

Submission on: Consultation on an updated sedation practice standard.

My submission relates to Oral Sedation (minimal sedation) which I have been using in my practice for the past 30 years.

Q1.

I disagree with this proposal.

In my practice the 2nd member of the clinical team will be my dental assistant. The patient is being monitored continuously with a pulse oximeter and regular interval blood pressure readings. The machine has an audible warning system and is kept within immediate view of the practitioner and assistant. Should the assistant be absent from the room for a short time they can be readily summoned. On some occasions they may need to leave the room to obtain other instruments or materials for the procedure.

Should the patient go into a deeper level of sedation the procedure would be stopped to allow for the practitioner and assistant to then monitor the patient until they recover to a minimal level of sedation or be discharged. If this did occur then both members of the team would remain present in the room.

Currently the assistant should have NZRC Level 4 training and take instruction from the practitioner who has NZRC Level 5 training.

Q2.

I agree. Currently NZRC Level 4 and 5 provides knowledge of patient vital signs, levels of consciousness and instruction of resuscitation procedures. The assistant works under instruction from the practitioner.

I would propose that formal training be combined into one course which covers all that is required for those who want to provide sedation for their patients. It would appear that the NZDC is proposing a formal training programme for team members to provide sedation and then also requiring NZRC Level 4 or 5 for the members as well.

If a formal training programme was to be implemented it should be all inclusive.

Q3.

I agree with these core competencies.

Q4.

I agree. I did the NZRC level course so that I could provide oral sedation for my patients. There was nothing specific to monitoring patients "under sedation" but the course did cover monitoring and administration of drugs and maintenance of life support for the compromised and unconscious patient. We also carried out scenario training with other participants on the course. I found this a very good format and agree this should be carried out every 2 years.

Q5.

My recommendation would be for the NZDC to consult with a company such as Emcare who provides resuscitation courses for practitioners and staff to establish a formal education and

training programme for sedation in dentistry. The current requirements under the Medical Emergencies in Dental Practice for Resuscitation, Level 4 and 5 would need only minor adjustments to add core competencies for providing sedation and those requiring training to monitor only. The training programme is already there with an accredited provider (Emcare) and basically only requires an additional module to cover the use of sedation in dental practice.

Yours sincerely,

David Parkins