



DATE: March 4, 2014
TO: Responders to Public Consultation Phase
FROM: Dr. Peter Stevenson-Moore, President, CDSBC
SUBJECT: Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities)

I wish to thank each of you who responded to the request for feedback as a part of the public consultation phase when the draft Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities) document was posted to the CDSBC website. Since that time, some additional responses and communications have been received which have been most helpful in assisting the Committee and Board of the College to undertake further refinement of this document.

The Sedation and General Anaesthetic Services Committee of the College reviewed all feedback and made changes to the document originally posted on CDSBC's website for public consultation on April 5, 2013. The Committee presented a 29th draft of the document for the approval of the Board at its meeting on February 21, 2014. This document may be found [here](#). The Board passed the following motion at that meeting:

That the document "Standards for Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities)":

- a. Be received and is approved in principle.
- b. That the Registrar is authorized to format and edit the document based on Board input.
- c. That the amended document be brought back to the meeting of the Board in May 2014.

The Board's input during discussion of the 29th draft will generate some additional changes. The document in its 30th draft will be reviewed again by both the Sedation Committee and by the Board before it can receive final approval. We hope to achieve that objective at the May meeting of the Board.

The following points represent a few of those anticipated changes:

- 1) The Board learned that there is no significant evidence that would require the availability of a manual defibrillator or of an automatic defibrillator during minimal sedation. However, the Board observed that most exercise facilities, restaurants, golf clubs, and many other public facilities already own automatic devices. The Board felt that it was not unreasonable for dental facilities to be amongst those that have an automatic device available, and it was felt that the expense



- associated with having such a device was no longer prohibitive. This clause is likely to be reduced to a recommendation.
- 2) There has been concern expressed that the sublingual administration of a single agent, such as Ativan, constitutes the parenteral administration of a drug. There appears to be confusion over the difference in terminology between sublingual and submucosal. Wording will be improved to eliminate this confusion, since the intention is not to limit the provision of sublingual drugs as a part of mild sedation protocols.
 - 3) Concern has been expressed for continuous cardiovascular monitoring requirements during minimal sedation. The wording of this section will be modified as it appears to have been misinterpreted.
 - 4) Similarly, the wording surrounding requirements for the monitoring of sedation equipment will be further refined.

The Board was impressed by the effort that has been invested by so many in creating this document. The need for some additional refinement is appreciated. The Board has no doubt that that this complex matter has been treated with considerable responsibility and diligence by committees containing a balance representing generalists and specialists, and when necessary, subject matter experts. The Board is confident that the final document will constitute an appropriate set of standards and guidelines that will be accessible, and will not unreasonably prevent any practitioner who is appropriately qualified from delivering care utilizing minimal and moderate sedation.

We are hopeful that the Board will be able to discuss the introduction of the finalized document at the Board meeting in May. It is clear that this document will not come into force immediately, but is more likely to be implemented in an incremental fashion. The Board will determine the timetable for introduction of the standards and guidelines once the final document is available.

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President
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