
Page 2: About your submission

Q1

First name

Alexander

Q2

Last name

Reid

Q4

Registered oral health practitioner

In what capacity are you making this submission?

Q5

Respondent skipped this question

Company/organisation name

Page 3: About your submission

Q6

Dentist

What is your profession?

Q7

Respondent skipped this question

Please enter your Dental Council Person ID, if applicable

Page 4: Q1 - Sedation practice standard

Q8

No opinion/NA

Do you agree/disagree with the updated draft Sedation practice standard?

Q9

Respondent skipped this question

If you disagree, please tell us why:

Page 5: Q2 - Sedation practice standard

Q10

Yes, more clarification or guidance needed

Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance?

Q11

If yes, please tell us which areas and why:

Thank you for the opportunity to comment on the proposed changes to the sedation practice standard. I am writing to request clarification and explicit inclusion of the concept of anxiolysis in the guideline, as this is not currently defined or addressed.

At present, the draft wording appears to classify all oral benzodiazepine use as conscious sedation. Historically, and in international standards, there is a clear clinical and regulatory distinction between:

1. Low-dose oral anxiolysis/premedication, intended only to reduce anxiety or assist with sleep or travel to the appointment, and
2. Oral conscious sedation, involving higher doses or a clear intent to achieve sedation.

For example, in the UK guidance they distinguish between oral sedation and oral premedication, with oral premedication not required to comply with the stricter oral sedation requirements. The SDCEP/IACSD guideline states explicitly: " Oral Premedication: A low dose of benzodiazepine may be prescribed as oral premedication for anxiolysis to assist with sleep the night before treatment or to aid an anxious patient's journey under close supervision to the treatment facility. Oral premedication can be used as a standalone method for anxiety management without necessarily being followed by sedation at treatment. Higher oral doses of benzodiazepine or use of other drugs orally constitute oral sedation and therefore would be subject to the guidance in Sections 4 and 5. "

This separation is recognised in comparable standards in the UK & Ireland, USA etc.

Reason for Concern

Without explicit recognition of oral premedication/ anxiolysis, the proposed standard could unintentionally restrict the long-standing, safe, low-risk practice of prescribing minimal-dose benzodiazepines for:

- pre-appointment anxiety relief
- sleep the night before treatment
- assisting highly anxious patients to simply attend the clinic

These low-dose uses do not meet the threshold for conscious sedation pharmacologically or clinically, yet under the current draft, they could be interpreted as requiring full sedation certification, facility standards, and monitoring creating unnecessary barriers to providing basic anxiety management.

Requested Amendment

I respectfully ask the Council to explicitly define anxiolysis within the standard and distinguish it from oral conscious sedation. A clear two-tier system would align with international guidance and preserve patient safety while maintaining access to essential care:

- Oral Anxiolysis/Premedication:
Low-dose benzodiazepine used solely for minimal anxiety reduction, not expected to produce conscious sedation.
Should not require sedation certification.
- Oral Conscious Sedation:
Higher doses or any oral administration intended to achieve sedation.
Subject to the sedation standards.

This clarification would reduce ambiguity, support safe practice, and prevent unintended restrictions on routine anxiety management.

Thank you for considering this feedback. I remain supportive of the Council's commitment to patient safety and would welcome further engagement on the development of clear, practical sedation standards.

Page 6: Q3 - Sedation practice standard

Q12

Do you have any further comments on the proposed Sedation practice standard?

No
