

From: Garth Sherriff
Sent: Friday, 16 September 2016 9:23 a.m.
To: Consultations
Subject: Sedation Practice Standard

Submission to DCNZ regarding Sedation Practice Standard

16th September 2016

Marie Warner,
Chief Executive.

Dear Marie,

I commend the Dental Council for reviewing the current regulations involving the use of sedation techniques in dentistry and importantly the formal education and monitoring programmes to enable safe procedures and then to invite feedback from the dental profession.

My response is:

Q1. Proposed clinical teams Disagree

I see no benefit from having a monitor- only assistant present throughout the entire procedure as the third member of the dental team for moderate sedations.

At present the operator/sedationist and chairside assistant are working in the region of the patient where they are most able to observe vital signs and modern monitoring machines have excellent visual and audible ongoing data and alarms .

When complications arise, then the dental part of the procedure is halted and the focus is to establish a stable patient with extra staff that are available to help if necessary.

The time range of IV sedations that I perform are from thirty minutes to five hours with most between one and two hours. In reality, to ask an assistant on a regular basis to monitor the IV moderate sedation for 1-2 hours and focus ONLY on that task will be difficult to accomplish, given that the monitoring of a patient over and above the observation of the patient will be to view the screen displaying the oxygenation and the blood pressure at 10-15 minute interval recordings.

Q2 Proposed formal education. Proposal 2 Agree
Proposal 3 Disagree
Monitor- only assistant is surplus to needs

Q3 Proposed core competencies Proposal 4 Appendix B Agree
Appendix C Disagree
Appendix C training should be mandatory for one assistant if the sedationist is also the dental operator.

Q4 Proposal for NZRC CORE Advanced training every 2 years Agree

Q5 Other concerns.

It is noted that capnography should be considered, but not mandatory which I agree with , unlike some other organisations.

I used capnography 25 years ago with GA procedures in the UK and in the last 18 months in NZ for ~ 500 sedations.

My view is that it is of limited help for moderate sedations [and sometimes ,even a hindrance] involving the usual dental treatment in private practice.

In the preamble under Purpose section there is a paragraph which reads " It also applies when a practitioner proceeds with treatment knowing at the time of appointment , that the patient has self-administered a sedative drug or drugs that the practitioner has not prescribed or recommended".

This could be interpreted that a/ if the practitioner doesn't know the above then the minimum standards don't apply.

b/ if the practitioner knows the above but hasn't sedation facilities at the dental practice then the patient cannot be treated.

My experience includes over 40 years [in excess of 30,000 cases] in private practice using inhalation and IV techniques for general anaesthetics [mainly in UK] and sedations [mainly in NZ] for dental procedures.

Yours sincerely,
Garth Sherriff BDS [Otago]