

**REQUEST FOR DELEGATION OF A TASK OR  
PROCEDURE**

1. Describe the task or procedure proposed for delegation, including the role of the dentist and the Assistant, Hygienist or Therapist. Indicate the possible harms that could occur. If additional information about the proposed procedure is available, i.e. publications, illustrations, or written protocols, please attach.

Sedation controls on assistant's side of the unit – previously our interpretation has been that a dentist providing the sedation would determine the proper settings for sedation controls and could subsequently delegate the actual physical component of changing the (dial) settings on sedation equipment. The dentist responsible for the overall administration and monitoring of the sedation procedure must be present.

2. What is the rationale for proposing this Delegation of a Task or Procedure? Attach written documentation to support that this request is reasonable, appropriate, and consistent with the DDA, the CDSS Bylaws and the CDSS Professional Practice Standard.

Dental Assistants able to dial in settings that are requested by the dentist in charge of sedation who is present for the procedure.

3. What additional theory, mentoring and practice will be required by the Assistant, Hygienist or Therapist, in order to be competent in the procedure? (Include estimated number of hours and resources available to be used.)
  - (i) Mentoring of the assistant for procedures by another experienced Dental Assistant is available to assist in the mentoring procedures;
  - (ii) In office training would include 2 hours of theory related to the risk management, basic operation of equipment while emphasizing the very limited nature of this task and essential presence of the sedation dentist in charge of the procedure.
4. Please estimate the number of times the Assistant, Hygienist or Therapist would perform this procedure in a month: 20 times/monthly. In your opinion, is this adequate to maintain competence? Yes

5. If the procedure is approved, what, if any, limitations or restrictions will be in place?

Absolutely, the task cannot be performed unless the responsible dentist is present during the performing of the task

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Consultation with appropriate Regulator?  
QAC approval: \_\_\_\_\_

Y or N (attach comments)  
CDSS Registrar approval: \_\_\_\_\_

**From:** Susan Anholt  
**To:** [Marion Lafrenier](#)  
**Subject:** RE: CDSS update to inter-regulatory topics  
**Date:** September 4, 2018 11:52:44 AM

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Thank you. I will place this on the SDAA Council agenda.

Susan Anholt, RDA, BA, Executive  
Director/Registrar