Page 2: About your submission

Q1

First name

Jonathan

Q2

Last name

Panckhurst

Q4 **Professional body**

In what capacity are you making this submission?

Q5

Company/organisation name

New Zealand Society of Anaesthetists Ngā Ringa Tauwhiro o Aotearoa

Page 3: About your submission

Q6 **Respondent skipped this question**

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

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

No opinion/NA

Q9

If you disagree, please tell us why:

The NZSA generally supports this updated draft sedation practice standard. Its alignment with ANZCA PG09(G) Guideline on procedural sedation 2023 ensures consistency with a widely supported guideline across professions in Aotearoa and upholds key safety measures.

There are some areas within the draft standard where small adjustments will aid clarity and strengthen our high levels of safety for both patients and their care teams. In particular, the sedation team member's roles and responsibilities. Where role definitions and expectations to uphold scopes of practice will determine suitability and responsibilities.
Areas we recommend would benefit from these changes are detailed in our response to question 2.

Some members of the NZSA have raised questions and concerns about the guidance on sedating patients under 3. Particularly when it comes to certain agents, performing procedures without qualified assistants for the anaesthetist, and airway and resuscitation skills. The Society would appreciate the opportunity to meet with the Dental Council to discuss this further and work collaboratively on addressing these concerns.

Page 5: Q2 - Sedation practice standard

Q10

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

Yes, more clarification or guidance needed

Q11

If yes, please tell us which areas and why:

Definitions of sedation: The NZSA commends the clear definitions for the levels of sedation, including deep sedation and general anaesthesia, even though they are beyond the scope of the standard. This offers distinctions between the levels and recognition for the continuum from levels of sedation to general anaesthesia. As well as clarity on the differences between minimal and moderate sedation. To continue this clarity, the NZSA recommends that the definition for general anaesthesia includes that "Managing patients under general anaesthesia should only be performed by a specialist anaesthetist". Noting this is included in the purpose, the repetition would be helpful.

Standard 1: Risk Assessment:
- The NZSA appreciates that the risk assessment standards, guidance and risk assessment framework have been updated to align with PG09 and the increased focus on risk. However, we also suggest alignment with ANZCA PG07 Guideline on pre-anaesthesia consultation and patient preparation. PG07 applies to 'any doctor responsible for administering drugs that have the potential for alteration of a patient's conscious state, from any level of sedation through to general anaesthesia', offering clear requirements for the pre-consultation and assessment.
- We note the following guidance has been removed from this section: If the patient is seriously medically compromised and/or the results of the physical examination indicate an anaesthetist is required, an anaesthetist must administer the sedation and monitor the patient; referral may be necessary.
It should remain clear that there are scenarios where an anaesthetist should be consulted. This could be achieved by adding the following to the guidance: Patients identified as higher risk, including those with comorbidities, ASAIII, or who are elderly, may warrant anaesthesia consultation.

Appendix A: Sedation risk assessment framework. The NZSA suggests adding the following two points to the risk assessment framework to better align these with ANZCA PG09 patient preparation (9.1), and for increased patient safety:
- Known chronic diseases such as cardiac, respiratory, severe gastro-oesophageal reflux, chronic aspiration, neuromuscular or metabolic and rare syndromes.
- History of laryngospasm or presence of URTI.

Standards 4,5,6: Providing sedation
- 'Desirable' within the fifth guidance point on venous access implies a lesser expectation for what should be an imperative. The NZSA recommends venous access is 'essential', with the exception of certain circumstances.
Suggested adjustment: Reliable venous access is desirable essential, however when it is not practical, consideration may be given to proceeding without venous access for procedures under minimal oral sedation. Nonetheless, for deeper levels of sedation venous access is essential.

Standards 8-9: Environment for sedation:
- The facilities and equipment should meet what is outlined in ANZCA PG09 as a minimum, and some minor differences should be considered (PG09: 8.4, 8.6, 8.11 and 8.14).
- We also recommend reiterating the importance of considering a patient's age and condition when determining appropriate and safe facilities. Both factors may require different equipment or environments, and including them in Standard 8 would ensure treatment and recovery areas are explicitly incorporated into the overall care plan. This is consistent with ANZCA PG09 and ANZCA PS04(A) Position statement on the post-anaesthesia care unit. The latter also applies to healthcare facilities providing sedation, including dental settings and outlines specific expectations for additional paediatric considerations.
This could be achieved by expanding Standard 8: You must ensure that the treatment and recovery areas are appropriately sized, configured and equipped for the sedation technique being used and the age and condition of patients, to facilitate safe sedation and recovery - including management of sedation-related complications.
- We also encourage removing 'install' from Specialised equipment for inhalational sedation: Install, maintain and service any piped gas system according to appropriate standards, at least annually. Statements from anaesthesia bodies in the UK, USA, and now jointly from the NZSA, ANZCA and the Australian Society of Anaesthetists strongly advocate for a departure from piped nitrous oxide systems due to the prevalence of leakage and high environmental cost. Recommending point-of-care cylinders as the preferred method of nitrous oxide delivery. This is in line with the World Health Organization (WHO), which added a qualifying statement to the emergency medicines list, stating "Piped nitrous oxide (i.e., centrally supplied systems of delivering gas through buildings) is a major source of atmospheric pollution from healthcare facilities and therefore only point-of-care cylinders are

buildings) is a major source of atmospheric pollution from healthcare facilities and therefore only point-of-care cylinders are recommended."

Standard 10: Clinical team for sedation:
With the term 'medical practitioner' being more widely used across different professions and scopes of practice broadening, more clarity within the staffing requirements section would help maintain the highest and safest level of care. We recommend some adjustments to align the staffing requirements with PG09, regardless of who is administering the sedation:
- Adding a definition of the sedationist and 1st assistant roles.
-- To align with PG09, the sedationist should be registered with their jurisdictional regulatory registration authority, responsible for the administration, management, and conduct of sedation, working within their defined clinical scope of practice.
-- The 1st assistant for minimal sedation using multiple agents or multiple doses, OR sedation administered intravenously OR intended moderate level of sedation scenario 1, the 'assisting practitioner' is defined in PG09 as Any Registered nurse with defined and annually certified competencies as outlined in Appendix IV, who under the direction of a sedationist is tasked with administering medications, patient observation and monitoring.
- Stress the importance of independent team members working within their clinical scope of individual practice.
- Clarity on who takes overall responsibility for the patient in scenarios where the practitioner is performing the dual role as sedationist and proceduralist.
-- PG09 also states (7.5): Practitioners singularly performing the dual role of sedationist and proceduralist may prescribe or direct administration of medications, and delegate monitoring and immediate rescue from any complications of sedation to the assisting practitioner. In these circumstances, both the sedationist and assisting practitioner should have the applicable competencies identified in Appendix IV to respond effectively. However, the sedationist/proceduralist retains responsibility for managing sedation, including intervention if required and complications if they occur. We also refer to ANZCA PG18, 5.1: Clinical observation and assessment by a vigilant anaesthetist is essential for safe patient care during anaesthesia. This person cannot be the practitioner performing the procedure (see PG09(G) Guideline on procedural sedation). Clinical monitoring should be supplemented with monitoring devices as necessary, to assist the practitioner responsible for the anaesthesia. Noting that pulse oximetry and CO2 monitoring are ubiquitous now in sedation monitoring and may also warrant mention in this section, 8 Environment for sedation or 11-12 - Monitoring.
- A typo: Pg 20, scenario 2 the sedationist second bullet point should reference 12, and the third bullet point should reference 13.

Paediatric patients under 3YO
As included in our response to question 1, some members of the NZSA have raised questions and concerns about the guidance on sedating patients under 3, and we welcome the opportunity to discuss this further. We also believe some caution and additional guidance are needed for the care of patients under 3 years old within the following standards:
- Standard 1-Risk Assessment: The third guidance should be made stronger to remove any misinterpretation: For children under 3 years of age, sedation must only be provided by a qualified paediatric dental specialist or an anaesthetist.
- Within Standard 10 -clinical team for sedation and 14 - recovery and discharge:
-- To align with ANZA PG09, add to staffing requirements for a single dose of a single oral agent for intended minimal level of sedation OR inhalational sedation: 'For children a third person may be advisable.'
-- Further to the above, the third person should have a level of expertise dealing with paediatric patients, so they are immediately able to assist the anaesthetist or paediatric dental specialist if required.
ANZCA PG29 Guideline for the provision of anaesthesia care to children offers guidance towards training and competencies required for treating paediatric patients that should be considered. Specifically, when intended sedation levels are beyond minimal.

Standard 15 -16 Sedation related complications
Whilst the guidance in this section recognises the necessity to be prepared for immediate action if deeper than intended levels of sedation occur, the sedationist/operator should also be appropriately skilled and trained to rescue inadvertent sedation of the next level of depth. In this instance, if delivering moderate sedation, for example, the specialist should be able to recognise inadvertent deep sedation and have the ability to rescue from this change. This could be included in the same point as: These risks underpin the need for an emergency plan to be prepared and ready for immediate action if deeper than intended levels of sedation occur. The 'sedationist or 'operator' should be appropriately skilled and trained to respond and recover from the level of sedation above that at which they are delivering.

Part III: Education and training
The NZSA suggests adding competency in basic airway techniques to the training requirements. Airway complications are

repeatedly referred to elsewhere in the document, and should be explicitly mentioned within the competencies as well. ANZCA PG09 includes recommended airway competencies and skills applicable to the sedationist based on the level of sedation.
The Society supports the focus on continued learning and reflection included in the requirements.

Page 6: Q3 - Sedation practice standard

Q12

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

Thank you for the opportunity to share feedback on these guidelines. The NZSA commends the extensive work that has gone into the review and update. We hope our suggestions and feedback are helpful, and welcome the opportunity to discuss any comments further.
