



Marie Warner
Chief Executive
Dental Council
P.O. Box 10-448
Wellington 6143

8th September 2016

Dear Marie

Re: Consultation on a proposed Sedation Practice Standard

The Association welcomes the opportunity to make comment on the proposed Sedation Practice Standard in the requested format of answers to the question posed by the Dental Council.

Q1 Do you agree/disagree with the proposed clinical team for sedation (proposal 1)?

Disagree The Association agrees that a minimum of two staff are required when administering any form of sedation, one of whom is primarily responsible for monitoring the patient's level of consciousness and cardiorespiratory status during the procedure and recovery period prior to discharge. At least one further staff member should be available to provide additional assistance as necessary. In situations where there is an increase in the complexity of either the sedation technique, patient management or the procedure a second assistant should be considered.

Q2 Do you agree/disagree with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3)?

Agree The Association agrees with the stated core competencies.

Q3 Do you agree/disagree 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)?

Agree The Association agrees with the stated core competencies.

Q4 Do you agree/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)?

Disagree The Association strongly supports the need for training (including scenario training) relevant to the management of sedation-related complications in dental practice.

The Association is of the view that NZRC CORE Advanced resuscitation training curricular has components of little relevance to the requirements for the management of sedation-related complications in dental practice. NZRC Core Intermediate resuscitation training including training specific to sedation-related complications is more appropriate.

The Association is strongly of the view that equivalence to the NZRC Core Intermediate resuscitation training should be the required standard, and urges the Council to accept our position on this.

Q5 Do you have any concern with other areas in the draft practice standard, not already expressed?

The Association makes the following comments.

Consultation document (page 10)

1

You must determine whether you can provide safe sedation for patients that is most suitable for them and refer appropriately if you cannot.

- *A physical examination that includes evaluation of the airway to determine if there is an increased risk of airway obstruction, assessment of whether venous access is achievable, measurement of blood pressure, and other investigations as necessary.*

Comment Blood pressure measurement is not indicated for all patients. The measurement of blood pressure should be completed when clinically indicated.

Recommendation: The sentence be amended as follows.

- *A physical examination that includes evaluation of the airway to determine if there is an increased risk of airway obstruction, assessment of whether venous access is achievable, other investigations (e.g. measurement of blood pressure, weight) as necessary.*

Consultation document (page 11)

2

You must provide patients with the information they need or request, in a way they can understand, to enable their informed consent for sedation and the planned dental treatment, before being sedated.

- *Fully explain the risks and benefits of the method of sedation proposed as the most suitable in the patient's circumstance, distinguishing between average risk and individual risk.*

Comment Informed consent requires discussion of the 'risks and benefits' of a procedure (in this case sedation) specifically with regard to the individual concerned. The inclusion of the distinction between 'average risk' and 'individual risk' should be removed.

Recommendation: The sentence be amended as follows.

- *Fully explain the risks and benefits of the method of sedation proposed as the most suitable in the patient's circumstance.*

3

You must provide patients with comprehensive and understandable pre-operative instructions, both verbal and written, before the sedation appointment.

- *The need or not for the patient to arrange an escort¹¹ - a responsible adult to accompany the patient home and care for the patient for the time specified by the practitioner who administered the sedation.*

¹¹An escort is not normally required for adult patients who have received nitrous oxide sedation

Comment: The requirement (or otherwise) for a pre- and post-treatment escort is best determined on an individual basis in consideration of a number of factors not simply the mode of sedation. It is recommended that the 'footnote' to this statement is removed.

Recommendation: The sentence be amended as follows.

- *The need or not for the patient to arrange an escort - a responsible adult to accompany the patient home and care for the patient for the time specified by the practitioner who administered the sedation.*

9

You must monitor the patient, appropriately for the technique, drugs and level of sedation, throughout the sedation and recovery periods.

For all techniques and drugs administered for an intended level of minimal and moderate sedation, excluding nitrous oxide/oxygen:

- *Consider capnography for measurement of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during sedation, particularly when providing an intended level of moderate sedation.*

Comment: One of the most important elements in ensuring patient safety is quickly detecting and responding to sedation related emergencies. Evidence demonstrates that capnography provides warning of medical complications significantly earlier than pulse oximetry. This 'early warning' allows remedial and recovery actions to be taken more promptly and by doing so

Recommendation: The sentence be amended as follows.

- *Capnography for measurement of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during sedation is to be used when providing an intended level of moderate sedation and is recommended when providing an intended level of minimal sedation. and is recommended when providing an intended level of minimal sedation.*

Note: Practitioners will have until 1 Jan 2020 to implement the requirement for monitoring using capnography

optimises post-event patient outcomes. The Association is of the view that capnography should not simply be a 'consideration' rather should be mandated for those intending moderate sedation and should be recommended for those intending minimal sedation.

The Association recognises that some practitioners will need to obtain capnography equipment and associated training and suggests practitioners been given a 'grace period' until 1 January 2020 to comply with this requirement.

Consultation document (page 22)

14

You must complete a formal education and training programme that enables you to meet the competencies defined in Appendix B, and maintain competence, to provide sedation.

- *The University of Otago Bachelor of Dental Surgery qualification is considered sufficient education and training to provide and monitor nitrous oxide/oxygen and oral sedation, subject to the practitioner maintaining competence in these areas. Additional formal education and training is required to provide IV sedation.*

Comment: Young children are especially susceptible to the sedating effects of medications with risks to airway patency, respiratory drive and an increased susceptibility for the child to pass unintendedly into deeper levels of sedation. The Association is of the view that practitioners providing oral sedation to children six years old and younger should receive additional education and training in this area of practice.

Recommendation: The sentence be amended as follows.

- *The University of Otago Bachelor of Dental Surgery qualification is considered sufficient education and training to provide and monitor nitrous oxide/oxygen and oral sedation, subject to the practitioner maintaining competence in these areas. Additional formal education and training is required for practitioners wishing to provide oral sedation to children six years of age and under and those wishing to provide IV sedation to any patient.*

Consultation document (page 22)

16

You must, if you provide the sedation, complete NZRC CORE Advanced resuscitation training every two years that includes scenario training relevant to the management of sedation-related complications.

The Association strongly supports the need for training (including scenario training) relevant to the management of sedation-related complications in dental practice.

The Association is of the view that NZRC CORE Advanced resuscitation training curricular has components of little relevance to the requirements for the management of sedation-related complications in dental practice. NZRC Core Intermediate resuscitation training (or equivalent) including training specific to sedation-related complications is more appropriate.

The Association is of the view that NZRC CORE resuscitation training equivalence should be permitted.

Recommendation: The Standard be amended as follows.

You must, if you provide the sedation, complete NZRC CORE Intermediate resuscitation training (or equivalent) every two years that includes scenario training relevant to the management of sedation-related complications.

Education providers

The Association is committed to facilitating the delivery of high quality education, training and continuing professional development activities to dentists and other oral health practitioners. At the conclusion of the consultation process should the Practice Standard require specific sedation related education and training including for monitoring-only of sedated patients, the Association would be interested in assisting with this.

Additional Comments

The Association remains committed to the reestablishment of a profession-led joint process for the development of Practice Standards such as this.

Kind regards



David Crum
CEO, NZDA