



# **THE SAFE SEDATION PRACTICE SCHEME**



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

**January 2023**



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.

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 principal in each devolved UK administration.

*This document defines a fundamental standard for evaluation and should not be amended for local use. The evaluation must be undertaken by a professional who meets the person specification as defined in this document.*

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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 documents for conscious sedation in dental services have been produced and are listed on page 5 and page 16. 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. 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 v1.1 2020
2. NICE: Sedation in Children and Young People 2010
3. Quality Standards for Cardiopulmonary Resuscitation Practice and Training Primary Dental Care. UK Resuscitation Council May 2017
4. Standards for the Dental Team: September 2013. General Dental Council
5. Commissioning Dental Services: Service standards for Conscious Sedation in a primary care setting. 2017
6. Safe sedation practice for healthcare procedures: An update. Academy of Medical Royal Colleges 2021

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 applicant shall abide by the terms and conditions of the evaluation, please read these carefully.

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 summary.

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.



Approval (meets the standard)

Minor non-conformities (action required)

Major non-conformities (immediate action required)

## EVALUATION 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 evaluation visit.

**Evaluation reference number:**

**Requested by:**

**Practice name:**

**Named contact:**

**Role of contact:**

**Email address:**

**Direct telephone:**

**Mobile number:**

**Practice address:**

**Evaluator’s name:**

**Evaluator’s GDC number:**

**Date of the evaluation:**

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		

STAFF PRESENT			EVIDENCE PROVIDED		
Name	GDC/GMC	Role	Indemnity	Sedation CPD	ILS/PILS

STAFF / SEDATION TECHNIQUE					
Name	Technique	Staff initials*	Complete	Incomplete	Comments

\*Initials order: Nurse assisting dentistry then nurse monitoring patient

## DOMAINS

**Personnel**

**Premises**

**Policies and care pathways**

**Clinical activity governance and audit**

**Patient information and consent**

**Patient assessment**

**Sedation delivery and equipment**

**Sedation delivery and equipment (IS)**

**Sedation related complications**

**Recovery and discharge**

**Patient record keeping**

**Patient satisfaction**

**Evaluation summary**

DOMAIN	STANDARD MET?			ACTION REQUIRED	NOTES
<b>PERSONNEL (Evidenced by sedation staff training and experience record)</b>					
	Yes	No	N/A		
Is the sedation service dentist led?					
Does the dental lead have the appropriate training and experience?					
Healthcare professionals within the sedation team are registered with the appropriate regulator					
Healthcare professionals have appropriate indemnity cover					
Operator/sedationist					
Separate sedationist					
Clinician carrying out pre-sedation assessment has the appropriate sedation training and experience					<i>Names &amp; roles</i>
Dentist providing operative treatment has the necessary knowledge to provide dental care under conscious sedation					
Sedationist has the appropriate training and experience in conscious sedation for dentistry					
Registered healthcare professional assisting with recovery has the appropriate training and experience					

DOMAIN	STANDARD MET?			ACTION REQUIRED	NOTES
Record of staff induction programme for sedation and sedation-related complications	█	█			
Evidence of Immediate Life Support training or equivalent for all healthcare professionals in the sedation team*	█	█			*Or as GDC guidance during Covid 19
Evidence of Paediatric Immediate Life Support training or equivalent for all healthcare professionals in the sedation team*	█	█			*Or as GDC guidance during Covid 19
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 (12 hours in every 5 year GDC CPD cycle)	█	█			
<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				
<b>DOMAIN</b>	<b>STANDARD MET?</b>		<b>ACTION REQUIRED</b>	<b>NOTES</b>
Does the service have and adhere to a current written 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>CLINICAL ACTIVITY GOVERNANCE AND AUDIT</b>				
Has the CQC been informed of sedation activity?				
Evidence of sedation audit				

DOMAIN	STANDARD MET?			ACTION REQUIRED	NOTES
<b>PATIENT INFORMATION AND CONSENT</b> (All documentation for patients must be content, age and capacity appropriate)					
Information relating to the healthcare team providing sedation services is readily available	Green	Red			
Patient information about the range of anxiety management options	Green	Red			
Documented treatment plan and consent for treatment and sedation	Green	Red			
Age appropriate patient information regarding the sedation technique to be used	Green	Red			
Age appropriate written pre- and post-sedation instructions	Green	Red			
Written information for patient escorts	Green	Red			
<b>PATIENT ASSESSMENT</b> (Evidenced by patient records)					
Carried out at separate appointment	Green	Red			
If not carried out at a separate appointment justification recorded	Green	Red			
Standardised assessment template followed (including medical, dental and social histories)	Green	Red			
ASA classification documented	Green	Red			



DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
Assessment of patient's physical status including airway	Yes	No		
Previous sedation / GA exposure documented	Yes	No		
Alternative anxiety management approaches discussed	Yes	No		
Assessment of patient's anxiety	Yes	No		
Justification for sedation provision and choice of technique established and documented	Yes	No		
Assessment of capacity and best interest forms completed, where appropriate	Yes	No		
Written record of consent process	Yes	No		
Confirmation that verbal and written pre and post-operative sedation instructions have been given and understood	Yes	No		
Patients given choice of an accompanying person to be present during procedure, where appropriate	Yes	No		
Pre-operative clinical monitoring measured and recorded	Yes	No		
Pre-operative electro-mechanical monitoring measured and recorded	Yes	No		
	Yes	No		

DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
<b>SEDATION DELIVERY AND EQUIPMENT (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 reviewed at each exposure	✓	✗		
Confirmation of treatment intended	✓	✗		
Written consent checked	✓	✗		
Appropriate radiographs available	✓	✗		
Confirmation of compliance with pre-operative instructions	✓	✗		
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	✓	✗		

DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
Baseline SaO <sub>2</sub> and pulse taken	Yes	No		
Is topical anaesthetic available for IV access?	Yes	No		
Cannula used to secure IV access	Yes	No		
IV drug disposal is appropriate	Yes	No		
Is the administration of sedative agents consistent with contemporaneous guidance for dental sedation?	Yes	No		
Did the technique conform with the definition of conscious sedation	Yes	No		
Did the patient appear adequately sedated	Yes	No		
Did the patient appear comfortable and cooperative	Yes	No		
Was the patient emotionally well supported with good behavioural management techniques	Yes	No		
Drugs stored and disposed of correctly	Yes	No		
Continuous pulse oximeter (with an audible alarm) used prior to and during treatment under sedation	Yes	No		
NIBP monitoring used during the sedation visit where appropriate	Yes	No		
Selection of BP cuff sizes available, appropriate to the age group being sedated	Yes	No		

DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
Availability of procedural supplemental oxygen				
Equipment serviced regularly and in line with manufacturers' recommendations				
ECG				
Capnography				
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				
<b>SEDATION DELIVERY &amp; EQUIPMENT (Inhalation sedation only)</b>				
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 MET?		ACTION REQUIRED	NOTES
Central gas supply regulators in date and serviced	Yes	No		
Adequate central gas supply and cylinder empty alarms or automated switchover	Yes	No		
Evidence of staff training for cylinder safety and changing	Yes	No		
Appropriate gas storage in line with current guidelines	Yes	No		
<b>SEDATION RELATED COMPLICATIONS</b>				
Functioning and calibrated blood glucose meter, single use lancets and in date testing strips	Yes	No		
Emergency oxygen supply available (minimum of supplemental and emergency supply)	Yes	No		
Emergency suction available	Yes	No		
Bag / Mask System for positive pressure ventilation (Adult and/or paediatric as appropriate) with reservoir and tubing. Appropriately maintained and single use	Yes	No		
Variety of sizes of appropriately bagged, adequately inflated and single use face masks	Yes	No		
Yankauer suckers available	Yes	No		
Oro-pharyngeal airways / i-gels available selection of sizes appropriate to age group treated	Yes	No		

DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
Emergency equipment readily available	Yes	No		
AED charged and batteries in date	Yes	No		
Defibrillator pads in date and age appropriate	Yes	No		
Emergency drugs compliant with BNF guidance	Yes	No		
Emergency equipment and drugs checked weekly and checks recorded	Yes	No		
<b>RECOVERY AND DISCHARGE (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	Yes	No		
Adequate staff / patient ratio	Yes	No		
Post-operative BP and SaO <sub>2</sub> taken immediately prior to discharge	Yes	No		
Discharge criteria followed	Yes	No		
Discharge by an appropriately trained health care professional to an appropriate escort	Yes	No		
Appropriate individual verbal & written post-operative instructions given to patient and escort	Yes	No		
Emergency contact number given	Yes	No		
Patient management summary letter to referring practitioner	Yes	No		

DOMAIN	STANDARD MET?		ACTION REQUIRED	NOTES
<b>PATIENT RECORD KEEPING</b>				
Patient referral form (inbound)	✓	✗		
Full and contemporaneous record of assessment	✓	✗		
Patient consent form for each technique assessed	✓	✗		
Full and contemporaneous intraoperative conscious sedation record	✓	✗		
Full and contemporaneous record of recovery and discharge	✓	✗		
<b>PATIENT SATISFACTION</b>				
Evidence of patient experience	✓	✗		
Evidence of patient feedback	✓	✗		
Evidence of complaints procedure	✓	✗		

# SAAD Safe Sedation Practice Scheme



## Evaluation Items for Attention

Please attend to the items listed below.

The responsible person for each action should sign the appropriate field to confirm the action is now routinely followed.

Once completed the **lead dentist** should sign, date and return the checklist to your assessor.

**Major deviations from the standard requiring immediate attention**

Item	Date Corrected	RESPONSIBLE PERSON		
		Name	GDC/GMC	Signature

**By signing this form the lead dentist is confirming that the actions listed above have been completed.**

Name	GDC	Date	Signature



**Minor deviations from the standard requiring action**

Item	Date Corrected	RESPONSIBLE PERSON		
		Name	GDC/GMC	Signature

**By signing this form the lead dentist is confirming that the actions listed above have been completed.**

Name	GDC	Date	Signature

## Recommendations for Gold Standard Practice

Item	Date Corrected	RESPONSIBLE PERSON		
		Name	GDC/GMC	Signature

**By signing this form the lead dentist is confirming that the actions listed above have been completed.**

Name	GDC	Date	Signature

**ADDITIONAL COMMENTS:**

A large, empty rectangular area with a light blue gradient background, intended for providing additional comments. The area is bounded by a thin black line.

## EVALUATOR PERSON SPECIFICATION

DOMAINS	ESSENTIAL REQUIREMENTS
<b>Registration</b>	General Dental Council (GDC) / General Medical Council (GMC).
<b>Qualifications</b>	1. BDS/MB BS or equivalent *  PLUS  2. Diploma / MSc in the relevant Conscious Sedation techniques awarded by recognised institution OR equivalent seniority and recognised expertise
<b>Training and Experience</b>	Evidence of appropriate theoretical and practical training with annual refresher training  Continuing clinical activity to include a demonstration of significant experience and teaching of standard or advanced conscious sedation techniques  Additional experience including the acceptance of patients referred by other colleagues and/or participation in teaching courses and in research
<b>Practice Visit</b>	Willingness to comply with documentation and checklist
<b>Continuing Professional Development</b>	Compliance with GDC/GMC requirements  Additional relevant CPD
<b>Knowledge</b>	Knowledge of a wide range of conscious sedation techniques  Knowledge of latest developments and research in the field of conscious sedation
<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



## SAAD Safe Sedation Practice Scheme

### STAFF TRAINING & EXPERIENCE RECORD

*This staff training and experience form should only be completed by those who are clinically involved with sedation patients. This includes those whose sole responsibility is recovering the sedated patient.*

**Name:**

1.	What is your job role? (e.g. operator / sedationist, sedationist only, dentist only, sedation dental nurse in training, sedation trained dental nurse, recovery nurse, non sedation trained dental nurse)	
2.	Please name your indemnifier (Your certificate should be available for inspection on the day of the evaluation visit)	
3.	What is your GDC/GMC number, or other professional registration please specify)?	
		(please provide a copy of your certificate)
4.	Do you administer sedation directly to the patient yourself?	<input type="radio"/> Yes <input type="radio"/> No
5.	How many years dental sedation experience do you have?	
6.	List your dental sedation training from initial training to date	
7.	Have you provided a list of your sedation related CPD over the last five years using the template provided  (copies of the certificates to be available for inspection on the day of the evaluation visit)	<input type="radio"/> Yes <input type="radio"/> No
8.	Do you keep a log book of sedation cases? (Your logbook to be available for inspection on the day of the evaluation visit)	<input type="radio"/> Yes <input type="radio"/> No
9.	Number of intravenous cases in which you have been a providing team member over the last year.	Adult <input style="width: 100px;" type="text"/> Paediatric <input style="width: 100px;" type="text"/>

10.	Number of inhalation sedation cases in which you have been a providing team member over the last year.	Adult <input type="text"/>
		Paediatric <input type="text"/>
11.	<p>Is your ILS / PILS or equivalent training IACSD compliant? This must include <b>practical training</b> in line with the Resuscitation Council recommendation for those providing conscious sedation.</p> <p>(Training should include management of the deteriorating patient, AED, deployable airway skills e.g. i-gels / nasopharyngeal airways, CPR, positive pressure ventilation)</p> <p><i>(copies of the certificates to be available for inspection on the day of the evaluation visit)</i></p>	<p><b>ILS or equivalent</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><b>ALS</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><b>PILS or equivalent</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><b>PALS</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><input type="radio"/> PIL/PALS not applicable as no paediatric sedation provided</p>

### SEDATION PROVISION

Techniques <u>you</u> have administered or assisted with, to the age groups shown, over the last 12 months. <i>Enter number of cases</i>	<12 years	12-16 years	>16 years
Nitrous Oxide Inhalation Sedation			
Midazolam (any route)			
Midazolam and Nitrous oxide concurrently			
Remimazolam			
Propofol			
Opioids			
Ketamine			
Other (please specify)			

## DECLARATION

**I understand that it is my professional responsibility to ensure that:**

- the information I have given on this form is correct and complete
- I am registered and in good standing with my regulatory body
- my professional registration may be at risk if I knowingly make a false declaration
- my sedation CPD is appropriate and equal to/greater than 12 hours in the current five-year CPD cycle

Signature:

Date:

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

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

1. 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
2. NICE: Sedation in Children and Young People 2010
3. Quality Standards for Cardiopulmonary Resuscitation Practice and Training Primary Dental Care. UK Resuscitation Council May 2017
4. Standards for the Dental Team: September 2013. General Dental Council
5. Commissioning Dental Services: Service standards for Conscious Sedation in a primary care setting. 2017
6. Safe sedation practice for healthcare procedures: An update. Academy of Medical Royal Colleges 2021

### **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:**

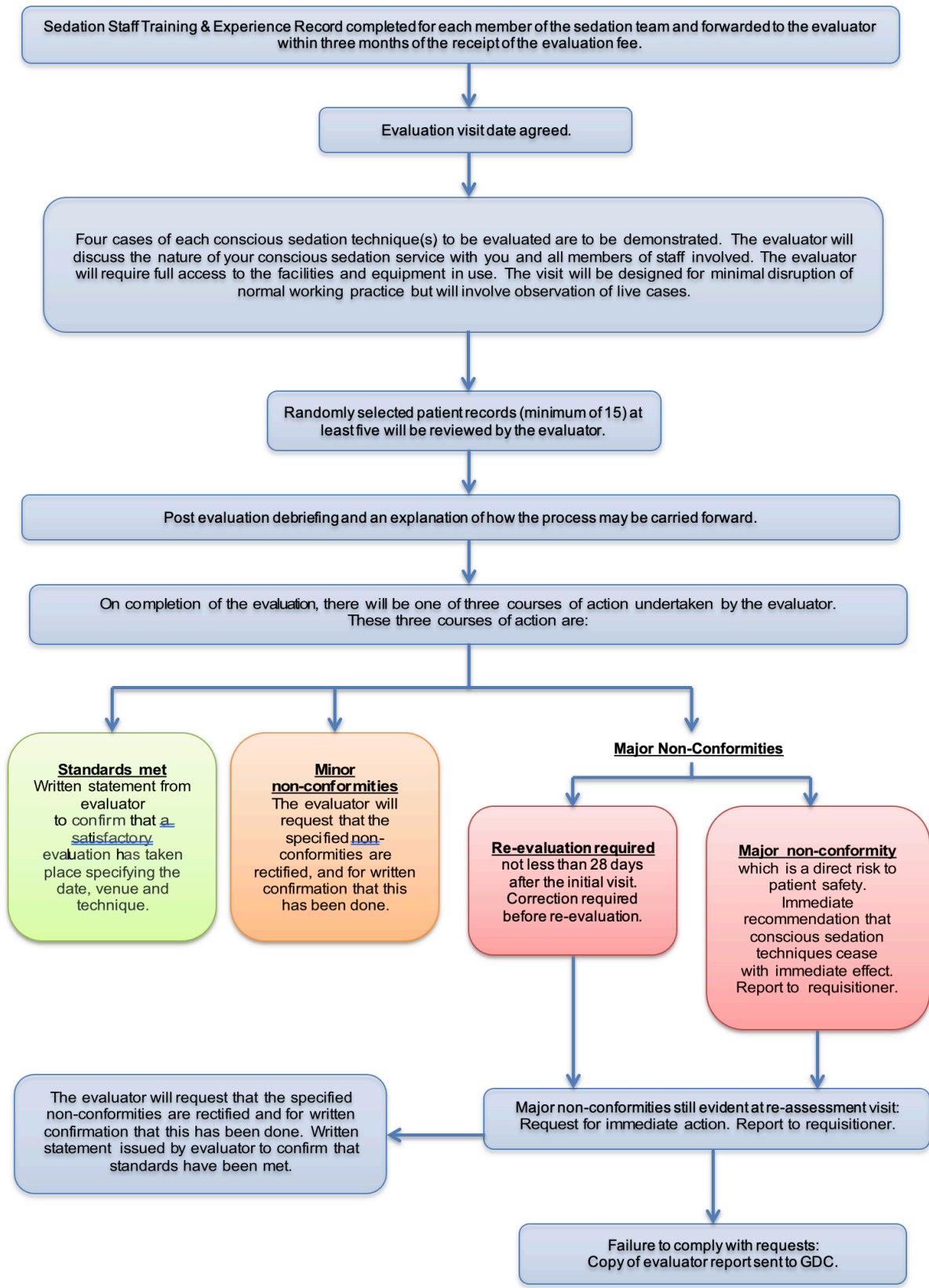
1. Inspection checklist



**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

# EVALUATION ALGORITHM



## MEMBERSHIP OF THE WORKING PARTY

Dr Christopher Holden – Working Party Lead  
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c/o SAAD  
21 Portland Place  
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Dr Leah Adams  
Senior Dental Officer & Sedation Lead  
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Dr Paul Howlett  
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