

# **THE SAFE SEDATION PRACTICE SCHEME**



**A QUALITY ASSURANCE PROGRAMME  
FOR IMPLEMENTING  
NATIONAL STANDARDS  
IN CONSCIOUS SEDATION  
FOR DENTISTRY IN THE UK**

**September 2017**

It is the responsibility of dental professionals to ensure both quality and safety in conscious sedation for dentistry. This document is directed to the evaluation of the provision of safe conscious sedation for dentistry and to ensure compliance with contemporary standards and guidance.

The reference standards are those published by the General Dental Council (GDC) and current conscious sedation guidance for dentistry. Overall professional responsibility for safe, quality provision must be patient centred as highlighted by the Francis Report.

National guidance directs that safety is of prime importance in the provision of conscious sedation for dentistry. This document gives providers, commissioners and the Care Quality Commission (CQC) a programme for the evaluation of conscious sedation in dentistry, with the aim of improving patient care.

The Society for the Advancement of Anaesthesia in Dentistry (SAAD) has produced this consensus document, based on contemporaneous national guidance for conscious sedation in dentistry. SAAD expects this programme to be used wherever conscious sedation for dentistry is practised in the UK.

SAAD has defined the principles for the evaluation of safe sedation practice. This is applicable in principle in each devolved UK administration.

This document defines a fundamental standard for evaluation and should not be amended for local use.

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**\* Requires completion before the inspection**

## INTRODUCTION

Conscious sedation is defined as:

*“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 and is able both to understand and respond to verbal commands either alone or accompanied by light tactile sensation.*

Standards and guidance for conscious sedation in dental services have been produced. These documents are listed. Formal evaluation of conscious sedation in dental services is recommended as a result of that guidance.

This quality assurance programme has been produced by SAAD to support the evaluation of conscious sedation in dentistry whether the service is 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.

SAAD acknowledges the NHS England document ‘Service Standards for Conscious Sedation in a Primary Care Setting’ dated June 2017. An annual self declaration of compliance by use of a self-certified check-list adapted from this scheme remains only part of a governance process. **SAAD would encourage commissioners to randomly monitor a selection of providers by adopting the full evaluation protocol laid down in this document, carried out by a person meeting the evaluation person specification (page 22).**

A programme of evaluation may be initiated either by a practitioner requesting evaluation, by an NHS service commissioner or by a third party who is responsible for clinical management or by the CQC; (the applicant).

This quality assurance programme relies on evaluation by an individual trained and experienced in, and currently practising conscious sedation for dentistry. An evaluator specification is included in this document.

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

## REFERENCE DOCUMENTS

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

1. [Safe Sedation Practice for Healthcare Procedures: Standards and Guidance. Academy of Medical Royal Colleges 2013.](#)
2. [Conscious Sedation in the Provision of Dental Care Standards and Guidance. Report of the Inter-collegiate Advisory Committee for Conscious Sedation in Dentistry. The Dental Faculties of The Royal Colleges of Surgeons and The Royal College of Anaesthetists. April 2015.](#)
3. [NICE: Sedation in Children and Young People 2010.](#)
4. [Quality Standards for Cardiopulmonary Resuscitation Practice and Training Primary Dental Care. UK Resuscitation Council May 2017.](#)
5. [Standards for the Dental Team: September 2013. General Dental Council.](#)
6. [Commissioning Dental Services: Service standards for Conscious Sedation in a primary care setting. 2017](#)

These references are underpinned by:

The Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis QC, February 2013 HC947.

Care should be taken to avoid the use of historical standards and guidance that have been superseded by the documents listed above.

**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.**

## THE EVALUATION PROCESS

It is essential that, at the outset of the evaluation, the applicant is made aware of the process. In summary this process will evaluate the following domains:

1. Premises
2. Personnel
3. Policies and care pathways
4. Patient information and consent
5. Patient assessment
6. Sedation delivery and equipment
7. Recovery and discharge
8. Patient record keeping
9. Clinical activity, governance and audit
10. Patient satisfaction

There needs to be a 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. The applicant should understand 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 understood that in the event of poor performance there will be a clear process to follow. Neither the evaluator nor SAAD will enter into discussions about the evaluation other than with the practitioner assessed or service commissioner.

The cost of the evaluation should be agreed in writing, including who will be responsible and the terms for payment. The evaluation fee is payable prior to any visit.

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

The evaluation programme requires the presentation of four live clinical cases of **each** technique to be evaluated. At the sole discretion of the evaluator the number of cases may vary. The techniques presented will be the only techniques evaluated by this scheme. The evaluation visit should be designed for minimal disruption of normal working practice. It is the responsibility of the applicant to obtain the valid consent of patients to be observed prior to the evaluation visit. In addition to the observation of the clinical cases, the evaluator will randomly select fifteen patient records and review a minimum of five patient records. Providers can expect additional records to be reviewed at the evaluator's discretion.

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

On completion of the evaluation the evaluator will take one of the following three courses of action:

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 will 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-inspected.

In the event that original or new major non-conformities are still evident at a second inspection, 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 evaluation has been requested by a third party applicant a copy of the report will be provided to that applicant.

If a major non-conformity is reported that, in the opinion of the evaluator, is a direct risk to patient safety, the applicant will be informed in writing within 24 hours. Within this written notice will be a recommendation that the provider will cease all conscious sedation techniques immediately. In this circumstance, it is expected that the applicant will fully comply with this request until a further inspection has confirmed that the identified non-conformities have been fully rectified. Failure to comply with this will lead to a formal report to the appropriate healthcare regulator.

Again, if the assessment has been requisitioned by a third party then that third party will also receive a copy of the evaluator's report.

A re-evaluation may be carried out not less than 28 days after the initial inspection. SAAD reserves the right to allocate a different evaluator for the re-assessment. The cost of re-inspection will be the same as the original assessment which is payable in advance of an agreed date of evaluation.

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

The certificate will be issued in the name of the sedationist observed. Where a number of providers undertake conscious sedation in the same premises and where evaluation 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 evaluator. 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 evaluation the standard was reached.

SAAD will only certificate evaluations undertaken by SAAD Board approved evaluators.



## APPEALS PROCESS FOR EVALUATIONS CARRIED OUT BY SAAD

Any person involved in the inspection visit may contest the inspection findings or the evaluation outcome. There may only be a single appeal in relation to an inspection visit and the evaluator must be notified in writing. Appeal requests must provide detailed reasons and supporting evidence. This must be received and acknowledged by the evaluator within 21 days of the inspection visit. Appeals received after 21 days will not be considered. Appeals will only be considered in relation to the inspection process or accuracy of the report.

The appeal must be accompanied by a cheque for £500 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, or persons appointed by the SAAD Board, not involved in the original evaluation, and will be based on the evaluation documentation together with the inspection report. In the event that the appeal is upheld, the evaluator will revise the inspection report and evaluation outcome as directed by the appeal panel. In the event that the appeal is not upheld the appellant and initiator of the evaluation 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 date of receipt of the written appeal.

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

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

## INSPECTION CHECKLIST

This checklist is derived from the contemporaneous standards and guidance references which are cited in this document and the checklist is designed to evaluate conscious sedation services for dentistry. It is not a pre-requisite that all services require a “Yes” answer to all fields. Some fields are mandatory, whereas other may not be applicable to the techniques evaluated. If the applicant has any doubts, the evaluator should be contacted prior to the inspection visit.

Date:

Applicant's name:

Name of Sedation Service Manager:

Clinic address

Telephone Numbers

- Applicant:
- Sedation Service Manager:

Sedation techniques to be evaluated (please tick all that apply):

| Sedation Technique | Standard / Basic | Advanced |
|--------------------|------------------|----------|
| Over 16 years      |                  |          |
| Age 12 – 16 years  |                  |          |
| Under 12 years     |                  |          |

| DOMAIN  | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|---|---|-----------------|-------|
| <b>PERSONNEL<br/>(Evidenced by sedation staff training and<br/>experience record)</b>   |   |                 |       |
| Is the sedation service dentist led?  |   |                 |       |
| Does the dental lead have the appropriate training<br>and experience?   |   |                 |       |
| Healthcare professionals within the sedation team<br>are registered with the appropriate regulator                                      |   |                 |       |
| Healthcare professionals have appropriate<br>indemnity cover  |   |                 |       |
| Operator/sedationist  |   |                 |       |
| Separate sedationist  |   |                 |       |
| Clinician carrying out pre-sedation assessment has<br>the appropriate sedation training and experience                                  |   |                 |       |
| Dentist providing operative treatment has the<br>necessary knowledge to provide dental care under<br>conscious sedation                 |   |                 |       |
| Sedationist has the appropriate training and<br>experience in conscious sedation for dentistry  |   |                 |       |
| Dental Nurse (2 <sup>nd</sup> appropriate person) has the<br>appropriate training and experience in conscious<br>sedation for dentistry |   |                 |       |

| DOMAIN  | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|---|---|-----------------|-------|
| Registered healthcare professional assisting with recovery has the appropriate training and experience                      |   |                 |       |
| Record of staff induction programme for sedation and sedation-related complications   |   |                 |       |
| <b>PREMISES</b>   |   |                 |       |
| Clinically fit for purpose and fulfil legislative and regulatory requirements (lighting, heating, ventilation, safe access) |   |                 |       |
| Waiting room, surgery and recovery room of adequate size for management of emergencies                                      |   |                 |       |
| Adequate access for emergency services  |   |                 |       |
| Separate area for patient recovery and waiting room   |   |                 |       |
| Patient exit following sedation not through waiting area  |   |                 |       |
| Privacy assured in surgery  |   |                 |       |
| Individual privacy assured in recovery area   |   |                 |       |
| Patient confidentiality and privacy maintained throughout the patient journey   |   |                 |       |
| <b>POLICIES AND CARE PATHWAYS</b>   |   |                 |       |
| Does the service have and adhere to a contemporary written sedation policy  |   |                 |       |

| DOMAIN  | STANDARD MET          | ACTION REQUIRED | NOTES |
|---|-----------------------|-----------------|-------|
|   | YES/NO/NOT APPLICABLE |                 |       |
| Does the service have and adhere to a current standard operating procedure  |                       |                 |       |
| Patients referred using agreed referral criteria  |                       |                 |       |
| Inappropriate referrals returned to the referrer with an explanation and feedback   |                       |                 |       |
| Is there adequate and easily accessible information available for referring practitioners                                 |                       |                 |       |
| Policy for critical incident reporting  |                       |                 |       |
| <b>PATIENT INFORMATION AND CONSENT<br/>(All documentation for patients must be content, age and capacity appropriate)</b> |                       |                 |       |
| Information relating to the healthcare team providing sedation services is readily available                              |                       |                 |       |
| Patient information about the range of anxiety management care options  |                       |                 |       |
| Written treatment plan and consent for treatment and sedation   |                       |                 |       |
| Patient information regarding the sedation technique to be used   |                       |                 |       |
| Written pre- and post-sedation instructions   |                       |                 |       |
| Written information for patient escorts   |                       |                 |       |

| DOMAIN  | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|---|---|-----------------|-------|
| <b>PATIENT ASSESSMENT<br/>(Evidenced by patient records)</b>  |   |                 |       |
| Carried out at separate appointment   |   |                 |       |
| If not carried out at a separate appointment<br>justification recorded  |   |                 |       |
| Standardised assessment template followed<br>(including medical, dental and social histories)                           |   |                 |       |
| ASA classification documented   |   |                 |       |
| Assessment of patient's physical status including<br>airway   |   |                 |       |
| Previous sedation / GA exposure documented  |   |                 |       |
| Alternative anxiety management approaches<br>discussed  |   |                 |       |
| Assessment of patient's anxiety   |   |                 |       |
| Justification for sedation provision and choice of<br>technique established and documented                              |   |                 |       |
| Assessment of capacity and best interest forms<br>completed, where appropriate  |   |                 |       |
| Written record of consent process   |   |                 |       |
| Confirmation that verbal and written pre and post-<br>operative sedation instructions have been given<br>and understood |   |                 |       |

| DOMAIN   | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|--|---|-----------------|-------|
| Patients given choice of an accompanying person to be present during procedure, where appropriate                      |   |                 |       |
| Pre-operative clinical monitoring measured and recorded  |   |                 |       |
| Pre-operative electro-mechanical monitoring measured and recorded  |   |                 |       |
| <b>SEDATION DELIVERY AND EQUIPMENT<br/>(Evidenced by patient records and observation)</b>                              |   |                 |       |
| Chair / trolley rated to the patient's weight, that can be rapidly moved to a head down tilt position during treatment |   |                 |       |
| Persons present at sedation appointment (staff and escort) documented  |   |                 |       |
| Pre-sedation equipment, drugs and consumables checks   |   |                 |       |
| Patient identification confirmed   |   |                 |       |
| Medical history updated  |   |                 |       |
| Confirmation of treatment intended   |   |                 |       |
| Written consent checked  |   |                 |       |
| Appropriate radiographs available  |   |                 |       |
| Confirmation of compliance with pre-operative instructions   |   |                 |       |

| DOMAIN   | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|--|---|-----------------|-------|
| Each patient attended by at least 2 team members (sedationist and at least one other appropriately trained person) |   |                 |       |
| Is a dedicated sedationist used?   |   |                 |       |
| Baseline blood pressure reading taken  |   |                 |       |
| Baseline SaO <sub>2</sub> and pulse taken  |   |                 |       |
| Is topical anaesthetic available for IV access?  |   |                 |       |
| Cannula used to secure IV access   |   |                 |       |
| Is the administration of sedative agents consistent with contemporaneous guidance for dental sedation?             |   |                 |       |
| Did the technique conform with the definition of conscious sedation  |   |                 |       |
| Did the patient appear adequately sedated  |   |                 |       |
| Did the patient appear comfortable and co-operative  |   |                 |       |
| Was the patient emotionally well supported with good behavioural management techniques                             |   |                 |       |
| Drugs stored and disposed of correctly   |   |                 |       |



| DOMAIN  | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|---|---|-----------------|-------|
| Continuous pulse oximeter (with an audible alarm) used prior to and during treatment under sedation                       |   |                 |       |
| NIBP used during sedation where appropriate   |   |                 |       |
| Selection of BP cuff sizes  |   |                 |       |
| Equipment serviced regularly and in line with manufacturers' recommendations  |   |                 |       |
| ECG   |   |                 |       |
| Capnography   |   |                 |       |
| Active scavenging and ventilation appropriate to COSHH recommendations and Health and Safety Executive Regulations (2002) |   |                 |       |
| Inhalation sedation machine unable to deliver < 30% oxygen  |   |                 |       |
| Is a volatile agent used  |   |                 |       |
| Cylinder in use and full cylinder back up on inhalation sedation machine  |   |                 |       |
| Full and in use cylinder markers used   |   |                 |       |
| Central gas supply storage safety compliant   |   |                 |       |

| DOMAIN   | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|--|---|-----------------|-------|
| Central gas supply regulators in date and serviced   |   |                 |       |
| Adequate central gas supply and cylinder empty alarms or automated switchover  |   |                 |       |
| Evidence of staff training for cylinder safety and changing  |   |                 |       |
| Appropriate gas storage in line with current guidelines  |   |                 |       |
| Are mucosal atomisation devices used   |   |                 |       |
| Is a patient controlled infusion pump used   |   |                 |       |
| Is a target controlled infusion pump used  |   |                 |       |
| Is a non-target controlled infusion pump used  |   |                 |       |
| Functioning blood glucose meter and in date testing strips   |   |                 |       |
| Emergency oxygen supply available  |   |                 |       |
| Emergency suction available  |   |                 |       |
| Bag / Mask System for positive pressure ventilation (Adult and/or paediatric as appropriate) with reservoir and tubing |   |                 |       |
| Variety of sizes of full face masks  |   |                 |       |

| DOMAIN  | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|---|---|-----------------|-------|
| Yankauer suckers available  |   |                 |       |
| Oro-pharyngeal airways available  |   |                 |       |
| Emergency equipment readily available   |   |                 |       |
| AED charged and batteries in date   |   |                 |       |
| Defibrillator pads in date and age appropriate  |   |                 |       |
| Emergency drugs compliant with BNF guidance   |   |                 |       |
| Emergency equipment and drugs checked regularly and checks recorded                               |   |                 |       |
| <b>RECOVERY AND DISCHARGE<br/>(Evidenced by patient records and observation)</b>                  |   |                 |       |
| Chair / trolley rated to patient's weight, that can be rapidly moved to a head down tilt position |   |                 |       |
| Adequate staff / patient ratio  |   |                 |       |
| Post-operative BP and SaO <sub>2</sub> taken  |   |                 |       |
| Discharge criteria followed   |   |                 |       |
| Discharge by an appropriately trained health care professional to an appropriate escort           |   |                 |       |

| DOMAIN   | STANDARD<br>MET<br><br>YES/NO/NOT<br>APPLICABLE | ACTION REQUIRED | NOTES |
|--|---|-----------------|-------|
| Appropriate individual verbal & written post-operative instructions given to patient and escort                                    |   |                 |       |
| Emergency contact number given   |   |                 |       |
| Patient management summary letter to referring practitioner  |   |                 |       |
| <b>PATIENT RECORD KEEPING</b>  |   |                 |       |
| Full and contemporaneous record of assessment  |   |                 |       |
| Full and contemporaneous record of treatment   |   |                 |       |
| Full and contemporaneous record of recovery and discharge  |   |                 |       |
| <b>CLINICAL ACTIVITY, GOVERNANCE AND AUDIT</b>   |   |                 |       |
| Evidence of Immediate Life Support training or equivalent for all healthcare professionals in the sedation team                    |   |                 |       |
| Evidence of Paediatric Immediate Life Support training or equivalent for all healthcare professionals in the sedation team         |   |                 |       |
| Evidence of appropriate training and experience for sedation techniques used for all healthcare professionals in the sedation team |   |                 |       |
| Evidence of appropriate CPD for all healthcare professionals in the sedation team  |   |                 |       |

| DOMAIN   | STANDARD MET<br><br>YES/NO/NOT APPLICABLE | ACTION REQUIRED | NOTES |
|--|---|-----------------|-------|
| Evidence of audit in conscious sedation for dentistry                  |   |                 |       |
| Evidence of peer review in conscious sedation for dentistry            |   |                 |       |
| Patient referral form (inbound)  |   |                 |       |
| Age appropriate patient information for techniques used                |   |                 |       |
| Patient consent form for each technique assessed                       |   |                 |       |
| Patient pre and post sedation Instructions for each technique assessed |   |                 |       |
| Pre sedation assessment  |   |                 |       |
| Intra operative conscious sedation record                              |   |                 |       |
| Discharge record   |   |                 |       |
| <b>PATIENT SATISFACTION</b>  |   |                 |       |
| Evidence of patient experience   |   |                 |       |
| Evidence of patient feedback   |   |                 |       |
| Evidence of complaints procedure                                       |   |                 |       |

**EVALUATOR COMMENTS:**

## EVALUATOR PERSON SPECIFICATION

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

## STAFF TRAINING AND EXPERIENCE RECORDS

### **ADMINISTRATIVE STAFF INVOLVED IN PROVISION OF CONSCIOUS SEDATION FOR DENTAL PROCEDURES**

|   |  |                                      |
|---|--|--------------------------------------|
| <b>Name</b>   |  |                                      |
| <b>Dental Clinic</b>  |  |                                      |
| <b>Job title</b><br><i>e.g. Receptionist,<br/>Administrative assistant,<br/>Practice manager</i>  |  |                                      |
| <b>GDC registration number if applicable</b>  |  |                                      |
| <b>Qualification/s relevant to dental treatment with sedation. Please include qualification dates.</b><br><br><i>Include any in-house training and attach any relevant certificates</i> |  | Date (MM/YYYY)                       |
| <b>Do you ever assist in treating patients under sedation or with their recovery?</b>   | YES / NO<br><br>(delete as appropriate)                                    |                                      |
| <b>Emergency training</b><br><br><b>PLEASE ATTACH MOST RECENT CERTIFICATE TO THIS DOCUMENT</b>  | Basic Life Support / Immediate Life Support<br><br>(delete as appropriate) | Date of last certification (MM/YYYY) |

This form should be checked and signed by the person that it relates to in order to ensure accurate information is provided.

Signed:

Date:

Print name:



## **NURSES INVOLVED IN PROVISION OF CONSCIOUS SEDATION FOR DENTAL PROCEDURE**

|   |   |   |                       |
|---|---|---|-----------------------|
| <b>Name</b>   |   |   |                       |
| <b>Dental Clinic</b>  |   |   |                       |
| <b>Job title</b><br><i>e.g. Dental Nurse<br/>Registered Nurse<br/>Other (please state)</i>  |   |   |                       |
| <b>Healthcare Regulator registration number (eg GDC)</b>  |   |   |                       |
| <b>Evidence of Indemnity</b>  |   |   |                       |
| <b>Dental Nursing / Nursing Qualification/s with date</b>   |   |   | Date (MM/YYYY)        |
| <b>Sedation Nursing Qualification/s with dates</b><br><br><i>Please include any in-house training and attach certificates</i>                                 |   | Course Length (hours / days)                | Date (MM/YYYY)        |
| <b>How many years have you been involved in conscious dental sedation</b>   |   |   |                       |
| <b><u>Experience:</u></b><br><br><b>Sedation patients OVER 16 YEARS OLD you have assisted with/recovered over the last year, for the techniques specified</b> | <b>Sedation technique</b>                                     | <b>Approx. % of total sedation patients</b> | <b>Approx. Number</b> |
|   | Oral sedation only  |   |                       |
|   | Oral sedation in conjunction with other sedative routes       |   |                       |
|   | Inhalation sedation with Nitrous Oxide only                   |   |                       |
|   | Inhalation sedation with other agents only                    |   |                       |
|   | Inhalation sedation in conjunction with intravenous sedatives |   |                       |
|   | Transmucosal sedation with intravenous sedation               |   |                       |
|   | Intravenous sedation with Midazolam only                      |   |                       |
|   | Intravenous sedation with other intravenous sedatives         |   |                       |
|   | Other (please state)  |   |                       |

|  |   |                                      |                |
|--|---|--------------------------------------|----------------|
| <b>Sedation patients 12-16 YEARS OLD <u>you</u> have assisted with/recovered over the last year, for the techniques specified</b>    | Sedation technique  | Approx. % of total sedation patients | Approx. Number |
|  | Oral sedation only  |                                      |                |
|  | Oral sedation in conjunction with other sedative routes       |                                      |                |
|  | Inhalation sedation with Nitrous Oxide only                   |                                      |                |
|  | Inhalation sedation with other agents only                    |                                      |                |
|  | Inhalation sedation in conjunction with intravenous sedatives |                                      |                |
|  | Transmucosal sedation with intravenous sedation               |                                      |                |
|  | Intravenous sedation with Midazolam only                      |                                      |                |
|  | Intravenous sedation with other intravenous sedatives         |                                      |                |
|  | Other (please state)  |                                      |                |
| <b>Sedation patients UNDER 12 YEARS OLD <u>you</u> have assisted with/recovered over the last year, for the techniques specified</b> | Sedation technique  | Approx. % of total sedation patients | Approx. Number |
|  | Oral sedation only  |                                      |                |
|  | Oral sedation in conjunction with other sedative routes       |                                      |                |
|  | Inhalation sedation with Nitrous Oxide only                   |                                      |                |
|  | Inhalation sedation with other agents only                    |                                      |                |
|  | Inhalation sedation in conjunction with intravenous sedatives |                                      |                |
|  | Transmucosal sedation with intravenous sedation               |                                      |                |
|  | Intravenous sedation with Midazolam only                      |                                      |                |
|  | Intravenous sedation with other intravenous sedatives         |                                      |                |
|  | Other (please state)  |                                      |                |

| Approximate percentage of time you spend on each duty per month                     | Duty  | Approximate %                        |
|---|---|--------------------------------------|
|   | Dental surgery assisting for sedation patients  |                                      |
|   | Dental surgery assisting for non-sedation patients  |                                      |
|   | Recovery nursing  |                                      |
|   | Reception   |                                      |
|   | Other (please specify)  |                                      |
| Details of relevant dental sedation CPD over the last year                          |   |                                      |
| Details of relevant dental sedation CPD over the last five years                    |   |                                      |
| Emergency training<br><b>PLEASE ATTACH MOST RECENT CERTIFICATE TO THIS DOCUMENT</b> | Immediate Life Support / Paediatric Immediate Life Support<br><br>(delete as appropriate) | Date of last certification (MM/YYYY) |

This form should be checked and signed by the person that it relates to in order to ensure accurate information is provided.

Signed:

Date:

Print name:

## **SEDATIONISTS and OPERATORS INVOLVED IN PROVISION OF CONSCIOUS SEDATION FOR DENTAL PROCEDURES**

Please complete a new form appropriate **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).

|  |   |                |
|--|---|----------------|
| <b>Name</b>  |   |                |
| <b>Dental Clinic</b>   |   |                |
| <b>Job title</b><br><br><i>circle as appropriate</i>                                 | Dental clinician – not providing sedation<br>Dental sedationist and dental clinician (operator / sedationist)<br>Anaesthetist<br>Other (please state) |                |
| <b>GDC / GMC registration number</b>   |   |                |
| <b>Evidence of Indemnity</b>   |   |                |
| <b>Dental Qualification/s with dates</b>   |   | Date (MM/YYYY) |
| <b>Sedation Qualification/s with dates</b>   |   | Date (MM/YYYY) |
| <b>Number of years that you have been providing conscious sedation for dentistry</b> |   |                |

| <b>Experience:</b><br><br><b>Sedation patients OVER 16 YEARS OLD <u>you</u> have treated with the following conscious sedation techniques in the last year</b> | Sedation technique  | Approx. % of total sedation patients | Approx. Number |
|--|---|--------------------------------------|----------------|
|  | Oral sedation only  |                                      |                |
|  | Oral sedation in conjunction with other sedative routes       |                                      |                |
|  | Inhalation sedation with Nitrous Oxide only                   |                                      |                |
|  | Inhalation sedation with other agents only                    |                                      |                |
|  | Inhalation sedation in conjunction with intravenous sedatives |                                      |                |
|  | Transmucosal sedation with intravenous sedation               |                                      |                |
|  | Intravenous sedation with Midazolam only                      |                                      |                |
|  | Intravenous sedation with other intravenous sedatives         |                                      |                |
|  | Other (please state)  |                                      |                |
| <b>Sedation patients 12-16 YEARS OLD <u>you</u> have treated with the following conscious sedation techniques in the last year</b>                             | Sedation technique  | Approx. % of total sedation patients | Approx. Number |
|  | Oral sedation only  |                                      |                |
|  | Oral sedation in conjunction with other sedative routes       |                                      |                |
|  | Inhalation sedation with Nitrous Oxide only                   |                                      |                |
|  | Inhalation sedation with other agents only                    |                                      |                |
|  | Inhalation sedation in conjunction with intravenous sedatives |                                      |                |
|  | Transmucosal sedation with intravenous sedation               |                                      |                |
|  | Intravenous sedation with Midazolam only                      |                                      |                |
|  | Intravenous sedation with other intravenous sedatives         |                                      |                |
|  | Other (please state)  |                                      |                |

|  |   |                                      |                |
|--|---|--------------------------------------|----------------|
| <b>Sedation patients UNDER 12 YEARS OLD you have treated with the following conscious sedation techniques in the last year</b> | Sedation technique  | Approx. % of total sedation patients | Approx. Number |
|  | Oral sedation only  |                                      |                |
|  | Oral sedation in conjunction with other sedative routes   |                                      |                |
|  | Inhalation sedation with Nitrous Oxide only   |                                      |                |
|  | Inhalation sedation with other agents only  |                                      |                |
|  | Inhalation sedation in conjunction with intravenous sedatives   |                                      |                |
|  | Transmucosal sedation with intravenous sedation   |                                      |                |
|  | Intravenous sedation with Midazolam only  |                                      |                |
|  | Intravenous sedation with other intravenous sedatives   |                                      |                |
|  | Other (please state)  |                                      |                |
| <b>Details of relevant dental sedation CPD over the last year</b>  |   |                                      |                |
| <b>Details of relevant dental sedation CPD over the last five years</b>  |   |                                      |                |
| <b>Emergency training</b><br><br><b>PLEASE ATTACH MOST RECENT CERTIFICATE TO THIS DOCUMENT</b>                                 | Immediate Life Support / Paediatric Immediate Life Support / Advanced Life Support / Paediatric Advanced Life Support<br><br><i>(delete as appropriate)</i> | Date of last certification (MM/YYYY) |                |

This form should be checked and signed by the person that it relates to in order to ensure accurate information is provided.

Signed:

Date:

Print name:

## ***DOCUMENTS FOR THE EVALUATION***

### **1. The contemporary standards and guidance documents to be used for the evaluation of dental conscious sedation services are:**

1. [Safe Sedation Practice for Healthcare Procedures: Standards and Guidance. Academy of Medical Royal Colleges 2013.](#)
2. [Conscious Sedation in the Provision of Dental Care Standards and Guidance. Report of the Inter-collegiate Advisory Committee for Conscious Sedation in Dentistry. The Dental Faculties of The Royal Colleges of Surgeons and The Royal College of Anaesthetists. April 2015.](#)
3. [NICE: Sedation in Children and Young People 2010.](#)
4. [Quality Standards for Cardiopulmonary Resuscitation Practice and Training Primary Dental Care. UK Resuscitation Council May 2017.](#)
5. [Standards for the Dental Team: September 2013. General Dental Council.](#)
6. [Commissioning Dental Services: Service standards for Conscious Sedation in a primary care setting. 2017](#)

### **2. The documents you must complete and return to the evaluator before the inspection visit 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 evaluator.

### **3. Please review and familiarise yourself with the following document prior to the assessment visit:**

1. Inspection checklist

**4. The evaluator will also expect a copy of the following documentation to be provided at the inspection visit:**

- Evidence of registration with appropriate regulator for all healthcare professionals
- Evidence of indemnity cover for all healthcare professionals
- Sedation policy document
- Record of staff induction programme with specific reference to dental sedation and sedation-related complications
- Evidence of training and qualifications for all clinical members of the sedation team
- Evidence of continued commitment of the sedation team to CPD in dental sedation
- Evidence of up to date ILS/PILS training (as appropriate) for all sedation team members
- Record of equipment servicing and logs including all emergency equipment
- Recent clinical audits and incident reporting
- Copy of referral forms and referral criteria (where applicable)
- Copy of all dental sedation documentation (see checklist)
- Evidence of complaints policy and patient feedback



## EXEMPLAR TEMPLATE 1

### INTRODUCTORY LETTER

Evaluator Address for Correspondence

Practice Address

Date

Dear

#### RE: SAFE PRACTICE SCHEME CONSCIOUS SEDATION EVALUATION

I am writing following ***your request / the request of a named third party*** for a Safe Practice Scheme Conscious Sedation Evaluation of your dental conscious sedation service.

The proposed evaluation is designed to help achieve the contemporary standard required for conscious sedation in dentistry to assure the quality of patient sedation and safeguard patient safety. This evaluation is a quality assurance programme based on national standards and guidelines, delivering a consistent national approach to the evaluation process and providing an evaluation that is fair, standardised and open.

The complete Safe Practice Scheme Conscious Sedation Evaluation is enclosed with this letter for reference. It can also be accessed via the SAAD website. The document cites a number of references, sample staff training and experience record forms for each member of staff (administrative staff, nurses, sedationists and operating dentists) and an evaluator's checklist.

The cost of the evaluation programme is **£xxxx**. This amount should be submitted with the staff training and experience record forms and additional documents listed below. Please make the cheque payable to **XXXXXXXXX / The cost of your evaluation has been met by XXXX (e.g. ABC Corporate Dentistry Ltd)**. 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.

Once the requested documents are received, a mutually suitable date will be scheduled for the evaluation. Your evaluator will be a practitioner who meets the required specification for the evaluation of your service. The process for the evaluation of your conscious sedation service is detailed in the Evaluation Algorithm.

The evaluator's role is to help you achieve the required standard and he /she works independently of any practitioner or of any third party. Should you have any further queries about the evaluation please ask your evaluator.

Yours sincerely

## EXEMPLAR TEMPLATE 2

### LETTER OF CONFIRMATION

Evaluator Address for Correspondence

Practice Address

Date

Dear

#### RE: SAFE PRACTICE SCHEME CONSCIOUS SEDATION EVALUATION

Following recent correspondence, I would like to confirm that I will be undertaking your evaluation on **Day / Date / Month / Year** at approximately **0000hrs**.

This evaluation is not intended to disrupt your clinical day but I will need to have access to all areas of your practice at some stage during my visit. The timescale for evaluation completion is variable but I would expect to leave you by about **0000hrs**. To help this evaluation go as smoothly and efficiently as possible please complete and forward the documents detailed at page 29 of the evaluation document at your earliest convenience.

Should you wish to cancel or rearrange the evaluation, please inform me in writing at least 7 calendar days prior to the evaluation date. Cancellation or postponement with less than 7 calendar days' notice will incur payment of the full assessment fee.

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

Yours sincerely

## EXEMPLAR TEMPLATE 3

### POST-EVALUATION LETTER

Evaluator Address for Correspondence

Practice Address

Date

Dear

#### RE: SAFE PRACTICE SCHEME CONSCIOUS SEDATION EVALUATION

Many thanks for your participation in the Safe Practice Scheme Conscious Sedation Evaluation on **Day / Month/ Year**. I would like to thank you and your team for the politeness and hospitality you extended to me.

You presented **four cases of “abc conscious sedation technique”**.

The Inspection Checklist was completed and we had discussions during and after the cases. It was agreed that there were a number of minor non-conformities which need addressing. It will be necessary for you to confirm in writing that these have been corrected before a certificate of satisfactory evaluation can be issued. These are enclosed as a separate document. Please confirm each item has been addressed and sign and date the form accordingly to evidence this.

Once this has been completed and returned to me, the SAAD evaluation certification can be issued. This is an evaluation of the techniques demonstrated on the day and is personal to the sedationist observed. It is therefore not an endorsement of your practice but a system of peer review evaluation.

I look forward to receiving your completed documentation.

Yours sincerely

## EXEMPLAR TEMPLATE 4

### MINOR NON-CONFORMITIES NOTIFICATION

#### SAFE PRACTICE SCHEME CONSCIOUS SEDATION EVALUATION

Date of Evaluation: **Day / Month/ Year**

Please attend to the items listed below. Those marked in red box are mandatory to achieve the standard required. The responsible person for each action should sign the appropriate field to confirm the action is now routinely followed. Once completed please sign, date and return the checklist to your assessor.

#### Non-conformities requiring attention

##### Deviations from protocol requiring attention

|  | Date Corrected | Print Name Responsible Person | Signature |
|--|----------------|-------------------------------|-----------|
|  |                |                               |           |
|  |                |                               |           |
|  |                |                               |           |

##### Borderline items to better service provision

|  | Date Corrected | Print Name Responsible Person | Signature |
|--|----------------|-------------------------------|-----------|
|  |                |                               |           |
|  |                |                               |           |
|  |                |                               |           |

##### Recommendations for Gold Standard Practice

|  | Date Corrected | Print Name Responsible Person | Signature |
|--|----------------|-------------------------------|-----------|
|  |                |                               |           |
|  |                |                               |           |
|  |                |                               |           |

***I confirm I have the authority to certify that the above minor non conformities have been fully addressed to meet the evaluation standard***

***Document completed by:***

***Print Name:***

***Job Title:***

***Date:***

## EXEMPLAR TEMPLATE 5

### SUCCESSFUL COMPLETION

Evaluator Address for Correspondence

Practice Address

Date

Dear

#### RE: SAFE PRACTICE SCHEME CONSCIOUS SEDATION EVALUATION

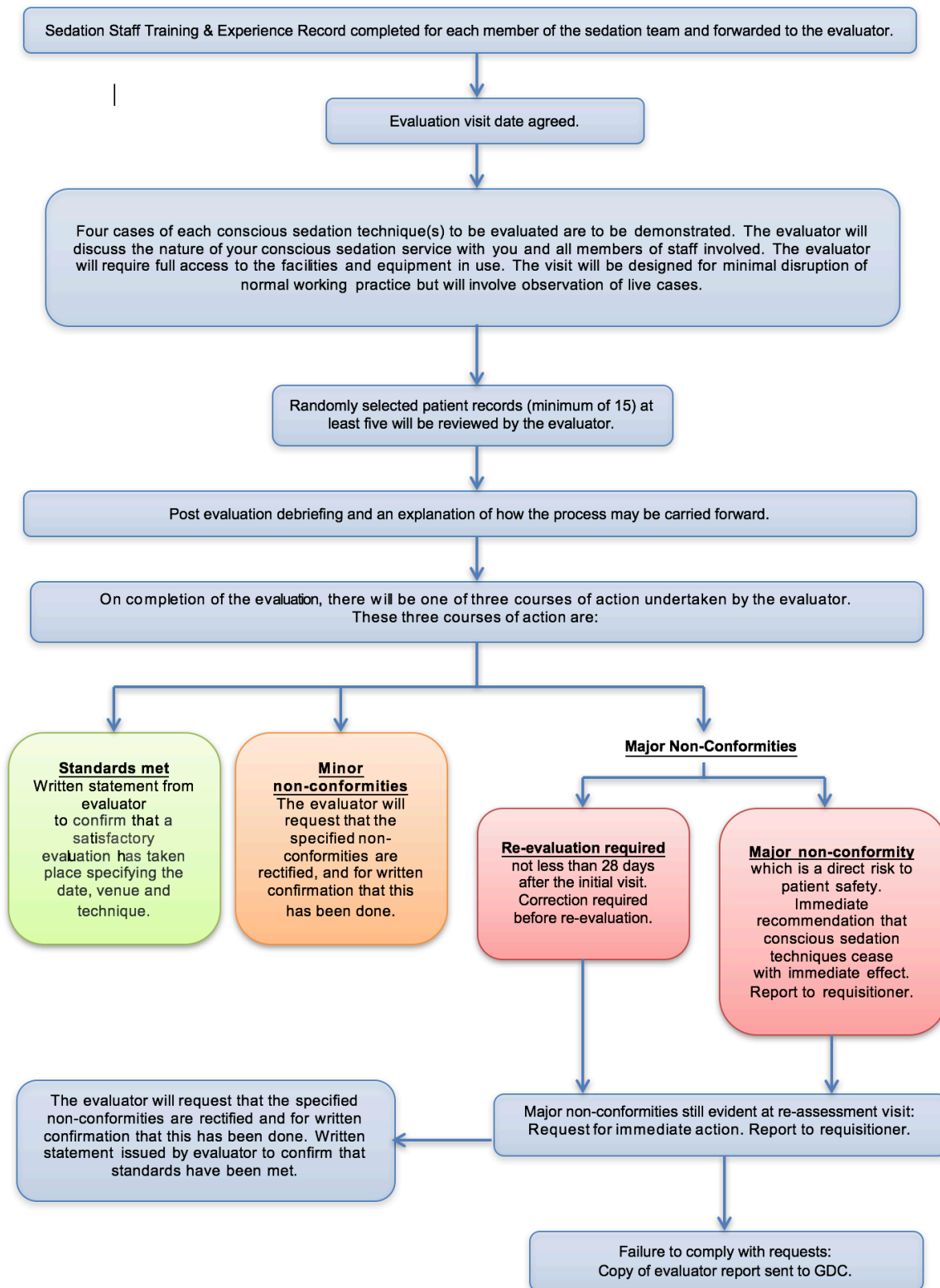
Following your Safe Practice Scheme Conscious Sedation Evaluation on **Day / Date / Month / Year**. I am pleased to inform you that you have met the standard required. A certificate of completion of the evaluation process can be obtained from SAAD.

This was an evaluation of the techniques demonstrated on the day and is personal to the sedationist(s) observed. It is therefore not an endorsement of your practice but a system of peer review evaluation. I hope you feel that the evaluation was a valuable process in quality assurance for patient care in conscious sedation for dentistry.

Thank you for participating in this programme.

Yours sincerely

## EVALUATION ALGORITHM



## MEMBERSHIP OF THE WORKING PARTY

Dr Christopher Holden  
General Dental Practitioner  
Christopher Holden & Associates  
32 Tennyson Avenue  
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Derbyshire  
S40 4SP

Dr Paul Howlett  
General Dental Practitioner  
Queensway Dental Clinic  
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Dr Sadie Hughes  
Senior Dental Officer  
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Mrs Fiona Trimmingham  
SAAD Executive Secretary  
Hay Green Education Ltd  
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DN7 5LA

Approved by The Board of Trustees on 22<sup>nd</sup> September 2017

This document will be reviewed on or before **1<sup>st</sup> March 2020**

An electronic version of this document is available at:

[www.saad.org.uk/documents](http://www.saad.org.uk/documents)





Society for the Advancement of Anaesthesia in Dentistry

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