency evacuation procedure.

Further Expression of Interest:

EMCARE Services wish to convey our willingness to work with the Council to develop and implement (from 2019 onwards), an education and training programme for monitoring-only of the sedated patient.

Yours Sincerely,



Dave Anderson
Director