

## **Sedation Guidelines Report to Council - Oct 2018**

To whom it may concern,

The current CDSS sedation guidelines have become antiquated with today's climate. There was an unfortunate incident in Alberta 2 years ago that has led to a shift in ideology on Sedation in the Dental office nationally. Over the past 18 months the Sedation committee has been working to update the current CDSS sedation guidelines to better reflect the national focus on safety and appropriate training. Sedation and General Anesthesia are often beneficial and sometimes essential for our patient population however, this standard is one of our most important documents as it literally concerns matters of life and death. The development of this document has included significant due diligence as such.

After reviewing the Sedation Guidelines from most of our provincial counterparts, we have drafted a preliminary draft to model around what seems to be a national standard. Most provinces have followed the Ontario framework and we have done the same. This includes general standard for all modalities of sedation and general anesthesia; then breaking the guidelines down into Part 1 - minimal sedation and moderate sedation; and Part 2 - Deep sedation and general Anesthesia. After great discussion with our OMFS and Pediatric specialists in the province, there have been some modifications to the framework to allow for realistic geographic and patient specific variables in our province. Patient Safety is the most important determinant with all modifications included in the guidelines.

Some of the barriers we still face include facility registrations and facility fees. The CDSS will need to incorporate a sedation facility registration and determine the costs included in initial setup and site evaluations of all sedation facilities, regardless of modality. With our vast geographic area, it may be beneficial to have site inspections paired with PERP evaluations, but this would need to be done on a yearly or semi-yearly basis by appropriately trained and knowledgeable individuals. The SAOMS has expressed interest in being involved in the process however a formal agreement has not been arranged. The CDSS will also need to determine a critical incident reporting process. We will have to be cognizant of what would constitute a critical incident in both the generalist office vs the specialist office taking into account the level of training and skill set of each practitioner and the mode of sedation utilized.

Dental anesthesia and general anesthetic suites have become a topic of discussion in our province. The Ministry has credentialled a private pediatric dental facility in Regina for the delivery of general anesthetic and the CDSS now has minimal control over who and how anesthetics are being provided in our members facility. This is a very difficult situation and now we have to delineate the responsibilities of the Ministry and the CDSS on regulation of this facility.

Itinerant Dentists providing sedation are outlined in the current draft guidelines including emergency provisions and limitations to sharing of provisions are also included to minimize oversights. Itinerant Medical practitioners will need also need to be registered with the CDSS and will need to be credentialled with their professional college to provide the modality of sedation provided in the dental facility. The dentist responsible for the facility will be responsible for the registration of the facility and liable for all aspects of the guidelines where the sedation/anesthesia is being provided.

Recently (within last 2 weeks), a new draft set of guidelines has come from Ontario and includes protocols for a single operator/anesthesia model and a team approach. There is validity of both modalities for differential modes of sedation practice. We are looking into how to include these changes into our

guidelines. The new draft also includes a two-tier reporting system for critical incidents. These changes address the large volume of incidents seen in the east by their membership. The CDSS will need to look at the reporting system to maximize patient safety while allowing for appropriate access to care. It should be noted that these changes have not been adopted in Ontario yet and are only in draft form.

Initial training and CE requirements of our membership providing any modality of Sedation is generally outlined in the guidelines, but access and evaluation of these courses will include time, manpower and finances. The CDSS will have to oversee the genesis of the GP sedation courses for appropriateness and adequacy. The Specialists have well documented and longstanding training protocols and CE will need to be the focus for this group of practitioners. Initial training and CE requirements will also be included for auxiliary staffing including nursing, CDA's and other office personal.

The timeline for guidelines to have a working draft to council within 6-9 months, however this has been delayed due to the new revisions that have come out nationally to ensure we are current with our contemporaries.

Sincerely,

Dr. Craig Humber

Chair - Sedation Guidelines Committee