

**SAFE PRACTICE SCHEME
CONSCIOUS SEDATION EVALUATION
FOR DENTISTRY IN THE UK**



**A STANDARDISED
STANDARDISED QUALITY
ASSURANCE ASSESSMENT
IN IMPLEMENTING
NATIONAL STANDARDS**

SEPTEMBER 2011

National guidance directs that safety is of prime importance in the provision of conscious sedation for dentistry. This document provides dentists, Primary Care Trusts and their subsequent replacement equivalent bodies, commissioners and the Care Quality Commission (CQC) with a straight forward guide to assure both quality and safety for the practice of conscious sedation in dentistry. This standardised quality assurance assessment has been produced as an aid to improve local services based on national standards and guidelines for England and Wales.

It is the responsibility of the dental profession to ensure both quality and safety. This document is directed to the provision of conscious sedation for dentistry wherever it is provided without distinction of the profession or specialty of the sedationist.

The Society for the Advancement of Anaesthesia in Dentistry (SAAD) has produced this consensus document, relying on contemporaneous national guidance for conscious sedation in dentistry. SAAD would advise caution for providers and commissioners to guard against local initiatives where sedation practice evaluation may be undertaken which do not meet the standard required by this document.



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Introduction

Following local devolvement of National Health Services dentistry, Primary Care Trusts and their subsequent replacement equivalent bodies have a responsibility to ensure that NHS dental services are fit for purpose while the Care Quality Commission (CQC) has the same duty of care towards private practice.

Standards and guidance for conscious sedation in dental services have been produced for both “standard” and “alternative” dental conscious sedation techniques (These guidance documents are listed in the reference documents at Appendix 1).

Formal evaluation of conscious sedation in dental services is recommended as a result of that guidance.

The contemporary standards and guidance documents have checklists to aid evaluation. Additionally they define the qualities necessary for an individual who is to carry out such an evaluation. An appropriate individual as specified in the guidance is of greater importance for “alternative” techniques. The specification for such a person is referenced within this document.

This standardised quality assurance assessment has been produced by The Society for the Advancement of Anaesthesia in Dentistry (SAAD) to support the evaluation of conscious sedation in dentistry whether the service be delivered within the NHS or under private contract. It applies to all places of administration of conscious sedation in dentistry. It applies to both medically and dentally qualified practitioners and to all grades of practitioner whatever their specialty.

An evaluation may be initiated either by a practitioner requesting evaluation, by an NHS service commissioner, by a third party who is responsible for clinical management or by the Care Quality Commission (CQC).

The aim of this standardised quality assurance assessment is to provide a resource for stakeholders (dentists, commissioners and the Care Quality Commission) in conscious sedation for dentistry. These stakeholders have an interest in ensuring the practice of effective, safe conscious sedation in dentistry and in seeking to ensure that these services achieve contemporary standards.

THIS STANDARDISED QUALITY ASSURANCE ASSESSMENT AIMS TO PROMOTE A CONSISTENT APPROACH TO THE EVALUATION PROCESS THAT IS REASONABLE, FAIR, STANDARDISED AND OPEN.

Reference documents

The contemporary standards and guidance documents which should be used for the evaluation of conscious sedation in dentistry are :

1. Conscious sedation in the provision of dental care. Report of an Expert Group on Sedation for Dentistry. Standing Dental Advisory Committee (SDAC) 2003
2. Standards for Conscious Sedation in Dentistry: Alternative Techniques. A Report from the Standing Committee on Sedation in Dentistry, Faculty of Dental Surgery, Royal College of Surgeons of England 2007
3. Commissioning Conscious Sedation Services in Primary Dental Care. Department of Health. February 2007 [Gateway Reference 7787]
4. Standards For Dental Professionals: General Dental Council May 2005
5. A Guide for Maintaining Standards in the Practice of Conscious Sedation for Dentistry: Independent Expert Group on Training Standards for Sedation in Dentistry 2011
6. Sedation in children and young people. Sedation for diagnostic and therapeutic procedures in children and young people. NHS National institute for Health and Clinical Excellence December 2010.

The “Standards for Conscious Sedation in Dentistry: Alternative Techniques. A Report from the Standing Committee on Sedation in Dentistry 2007” document was prepared for the guidance of dental and medical practitioners including career anaesthetists and those in specialist training and their teams. This document is directed towards these teams who may provide conscious sedation services to supplement local anaesthesia for the provision of dental care.

This new guidance which encompasses the use of alternative techniques develops guidance which has already been provided by “*Conscious Sedation in the Provision of Dental Care*” (which covers the standard techniques). The latter was published by the Standing Dental Advisory Committee in 2003.

BY COMBINING THESE GUIDANCE DOCUMENTS PRACTITIONERS ARE REQUIRED TO TAKE APPROPRIATE STEPS TO PROVIDE A MINIMUM STANDARD FOR SAFE AND EFFECTIVE PATIENT CARE WHATEVER THE CLINICAL SETTING.

Definitions

Standard Techniques are defined as:

- Intravenous sedation using midazolam alone
- Inhalational sedation using nitrous oxide / oxygen
- Oral / transmucosal benzodiazepine* provided that adequate competence in intravenous techniques has been demonstrated

**The transmucosal administration of conscious sedation is regarded by some sedationists as falling within the category of standard techniques. Nevertheless it is essential that strict protocols are in place (see ANNEX 4 of Standards for Conscious Sedation in Dentistry: Alternative Techniques. A Report from the Standing Committee on Sedation in Dentistry 2007”)*

If only the standard techniques, as defined above, are being used then the checklist which appears in the “Commissioning Conscious Sedation Services in Primary Dental Care. Department of Health. February 2007” document or the Practice Inspection Checklist 1 in Appendix 2 is all that is required. However if any technique other than those defined by the standard techniques is being used, as detailed below, then the guidance in “Standards for conscious sedation in Dentistry: “Alternative Techniques. A report from the Standing Committee on Sedation in Dentistry 2007” should be followed.

Alternative techniques include:

- Any form of conscious sedation for patients under the age of 12 years # other than nitrous oxide/oxygen inhalation sedation
- Benzodiazepine + any other intravenous agent for example: opioid, propofol, ketamine
- Propofol either alone or with any other agent for example: benzodiazepine, opioid, ketamine
- Inhalational sedation using any agent other than nitrous oxide / oxygen alone
- Combined (non-sequential) routes for example: intravenous + inhalational agent (except for the use of nitrous oxide / oxygen during cannulation)

It is recognised that the physical and mental development of individuals varies and may not necessarily correlate with their chronological age.

The Evaluation Process

It is essential that, at the outset of the evaluation, the applicant is made aware of the process.

There needs to be a clear and transparent trail of written correspondence and written acceptance of the evaluation process. This must include the applicant's responsibilities and a record of how the process will be enacted before the process starts. Communication should be underpinned by the applicant's understanding that the evaluation process aims to help achieve the contemporary standard and that this process is not a critical paternalistic examination. However it must also be clearly understood that in the event of poor performance there will be a clear process to follow.

The cost of the evaluation should be clearly agreed in writing, including who will be responsible and the terms for payment.

The standards and guidance documents along with the checklists should be sent to the applicant prior to the evaluation visit. The applicant should be requested to fully complete the check list appropriate for their individual evaluation returning it to the assessor prior to the evaluation visit.

The evaluation standard requires the presentation to the assessor of four live clinical cases of the technique to be evaluated. The techniques presented will be the only techniques assessed by this scheme. The evaluation visit should be designed for minimal disruption of normal working practice. The applicant shall obtain the consent of patients to be observed.

There should be a discussion immediately following the evaluation visit to debrief the applicant and explain the next stages of the evaluation process once again.

On completion of the evaluation the assessor should recommend one of three courses of action recommended by the assessor:

1. Issue a written statement confirming that a satisfactory evaluation has taken place specifying the date, venue, team and technique.

OR

2. For minor non-conformities ask the applicant to rectify the specified non-conformities and to confirm in writing that this has been done before a written statement may be issued confirming that a satisfactory evaluation has taken place.

OR

3. Inform the applicant of any major non-conformities which require correction before the applicant can be re-evaluated.

In the event that original or new major non-conformities are still evident at the second assessment, the applicant will be provided with a detailed report of this together with a request for immediate action to be taken by the service provider. Where an assessment has been requested by a commissioner, the Care Quality Commissioner or any other third party a copy of the report will be provided to the requisitioner.

If a major non-conformity is uncovered, that in the opinion of the assessor, is a direct risk to patient safety, the assessor will inform the applicant in writing immediately following the visit. Within this written notice will be a recommendation that all conscious sedation techniques be ceased by the provider immediately. In this circumstance it is expected that the applicant will comply with this request until the assessor is informed in writing that the identified non-conformities have been fully rectified. Again if the assessment has been requisitioned by a third party then that third party will also receive a copy of the assessor's report. Failure to comply with this will lead to a copy of the report being sent to the General Dental Council.

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

There may be circumstances which are non negotiable and at the absolute discretion of the assessor on the day where observation of fewer than four clinical cases may be acceptable.

Certification of the team to be assessed is the normal process and the certificates will be issued in the names of the sedationists observed. Where a number of providers undertake conscious sedation in the same premises and where assessment has been carried out for only some of the providers, and where there is a standard protocol adopted in those premises, certification of the premises may be made at the discretion of the assessor. In such cases, it will be made clear that the certification is not an endorsement of the premises nor a statement of competence of the providers generally, but rather a recognition that on the day of assessment the standard was reached.

Appeal

If the applicant contests the assessment findings then the applicant shall notify the assessor in writing within seven days of the assessment visit detailing the reasons and detailing each and every appealed item.

An appeal will be accompanied by a cheque for £150 payable to "SAAD". The appeal will be considered on clearance of the cheque. This payment will be refunded if the appeal is allowed.

An appeal will be evaluated by an appeal panel consisting of two members of the SAAD Board and will be based on the evaluation documentation together with the assessment report. In the event that the appeal being upheld, the assessor will revise the assessment report and result as directed by the appeal panel. In the event that the appeal is not upheld the applicant will be notified with a summary of reasons for this.

The decision of the appeal panel will be final for this evaluation process and no further discussion or correspondence will follow. The appeal process will be completed within eight weeks of the assessment visit.

An appeal may only be made by the applicant and not by a third party requisitioner. The cost of the appeal shall be borne by the appellant or a third party requisitioner of the report.

Failure by the applicant to abide by the above appeal process in full will lead to any appeal being not allowed

Where assessments are undertaken by an organisation other than SAAD there is no right of appeal to SAAD.

Appendix 1

REFERENCES

You will need to be conversant with these documents as they form the basis of the evaluation.

1. Conscious Sedation In The Provision Of Dental Care. Report of an Expert Group on Sedation for Dentistry. Standing Dental Advisory Committee (SDAC) 2003.
www.saad.org.uk/documents
2. Standards for Conscious Sedation in Dentistry: Alternative Techniques. A Report from the Standing Committee on Sedation in Dentistry. The Royal College of Surgeons of England & The Royal College of Anaesthetists 2007.
www.rcseng.ac.uk/fds/docs/SCSDAT_2007.pdf
3. Commissioning Conscious Sedation Services in Primary Dental Care. Department of Health. February 2007 [Gateway Reference 7787].
www.saad.org.uk/documents
4. Standards For Dental Professionals: General Dental Council May 2005.
www.gdc-uk.org/Current+registrant/Standards+for+Dental+Professionals/
5. A Guide for Maintaining Standards in the Practice of Conscious Sedation for Dentistry: Independent Expert Group on Training Standards for Sedation in Dentistry 2011
6. Sedation in children and young people. Sedation for diagnostic and therapeutic procedures in children and young people. NHS Nation institute for Health and Clinical Excellence December 2010.

Appendix 2

PRACTICE INSPECTION CHECKLISTS

Practice Inspection Checklist 1 (5 Pages)

Basic Sedation Techniques



Date

Principal's name / Provider's name

Practice address

Telephone

General	Yes	No	SDAC¹ Ref	Observations
Does the practice provide:				
• oral sedation?				
• intra-nasal sedation?				
• inhalation sedation (IS)?				
• IS using a volatile anaesthetic				If yes, further specialist advice may be required on the use of
• intravenous sedation (IVS)?				
• IVS using a drug or drugs other than midazolam?				If yes, further specialist advice may be required on the use of these techniques.
Are children under 16 usually sedated with IS using nitrous oxide/oxygen?				Recommended. If not, specialist advice may be required on the use of these techniques.
Are sedation patients normally ASA I or II ?			14	Recommended

	Yes	No	SDAC ¹ Ref	Observations
Facilities			18.1	Mandatory
<ul style="list-style-type: none"> Are the main recovery and waiting areas separate? 				
<ul style="list-style-type: none"> Is there access for emergency services to the building/surgery? 			8	Mandatory
<ul style="list-style-type: none"> Is there space within the surgery, around the chair to deal with an emergency 			8	Mandatory
<ul style="list-style-type: none"> Can the dental chair be placed in a head down tilt position? 			8	Mandatory
Sedation practice				The practice should be able to demonstrate a structured / organised approach to the use of conscious sedation
<ul style="list-style-type: none"> Does the practice follow a recognised sedation protocol? 				
<ul style="list-style-type: none"> Are the patients normally assessed for suitability for sedation at a preceding appointment? 				Recommended
<ul style="list-style-type: none"> Is a cannula normally used to secure IV access? 				Recommended
<ul style="list-style-type: none"> Is IVS administered by titration to a recognised sedation end point? 			19.4	Mandatory
<ul style="list-style-type: none"> Is IS administered by titration to a recognised sedation end point? 			19.4	Mandatory
<ul style="list-style-type: none"> Are recognised discharge criteria followed? 			18.2	Mandatory
<ul style="list-style-type: none"> Does the sedationist discharge the patient? 			18.2	Mandatory
<ul style="list-style-type: none"> Are patients provided with emergency contact information? 			18.2	Mandatory
<ul style="list-style-type: none"> Do all sedation patients have an escort? 			15 and 18.2	Mandatory (except for adult patients receiving IS - at the discretion of sedationist)
Documentation			15 and 16	Mandatory
<ul style="list-style-type: none"> Are patients given written pre-operative instructions? 				
<ul style="list-style-type: none"> Are patients given written post-operative instructions? 			15 and 16	Mandatory
	Yes	No	SDAC ¹ Ref	Observations

Are the following noted and checked prior to sedation? <ul style="list-style-type: none"> Medical, dental and social histories 			13.1 and 17	Mandatory
<ul style="list-style-type: none"> Previous sedations/ GAs 			13.1 and 17	Mandatory
<ul style="list-style-type: none"> ASA category 			13.2 and 17	Mandatory
<ul style="list-style-type: none"> Pre-operative vital signs (incl. BP where appropriate) 			13.2 and 17	Mandatory
<ul style="list-style-type: none"> Dental treatment required 			13.2 and 17	Mandatory
Is written consent obtained prior to sedation?			15, 16 and 17	Mandatory
<ul style="list-style-type: none"> Is a contemporaneous record kept of the administration of sedation? 			17	Mandatory

For practices using inhalation sedation:

	Yes	No	SDAC ¹ Ref	Observations
<ul style="list-style-type: none"> Is there a dedicated IS machine? 			9	Mandatory It is recommended that the concentration of nitrous oxide and oxygen is adjusted by means of a single 'mixer' control. The use of a GA machine for IS by an operator-sedationist is not appropriate
Does this have the following? <ul style="list-style-type: none"> Minimum delivery of 30% Oxygen 			9	Mandatory
<ul style="list-style-type: none"> Emergency nitrous oxide cut-off 			9	Mandatory
<ul style="list-style-type: none"> Is the IS machine checked by a suitably trained and experienced member of staff prior to each session? 			9	Mandatory
<ul style="list-style-type: none"> Is there scavenging of waste gases? 			9	Mandatory. Active scavenging is recommended. In practices where only a small number of cases are undertaken on an intermittent basis, passive scavenging might be acceptable.
<ul style="list-style-type: none"> Is the equipment serviced according to the manufacturers' guidelines? 			9	Mandatory
<ul style="list-style-type: none"> Are the gases stored according to the current safety requirements? 			9	Mandatory

For practices using IV, oral and intra-nasal sedation:

	Yes	No	SDAC ₁ Ref	Observations
• Is a pulse oximeter used?			19.2	Mandatory
• Is all the equipment serviced according to the manufacturers' guidelines?			10	Mandatory
• Service in date?			10	Mandatory
• Can supplemental oxygen be given if required?			10	Mandatory

Other Equipment			13.2	Mandatory
• Is there equipment for measuring BP?				
• Is emergency oxygen available?			21	Mandatory
• Is there a back-up supply/cylinder?			10	Mandatory
• Is there a self-inflating bag valve mask with reservoir bag and / or a Laerdal Pocket Mask to provide intermittent positive pressure ventilation?			10	Mandatory
• Is portable suction available?				Recommended
• Are Yankauer suckers available?				Recommended
• Is the emergency equipment readily available?			21	Mandatory

Drugs			10	Mandatory
• If benzodiazepines are used, is the reversal agent, flumazenil, available?				
• Are emergency drugs available?			21	Mandatory
	Yes	No	SDAC ₁ Ref	Observations

• Are all sedation and emergency drugs in date?			10 and 21	Mandatory
• Are drug labels available for syringes?			19.1	Mandatory

Staff				
• Can all sedationists demonstrate training in sedation, as well as a commitment to continuing professional education?			6 7	Mandatory
• Can all nurses assisting demonstrate training in sedation?			6 7	Mandatory
• Can all recovery staff (if applicable) demonstrate training appropriate to their duties?			6 7	Mandatory

¹ Standing Dental Advisory Committee, 'Conscious Sedation In The Provision of Dental Care: Report of an Expert Group on Sedation for Dentistry' (DH 2003) available at:

<http://www.dh.gov.uk/assetRoot/04/07/47/05/04074705.pdf>

(This checklist is based on the checklist and recommendations developed by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) and subsequently updated by The Department of Health for use by The Dental Reference Service)

Practice Inspection Checklist 2 (9 pages)

Alternative Sedation Techniques



Date

Principal's name / Provider's name

Practice address

Telephone

This inspection should be made by an Assessor experienced in the provision of alternative conscious sedation techniques for dentistry (see the guidance related to appointing an appropriate assessor to alternative techniques)

PREMISES	COMMENTS	YES	NO	OBSERVATIONS
General Maintenance Lighting Heating	Compliance with contemporary standards for the practice of dentistry SDAC 8 SAAD 2			
Surgery circulation areas and corridors Number of Surgeries Separate waiting and recovery areas Chair / trolley suitable for CPR (supine) Sufficient space for management of medical emergencies and complications including resuscitation Access for emergency services	SDAC 8 SAAD 2			

PREMISES	COMMENTS	YES	NO	OBSERVATIONS
<p>Waiting area</p> <p>Size relative to patient flow</p> <p>Lighting</p> <p>Heating/ventilation</p>	<p>SDAC 2 SAAD 2</p>			
<p>Dental Surgery</p> <p>Size (accommodates patient, escort, sedationist, dentist and other staff)</p> <p>General repair</p> <p>Lighting</p> <p>Sedation gas scavenging</p> <p>Ventilation</p> <p>Appropriate privacy for assessment and treatment</p>	<p>SDAC 8 SAAD 2</p> <p>Control of Substances Hazardous to Health Regulations COSHH Health & safety Executive 2002</p>			
<p>Recovery area</p> <p>Lighting</p> <p>Size sufficient to manage throughput of patients and escorts. (unless recovery in dental chair)</p> <p>Number of recovery beds/chairs</p> <p>Suitably trained recovery staff</p> <p>Evidence of training</p>	<p>Adequate for the safe recovery of patients and appropriate for the type of case being managed.</p> <p>SDAC8 SAAD 2</p>			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
Patient details Patient's dental history General medical history ASA Status Social history Medication	SDAC 17 SAAD 4			
Advice on risks and Alternatives Proposed treatment plan Alternatives discussed with patient and escort				
Written pre-operative instructions Escorts Fasting Transport arrangements Contact telephone number				
Written consent Sedation Dental treatment	SDAC 16 SAAD 4			
Written post-operative instructions Escort responsibilities Pain relief Haemorrhage Care of post-op site/dental Emergencies Driving/machinery/legal documents	SDAC 18 SAAD 4			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
<p>Written post-operative instructions cont.</p> <p>Contact telephone number</p>				
<p>Written procedures for discharge</p> <p>Named dentally/medically qualified person</p> <p>Criteria for discharge decision</p>				
<p>Written operative records</p> <p>Sedation procedure – including appropriate monitoring</p> <p>Dental treatment</p> <p>Staff involved</p>	<p>SDAC 17 SAAD 4</p>			
<p>Quality control of Sedation</p> <p>Number of dentists providing Sedation</p> <p>Named separate sedationist</p> <p><i>Any change in the key professional personnel delivering the service MUST trigger a new inspection</i></p> <p>Evidence of training including dates and logbook of CPD</p> <p>Arrangements for safe locum cover for absent team members</p>	<p>SDAC 17 SAAD 4</p>			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
<p>Quality control of Sedation cont.</p> <p>Appropriate induction arrangements for all new team members</p>				
<p>Audit</p> <p>Evidence of commitment to appropriate clinical audit</p>	<p>SDAC 22 SAAD 7</p>			
<p>Types of Sedation provided for PATIENTS OVER 12 YEARS OF AGE</p> <p>Inhalation</p> <p>Oral</p> <p>Transmucosal</p> <p>Intravenous - single drug</p> <p>Multi-drug</p> <p>Multi-route</p>	<p>SDAC 20 SAAD 1</p>			
<p>Types of Sedation provided for PATIENTS UNDER 12 YEARS OF AGE</p> <p>Inhalation</p> <p>Oral</p> <p>Transmucosal</p> <p>Intravenous - single drug</p> <p>Multi-drug</p> <p>Multi-route</p>	<p>SDAC 20 SAAD 1</p>			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
Sedative drugs used Nitrous oxide / oxygen Sevoflurane Midazolam Opioids Propofol Ketamine Other	SDAC 17 SAAD 6			
IV Access Appropriate cannulation				
Syringes Labelled				
How drugs given Bolus / Titration				
Staff / Patient Ratio during treatment	SDAC 5 SAAD 4 Each patient must be attended by at least two appropriately trained and experienced members of the conscious sedation team. A dedicated sedationist is required for the administration of any technique requiring the continuous infusion of a drug or drugs OR when three or more drugs are used regardless of the route. Operator /Sedationist using such techniques MUST be able to demonstrate appropriate training in the specific method, expertise in its use and also provide audit records of its safe administration in that clinical setting.			
DENTAL NURSE TRAINING TEAM TRAINING				
Specialist nursing qualification (eg: Certificate in Dental Sedation Nursing)				

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
Evidence of in-house training in conscious sedation	SDAC 5 SAAD 7			
Competences in the management of emergencies	Evidence of regular (at least annually) scenario based team training in the management of potential complications associated with conscious sedation. This will include airway management, use of Automated External Defibrillator (AED) and life support.			
CPR and Emergency Training provided for the whole team At least every twelve months	SDAC 21 SAAD 7			
EQUIPMENT AND DRUGS It is acceptable for dental practices using the services of visiting sedationist to submit for inspection the resources of the sedationist with evidence that these are of suitable standard and present on every occasion that sedation is administered. To avoid confusion it will be the responsibility of the visiting sedationist to confirm in writing which items of equipment and drugs are expected to be supplied by him / her and by the dentist respectively.				
ISSS/CEN/BSI standards Maintenance and service recorded				
Inhalational sedation equipment Checked by sedationist at start of each session Cannot deliver hypoxic mixture (minimum 30% O ₂) Emergency nitrous oxide shut off Scavenging equipment: active or passive Adequate reserve supply of Oxygen	SDAC 19 SAAD 5			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
Monitoring Pulse oximeter with audible alarm Blood pressure measuring Other monitoring appropriate to the sedation technique and patient	SDAC 19 SAAD 3			
Resuscitation equipment	SDAC 21 SAAD 4			
Drugs & equipment necessary to deal with sedation & medical emergencies Flumazenil Naloxone Batch numbers recorded	SDAC 21 SAAD 4			
OTHER ITEMS	SDAC 22			

DOCUMENTATION	COMMENTS	YES	NO	OBSERVATIONS
RECOMMENDATIONS				

Representative of the Practice
(Please sign and print name)

Date

Assessor
(Please sign and print name)

Date

Please return this completed form to your assessor at least one week prior to the practice visit

PERSON SPECIFICATION OF THE ASSESSOR FOR THE PRACTICE OF ALTERNATIVE CONSCIOUS SEDATION TECHNIQUES

QUALITY	ESSENTIAL	DESIRABLE
Registration	General Dental Council / General Medical Council	
Qualifications	1. BDS/MB BS or equivalent * PLUS 2. Diploma / MSc in the relevant Conscious Sedation techniques awarded by recognised institution OR equivalent alternative seniority and recognised expertise	
Training and Experience	Evidence of appropriate theoretical and practical training with annual refresher training. Continuing clinical activity to include a minimum of 100 administrations per year of standard or alternative conscious sedation techniques	Additional experience including the acceptance of patients referred by other colleagues, participation in teaching courses and in research
Practice Visit	Willingness to comply with documentation and checklist	Willingness to comment and recommend adjustments to the documentation in the light of knowledge and experience
Continuing Professional Development	Compliance with GDC/GMC <i>[General Medical Council / General Dental Council]</i> requirements	Additional relevant CPD <i>[Continuing Professional Development]</i>
Knowledge	Knowledge of a wide range of conscious sedation techniques	Knowledge of latest developments and research in the field of conscious sedation
Mobility	Ability and willingness to travel to referral centre and to attend relevant administrative meetings	
Peer Review and Audit	Evidence of having undergone regular peer review including participation in clinical audit relative to conscious sedation	

* BDS: Bachelor of Dental Surgery MB BS: Bachelor of Medicine and Surgery [basic qualifications for dentistry and medicine]

Appendix 3

EXAMPLES OF DOCUMENTATION TO AID EVALUATION PROCESS.

SAMPLE- SEDATION STAFF TRAINING & EXPERIENCE RECORD

Please complete a new sheet **for each member of staff** associated with the provision of conscious sedation for dentistry. This should include all members of the team (doctor, dentist, dental nurses, practice manager, receptionists).

Name:

Address:

GMC / GDC Registration No:

Date of Registration:

Qualifications with dates:

Conscious sedation experience: (circle as appropriate)

IV RA Oral Alternative (please specify)

Number of sedation cases carried out per annum.

IV RA Oral Alternative (please specify)

Training specific to conscious sedation for dentistry with dates:

Percentage of patients treated aged 12 years or under:

IV RA Oral Alternative (please specify)

SAMPLE - EVALUATION INTRODUCTORY LETTER

Practice Address

Date

Dear Dr

CONSCIOUS SEDATION EVALUATION

I am writing following “***your request / the request of a named party***” for a practice evaluation of your conscious sedation service.

The proposed evaluation is designed to help achieve the contemporary standard required for conscious sedation in dentistry to safeguard patient safety and to assure the quality of sedation for the benefit of patients. This evaluation is offered as a method of improving local services based on national standards and guidelines. The evaluation will be based on the protocols of The Society for The Advancement of Anaesthesia in Dentistry that has brought together the contemporary standards and guidance in a practical evaluation programme. By using this programme for evaluation a consistent national approach to the evaluation process will deliver an assessment that is fair, standardised and open.

Enclosed with this letter are a number of references, a sample staff training and experience form for each member of staff and a checklist. Initially you should return the staff training and experience forms to me together with the completed checklist. Your returned documents will be forwarded to your clinical assessor who will then contact you to arrange a mutually suitable date for the practical assessment. Your assessor will be a practitioner who meets the required specification for the evaluation of your service. The assessor’s role is to help you achieve the required standard and he /she works independently of any practitioner or of any third party.

The process for the evaluation of your conscious sedation service is as follows:

1. The checklist and personnel specifications of those involved with conscious sedation are sent to the assessor.
2. An evaluation visit date will be agreed.
3. Four cases of the conscious sedation technique(s) to be assessed are to be demonstrated. The assessor will discuss the nature of your conscious sedation service with you and all members of staff involved. The assessor will require full access to the facilities and equipment in use. The visit will be designed for minimal disruption of normal working practice but will involve observation of live cases.
4. There will be an immediate post evaluation debriefing and an explanation of how the process may be carried forward.
5. On completion of the evaluation, there will be one of three courses of action undertaken by the assessor. These three courses of action are listed below:

1. Issue a written statement to confirm that a satisfactory evaluation has taken place specifying the date, venue, team and technique.

OR

2. For minor non-conformities the assessor will ask you to rectify the specified non-conformities and to confirm in writing that this has been done before a written statement to confirm that a satisfactory evaluation has taken place may be issued.

OR

3. Inform you of major non-conformities which require correction before you can be re-evaluated. Such a re-evaluation will not be undertaken until three to six months after the initial visit.

In the event that original or new major non-conformities are still evident at the second assessment visit you will be provided with a detailed report of these non-conformities together with a request for immediate action. In this event unless you have requested this evaluation personally or funded this evaluation personally a copy of this report will be provided to the requisitioner.

If a major non-conformity is evident which in the opinion of the assessor is a direct risk to patient safety then the assessor will inform you of this in writing immediately following the assessment. Within that notice will be a recommendation that all conscious sedation techniques be ceased with immediate effect. In this circumstance it is expected that you will comply with this request until you have informed the assessor in writing that such non-conformities have been rectified in full. Again if the assessment has been requisitioned by a third party, then that third party will also receive a copy of the assessor's notifications. Failure to comply with these requests will lead to a copy of the report being sent to the General Dental Council.

The cost of the evaluation programme is "**£xxxx. This amount should be submitted with your checklist with a cheque payable to "XXXXXXXX" / The cost of your evaluation has been met by ABC Primary Care Trust**". In the event of a second evaluation being necessary the cost will be the same amount. Payment must be made before an agreed visit date is arranged.

Should you have any queries about the evaluation please ask your assessor who will support you in achieving the required standard.

Yours sincerely

DOCUMENTS FOR THE EVALUATION

The contemporary standards and guidance documents to be used for the evaluation of dental conscious sedation services are detailed below.

1. Conscious sedation in the provision of dental care. Report of an Expert Group on Sedation for Dentistry. Standing Dental Advisory Committee (SDAC) 2003
2. Standards for Conscious Sedation in Dentistry: Alternative Techniques. A Report from the Standing Committee on Sedation in Dentistry. The Royal College of Surgeons of England & The Royal College of Anaesthetists 2007.
3. www.rcseng.ac.uk/fds/docs/SCSDAT%202007.pdf
4. Commissioning Conscious Sedation Services in Primary Dental Care. Department of Health. February 2007 [Gateway Reference 7787]
5. Standards For Dental Professionals: General Dental Council May 2005

Attached documents for completion are:

1. Staff Training & Experience Record:
Please copy as required and complete a form for **each** member of the sedation team
(Dentist / Sedationist / Nurses / Other Staff).
Following completion please return all the forms to the assessor.
2. Practice Check List:
Please complete, sign and return to the assessor.

SAMPLE - LETTER OF CONFIRMATION

Practice Address

Date

Dear Dr

CONSCIOUS SEDATION EVALUATION

Following your recent request and our further telephone conversation, I confirm that your evaluation will take place on "**Day / Date / Month / Year**".

The evaluation will be undertaken by me and I plan to arrive at your practice at about "**0000hrs**".

This evaluation is not intended to disrupt your practicing day but I will need to have access to all areas of your practice at some stage during my visit. The timescale for the evaluation to be completed is variable but I would expect to be able to leave you by about "**0000hrs**". To help this evaluation go as smoothly and efficiently as possible please have all the checklist required documentation available for inspection.

If you have any questions prior to the evaluation then please do not hesitate to contact me "**preferred contact details**".

Yours sincerely

SAMPLE - POST ASSESSMENT LETTER

Practice Address

Date

Dear Dr

CONSCIOUS SEDATION EVALUATION

Thank you for asking me to complete your evaluation last ***Day / Month/ Year***. I would like to thank you and your staff for the politeness and hospitality you extended to me.

You presented ***two inhalation sedation cases and two intravenous sedation cases including one paediatric inhalation sedation and one complex intravenous sedation case***.

The Practice Inspection Checklist was completed and signed by both of us. Also we had ongoing discussions both during and after the cases. It was agreed that there were a number of minor non-conformities which will be necessary for you to confirm in writing have been corrected before a Certificate of Satisfactory Evaluation can be issued. These are attached as a separate document. The items will need correcting and individually confirming with your signature and date.

Once this has been completed, the SAAD Evaluation certification can be issued. I would point out that this evaluation is an evaluation of the techniques demonstrated on the day and that it is personal to you. Being a system of peer review evaluation, it is neither an endorsement of your practice nor a statement of competence.

I look forward to receiving your completed documentation. Again, many thanks for your welcome last ***Day***.

Yours sincerely

SAMPLE - MINOR NON-CONFORMITIES NOTIFICATION

CONSCIOUS SEDATION EVALUATION

Date / Month / Year

Please attend to the items listed below. Once completed please sign, date and return the checklist in the enclosed stamped, self-addressed envelope.

Non-conformities requiring attention

Item	Date	Signed
All conscious sedation techniques to be carried out in a downstairs surgery. Access to the upstairs surgery is via steep, winding and narrow stairs which would create difficulties for the emergency services.		
A pre-operative dental treatment chart should be provided prior to every procedure.		
Replace the perished Air Viva bag valve mask.		
Revisit pre and post operative sedation instructions. Divide these logically into before and after instructions. Use of SAAD leaflets is recommended.		
Replace Basic Life Support flow charts in all surgeries with the current algorithm.		

SAMPLE - SUCCESSFUL COMPLETION

Practice Address

Date

Dear Dr

CONSCIOUS SEDATION EVALUATION

Following your conscious sedation evaluation on ***Day / Date / Month / Year***. I am pleased to inform you that you have met the standard required. A certificate of completion of the evaluation process will be provided by ***xxxxx***.

I hope you feel that the scheme you have undertaken is valuable in quality assurance for patient care in conscious sedation. I would point out that this evaluation is an evaluation of the techniques demonstrated on the day and it is personal to you. Being a system of peer review evaluation, it is not an endorsement of your practice nor is it a statement of competence.

Thank you for participating in this programme.

Yours sincerely

SAFE SEDATION PRACTICE SCHEME

**(A scheme for the evaluation of safe practice of
conscious sedation in UK Dentistry)**

A STANDARDISED QUALITY ASSURANCE ASSESSMENT TOOL TO AID THE IMPLEMENTATION OF NATIONAL STANDARDS

This document has been produced by a working party of The Society for The Advancement of Anaesthesia in Dentistry

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An electronic version of this document is available at:

www.saad.org.uk/documents

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