

# **SAAD EVALUATION PROGRAMME**

## **CLINICAL AUDIT OF CONSCIOUS SEDATION TECHNIQUES IN DENTISTRY BY PEER REVIEW**



Society for the Advancement of Anaesthesia in Dentistry 2001

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# **SAAD EVALUATION PROGRAMME**

## **1. DEFINITION**

The following definition of conscious sedation shall be adopted:

“A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely.”

The level of sedation must be such that the patient remains conscious, retains protective reflexes, and is able to understand and respond to verbal commands.

## **2. PURPOSE OF EVALUATION**

To promote public welfare and safety for conscious sedation and any associated complications in dentistry.

To maintain and improve high standards for the administration of conscious sedation for the dental patient.

To ensure the provision of satisfactory facilities for the administration of conscious sedation, to the high standards promulgated by the society.

## **3. ASSESSMENT**

Assessment will be made of:

Operator/Sedationist.

Premises and Facilities.

Equipment.

Staff.

Training for complications and resuscitation

## **4. REQUIREMENTS**

The evaluation will be carried out by two authorised members of SAAD (normally a dental surgeon and a medically qualified anaesthetist) and will occupy one half day. Evaluation will refer only to single premises. Where conscious sedation is carried out on a peripatetic basis each site will be assessed separately.

Usually the assessors will observe a minimum of four patients being treated under the sedation/anaesthetic techniques used by the team.

Four varied cases should be presented. The cases should be representative of the techniques of conscious sedation undertaken by the practitioner in his or her normal practice.

## **5. KNOWLEDGE AND UNDERSTANDING**

The dental sedationist should be able to recall:

The application of the principles of physiology anatomy biochemistry pharmacology and physics relevant to the practice of conscious sedation for dental purposes.

The principles of the pathology and management of those medical and surgical conditions which are relevant to the practice of dentistry under conscious sedation.

The principles underlying the safe management of the patient included risk assessment and risk management.

The current legislation affecting the provision of conscious sedation in the dental surgery and contemporary guidelines issued by The General Dental Council.

The environmental considerations for the agents used.

The principles of Basic and Advanced Life Support.

## **6. SKILLS**

The dental sedationist should be able to:

Recognise the indications and contraindications for conscious sedation and local analgesia.

Organise premises, equipment, staff and their appropriate training.

Identify the patient with a more than normal risk .

Give clear written and verbal instruction in pre- and postoperative care to the patient, escort and staff.

Administer efficiently and safely appropriate conscious sedation and local analgesia for the dental treatment being given.

Recognise, diagnose and treat without delay any complication, adverse reaction or emergency.

## **7. ATTITUDES**

The dental sedationist should:

Recognise both the scope of his/her own skills and limitations and those of the environment in which the procedure is carried out.

Be willing to seek advice and refer patients when appropriate.

Recognise the importance of rapport and teamwork.

Be aware of developments and improvements in the control of pain and anxiety and be able to evaluate them and contribute further.

Be aware of the importance of current medico-legal attitudes.

Recognise the patient's domestic social and employment problems in relation to conscious sedation.

Be aware of the serious responsibility involved in advising and undertaking conscious sedation.

Recognise the importance of valid and continuing consent.

Recognise the scope and limitations of conscious sedation for dental purposes.

## **8. PRACTICE**

### **PREMISES**

There should be free access for any assistance in case of emergency.

Surgeries should be located either on the ground floor or have a lift or clear stair access.

Waiting room and recovery facilities should be separate.

### **OPERATORIES**

These should be well ventilated with appropriate scavenging facilities and adequately heated.

Lighting must be adequate without distorting flesh tones.

There should be an efficient telephone or intercom system throughout the premises.

The practice should have an internal protocol to facilitate the transfer of a patient to hospital with a critical care facility should the need arise.

If Nitrous Oxide is used, anti-pollution and scavenging systems should be available.

### **RECOVERY ROOMS**

Adequate suction and oxygen provision should be available.

There should be good lighting heating and ventilation and a couch bed or horizontal dental chair with provision for the supervision of patients.

## **9. EQUIPMENT**

### **BASIC REQUIREMENTS**

In selecting equipment due regard must be given to the provision of maximum safety.

#### **RELATIVE ANALGESIA**

Nitrous oxide/oxygen fail-safe device cutting off Nitrous Oxide supply in the event of oxygen supply failure.

Apparatus incapable of delivering a mixture of less than 30% oxygen or apparatus fitted with an audible and visible display oxygen alarm.

In the case of oxygen failure the apparatus connects the patient immediately to air.

Gas failure warning should be both audible and visible.

There should be a non return valve to prevent rebreathing.

A 2 litre reservoir bag should be used.

There should be an emergency oxygen flush that bypasses the flowmeter.

#### **NOSEPIECES AND TUBING**

Light weight nose pieces designed for inhalational sedation should be used. A variety of sizes should be available. Gas delivery tubing to be of a modern light weight design commensurate with a non-threatening appearance. Waste gases must be removed by a purpose designed scavenging system.

## **GAS STORAGE**

Adequate supplies of oxygen and nitrous oxide should always be maintained and wherever possible, early warning failure devices should be incorporated into the delivery system. Safe gas storage is essential.

The storage and handling of medical gases must take into account the requirements of the Health & Safety at Work Act 1974, particularly regarding that all equipment must comply with the relevant British Standard and must only be used for the gas for which it is designed. Maintenance of equipment must be carried out only by qualified staff.

Safety warning signs must be used where appropriate. When oxygen therapy equipment is in use, fire and safety warning signs must be conspicuously displayed at the site of administration clearly visible to the patient, healthcare personnel and visitors.

## **MIXED GASES**

Where Entenox and other gas cylinders are stored the temperature of the storage must not be permitted to fall below freezing point.

## **OPERATING COUCHES/CHAIRS**

These should be capable of maintaining the patient in the horizontal position and going into the Trendelenberg position with the feet in line with the body, always within range of emergency oxygen and suction.

## **SUCTION**

Power operated high velocity suction should be available.

Portable manually powered or battery operated suction must be available.

## **CROSS INFECTION CONTROL**

Adequate facilities must be available for sterilisation including the provision of an appropriate autoclave and the use of disposable items where appropriate.

## **10. STAFF**

The organisation of staff is dependent on the sedation techniques used and cannot be isolated from the general organisation which is required in dental practice. Assistance given by surgery staff during any sedative procedure cannot be divorced from all other possible concurrent chairside dental duties, however, the requirement to monitor the sedated patient is paramount. Patient safety must be shown not to be compromised by routine dental tasks.

Staff assisting during conscious sedation are expected to demonstrate greater knowledge and skills than those assisting during procedures involving local analgesia alone.

Staff must be able to recognise and initiate treatment of the collapsed patient whilst demonstrating proficient Basic Life Support skills with and without equipment including adjuncts to deliver intermittent positive pressure ventilation of the lungs.

Staff should be able to:

Care for the unconscious patient.

Maintain an airway and note the rate, regularity and volume of the patient's pulse.

Perform and assist with Basic Life Support measures with and without simple airway devices such as Laerdal masks, oral airways, Ambu type bag, with oxygen enrichment.

Assist with all aspects of venepuncture and cannulation.

Assist with the correct placement of photoelectric and other transducers associated with the electromechanical and electrical physiological monitoring of the patient before and during the procedure.

Assist the sedationist as required in the simple daily maintenance of sedation equipment including monitoring equipment.

Prepare operatories and lay out instruments (for both dental and sedation techniques) in a logical sequence for all procedures to be carried out under conscious sedation.

Keep accurate records at the dictation of the dental surgeon.

Assist in the pre and post operative care of patients, including providing adequate pre and post operative information for the individual care of the patients to ensure their safety and well being.

Assist with the operative procedure by:

The use of aspiration equipment and water spray.

Changing burs and handpieces.

Using accepted instrument delivery and recovery techniques in correct sequence.

Providing the patient with appropriate encouragement and reassurance.

Recognising levels of patient comfort co-operation and sedation.

Recognise and name all sedation equipment in the surgery.

Assist the dental surgeon in the storage care labelling and administration of drugs used in conscious sedation.

Recognise when the patient is fit to leave the surgery premises.

## **11. MONITORING**

Contemporary standards of monitoring in conscious sedation procedures must be adopted.

For inhalational sedation clinical monitoring of the patient without further electromechanical devices is adequate.

Monitoring for intravenous sedation must include the proper use of pulse oximetry and blood pressure monitoring.

## **12. EMERGENCY EQUIPMENT**

The minimum standards for emergency equipment is listed in Appendix II of this document.

The minimum standards for emergency equipment are as follows:-

Portable independently powered suction machine with tubing that does not rely on mains electricity.

Adult and where appropriate paediatric yankeur suction tips and suction catheters.

Oral pharangeal airways sizes 1, 2, 3 and 4.

A selection of Nasal pharangeal airways.

A pocket mask (Laerdal mask or similar) one way valve, and oxygen inlet nipple.

A portable oxygen supply with regulated flow with appropriate tubing and mask to provide high concentrations of oxygen. Adequate supplies of portable oxygen must be maintained to allow use of 15 litres per minute without interruption prior to arrival of emergency services.

A selection of 1ml, 2ml and 5ml syringes.

A selection of disposable hypodermic needles sizes 21g and 23g.

## **13. EMERGENCY DRUGS**

Emergency dental drugs should include:

Oxygen

Epinephrine 1:1,000 IM

Glucagon

Salbutamol inhaler

GTN spray

Antagonist drugs for IV sedation

*This is a minimal list and is not exclusive.*

## **SUMMARY**

Practitioners and their staff wishing to achieve a Certificate of Satisfactory Evaluation shall agree to conform to the document “Standards in Conscious Sedation for Dentistry” Report of an Expert Independent Working Group dated October 2000. This document can be found at [www.saaduk.org](http://www.saaduk.org)

Prior to evaluation, applicants are advised to be completely familiar with the document “A Conscious Decision”, A Review of the Use of General Anaesthesia and Conscious Sedation in Primary Dental Care – report by a group chaired by the Chief Medical Officer and Chief Dental Officer, Department of Health. This document is available at the Department’s web site at [www.doh.gov.uk/dental/conscious.htm](http://www.doh.gov.uk/dental/conscious.htm)

## **PRE-EVALUATION COMPETENCY**

Before undertaking SAAD evaluation programme, practitioners must be able to demonstrate as a minimum, competency laid down in the document “Conscious Sedation in Dentistry – The Competent Graduate” published by the Dental Sedation Teachers Group in August 2000. A copy of this is attached to this document.

## **CERTIFICATION AND REGISTRATION**

On completion of the evaluation and after consideration of the assessors report the council of SAAD will:

Issue a Certificate of Satisfactory Evaluation  
of the techniques assessed.

OR

Ask the applicant to bring specified deficiencies up to standard and  
To confirm in writing that this has been done before a Certificate of  
Satisfactory Evaluation is issued.

OR

Inform the applicant of major deficiencies which require correction  
Before the applicant can be re-evaluated. Such a re-evaluation will  
Not be undertaken until six months after the initial visit.

The cost of re-evaluation shall be the same as the original assessment.

The names of successful applicants will be published in SAAD Digest and placed in a  
Register maintained by SAAD.

# SAAD EVALUATION PROGRAMME

## APPLICATION

To: Evaluation Administration, SAAD, 32 Tennyson Avenue, Chesterfield, Derbyshire S40 4SP

APPLICANT: .....

ADDRESS: .....  
.....  
.....  
.....

REGISTERED QUALIFICATIONS AND DATES:

.....  
.....  
.....

GDC/GMC REGISTRATION NO: .....

TYPE OF PRACTICE:	Single Practitioner	Yes/No
	Partnership	Yes/No
	No of Partners	.....
	Group	Yes/No
	No in Group	.....

Number of surgeries used for sedation/  
general anaesthetic techniques .....

Number of ancillary surgeries .....

NUMBER OF PRACTITIONERS ADMINISTERING:

Sedation techniques .....

General anaesthetic techniques .....

Are all the practitioners to be assessed Yes/No

How many practitioners are to be assessed? .....

Sedation techniques .....

General anaesthetic techniques .....

Are the practice facilities used by outside anaesthetists? Yes/No

How many outside anaesthetist? .....

RECOVERY AREA: Couch/Bed facilities Yes/No

Sitting facilities Yes/No

STAFF:

Number of Receptionists .....

Number of Dental Surgery Assistants .....

Please complete the attached list of personal details which forms part of this application:

**DECLARATION**

- (1) I wish to undertake the SAAD Evaluation Programme. I understand the purpose and requirements of the evaluation.
- (2) I agree to pay the Evaluation Fee at least 14 days prior to the agreed Visit and assessors expenses at cost within 14 days after the visit.

OR

- (3) All fees and expenses will be met by .....  
Health  
Authority. This has been confirmed by .....  
Health  
Authority in writing. I understand that where fees and costs are paid by a Health Authority the assessors report will be made available to the General Manager of that Health Authority.

THE COST OF EVALUATION IS:           £800 for the First team.  
  £400 for Associated teams.

EXPENSES AT COST

**NAMES OF FIRST TEAM**

SEDATIONIST: .....

Signature: .....

Date: .....

DENTAL SURGEON: .....

Signature: .....

Date: .....

**NAMES OF ASSOCIATED TEAM (1)**

SEDATIONIST: .....

Signature: .....

Date: .....

DENTAL SURGEON: .....

Signature: .....

Date: .....

**NAMES OF ASSOCIATED TEAM (2)**

SEDATIONIST: .....

Signature: .....

Date: .....

DENTAL SURGEON: .....

Signature: .....

Date: .....