

# Dental Sedation (Community) - Torbay and South Devon Policy

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**Partners in Care**

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Document Information

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Management and control of drugs			
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Health & Safety Policy			
<p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and <a href="#">Equality Impact Assessments</a> please refer to the <a href="#">Equality and Diversity Policy</a>.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.1	Draft	21 June 2013	Added clinics providing sedation	
2	Draft	20 August 2015	Updated Guidance	
3	Draft	27 January 2016	Updated Guidance	Care and Clinical Policies Group
3	Draft	5 January 2018	Review Date Extended – 6 Months	Care and Clinical Policies Group
4	Ratified	29 June 2018	Revised	Care and Clinical Policies Group
4	Ratified	24 May 2019	Medicines Ratified – No amendment to issue date or review date	Clinical Director of Pharmacy

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### 1 Introduction

- 1.1 This policy was produced in response to a development within Torbay & South Devon Community Dental Service (TSDCDS) to enable people with special needs and anxiety related to dental treatment to access dental care with appropriate anxiety management techniques.

### 2 Statement/Objective

- 2.1 This has established and will maintain high clinical standards locally, and this ensures continuing high quality clinical care for patients requiring anxiety management techniques such as conscious sedation.

### 3 Roles & Responsibilities

- 3.1 The Dental Clinical Director has overall responsibility for the sedation policy and procedures within TSDCDS.

### 4 Main body of the document

- 4.1 Prior to the existence of the TSDCDS, the local community dental service provided dental care with the assistance of inhalation sedation, to some patients with special needs. Since early 2007 an occasional service was delivered from the Day Case Unit at Torbay hospital to administer intravenous sedation to patients and support them in the provision of dental care. This service was aimed at individuals with special needs and anxiety that limits their ability to co-operate with the various dental procedures.
- 4.2 Definitions relating to sedation.  
 TSDCDS carries out intravenous sedation, only in compliance with current guidelines. These include the General Dental Council UK, and other published national guidance, such as: Conscious Sedation in Dentistry (SDCEP, 2017) <http://www.sdcep.org.uk/published-guidance/sedation/> (last accessed:13/05/2018)

Standards for Conscious Sedation in the Provision of Dental Care (IACSD,2015)  
<https://www.rcoa.ac.uk/system/files/PUB-STDS-CONSC-SEDN-DNTL-2015.pdf> (last accessed:13/05/2018)

Safe Sedation Practice for Healthcare Procedures (RCOA, 2013)  
<https://www.rcoa.ac.uk/system/files/PUB-SafeSedPrac2013.pdf>(last accessed:13/05/2018)

Sedation in Children and Young People (NICE,2010)  
<https://www.nice.org.uk/guidance/cg112/evidence/cg112-sedation-in-children-and-young-people-full-guideline3> (last accessed:13/05/2018)

Further the technique of intravenous sedation must comply with guidance initiated by a NPSA Rapid Response Report (NPSA RRR 11 2008)  
<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60299&type=full&servicetype=Attachment> (last accessed:13/05/2018)

This guidance is currently summarised on the dental sedation Teachers Group (DSTG) website.

#### 4.3 Techniques

Currently TSDCDS has the facilities to provide intravenous, inhalation, and oral sedation. This policy is currently limited to inhalation and intravenous sedation.

#### 4.4 Facilities

Current facilities for Oral, intravenous and inhalation sedation include surgeries at Castle Circus Health Centre Torquay and Brunel Dental Centre Newton Abbot. Facilities for transmucosol may be developed at a later stage.

#### 4.5 Patient Instructions

In accordance with the current guidance, patients receive, in writing, both pre and post-operative instructions prior to making an appointment for the delivery of treatment under sedation. TSDCDS staff, and the operator and / or seditionist in particular, must be satisfied that the patient has complied with all instructions before commencing any sedation.

#### 4.6 Patient assessment

All patients must be assessed prior to sedation. In addition and in accordance to SDCEP (2017) guidance, written consent must be obtained at a separate appointment prior to treatment, unless there are exceptional circumstances such as acute dental pain. Where consent was obtained prior to the treatment visit, consent must be reconfirmed at least verbally and recorded on the patients record.. Assessment should follow current guidelines. Currently ASA grade I and II patients are considered routinely suitable for treatment under sedation in the TSDCDS. ASA grade III patients, while some may need to be referred to secondary care, some may be treated in the TSDCDS. This will depend on the current stability of the patient's medical condition, and also on the available facilities, knowledge, skills and experience of the dental team. This will be a patient-centered approach as per SDCEP 2017 guidance. Patients assessed as ASA grade IV should be referred to an appropriate secondary care facility.

Current advice by the SDCEP (2017) is that patients whose body mass index (BMI) exceeds 40 are ASA grade III. Therefore and as stated above, while some patients may need to be referred to secondary care, others may be treated in the TSDCDS. This is determined on an individual basis. As stated above if a patient is not medically stable and/or requires advanced sedation techniques, then a referral to secondary will be sent. The patient's journey will be recorded on the patient's notes.

Consideration should be given to the nature of the intended dental treatment as part of the whole assessment process.

#### 4.7 Health & Safety

All aspects of sedation are subject to Trust Health and Safety policies. In accordance to NPSA RRR11 2008 SCDCDS will use only 1mg/ml in 5 ml phials for intravenous sedation, whilst this formulation is available. If this formulation becomes unavailable then a risk assessment must be undertaken before any other strength is used for intravenous sedation.

#### 4.8 Management of controlled drugs.

All drugs relating to sedation should be available prior to the commencement of a sedation appointment.

Good housekeeping should be used to ensure adequate stock without having unused drugs in stock past expiry dates.

Ordering, management and disposal of the drugs involved in sedation must comply with all the requirements relating to that particular drug.

Audits of the appropriate use of any, or all, of these drugs may be undertaken from time to time to demonstrate safe practice and improve the quality of the service delivered.

#### 4.9 Emergency Equipment

Must be available and in good working order prior to any sedation appointment. This will include effective suction, airway management equipment and reversal agents.

#### 4.10 Manual Handling

Patients, including those with full mobility, will experience limited mobility during, and often after, a sedation session. This presents a challenge for manual handling which should be assessed as in the case of person with more permanent mobility limitations.

Where transfer can be avoided, it should be. In other circumstances patients should be recovered in the surgery until they reach the point where they can weight bear to transfer to a wheelchair with help.

A hoist should be made available in the event that this is identified as a requirement at the assessment stage.

Emergency evacuation of premises where sedation is undertaken should be considered and a plan clearly and accessibly place for use in such an emergency (appendix A).

## 5 Training

#### 5.1 All staff involved in the clinical care of patients under sedation should receive appropriate training, or have gained appropriate experience, before performing sedation without supervision. Appropriate training is defined by the General Dental Council, UK and in other published national guidance.

In particular all staff involved in delivering sedation must be aware of the implications of the NPSA RRR11 2008. This indicates that most errors in delivering intravenous sedation occur because of inadequate training, problems in titration and dosage of Midazolam.

#### 5.2 All staff should refresh their skills and knowledge regularly to ensure that the quality of the service offered is as high as can be reasonably achieved. In accordance to the SDCEP (2017) guidance this includes:

- 12 hours of sedation-related verifiable CPD in each 5 year cycle;
- to maintain a log of all sedation cases to demonstrate clinical practice;
- to conduct regular sedation-based audit and reflection;

- to maintain competence in the management of medical, dental and sedation-related complications.

- 5.3 Incidents and risks identified during the delivery of all aspects of the process of sedation should be reviewed and communicated to all appropriate staff using a process that will result in the reduction in the number and severity of adverse incidents and the enhancement of the quality of the service delivered. This review and communication process should form a permanent part of the clinical governance process of the TSDCDS.

## **6 Monitoring, Auditing, Reviewing & Evaluation**

- 6.1 This policy should be reviewed every 3 years, or at other appropriate intervals;
- 6.2 The TSDCDS is currently developing ways to collect patient related outcome measures (PRoMs) and patient related experience measures (PReMS);
- 6.3 The TSDCDS is also considering which method of assessing sedation needs to adopt.

## **7 References**

- 7.1 General Dental Council UK,
- 7.2 Standards for Conscious Sedation in the provision of Dental Care (IACSD,2015)
- 7.3 Safe Sedation Practice for Healthcare Procedures (RCOA,2013)
- 7.4 NICE guidelines : Sedation in Children and Young People (NICE, 2010),
- 7.5 NPSA RRR11 2008
- 7.6 Concious Sedation in Dentistry, Dental Clinical Guidance(SDCEP, 2017)

## **8 Distribution**

- 8.1 All TSDCDS staff

## **9 Appendices**

- 9.1 [Appendix 1](#)

Emergency evacuation process of premises where sedation is undertaken

## IF(WHEN) THE FIRE ALARM SOUNDS!

EVACUATE THE  
BUILDING IN A CALM  
WAY FOLLOWING THE  
GREEN FIRE EXIT SIGNS



**UNLESS** YOU HAVE A SEDATED PATIENT IN THE SURGERY

**IF SO**, YOU MUST DECIDE TO EVACUATE OR STAY IN THE SURGERY.

**IF STAYING**, YOU MUST MAINTAIN A “SAFE HAVEN” IN THE SURGERY.

YOU MUST TELL OTHERS EVACUATING THE BUILDING THE FOLLOWING:

- 1 YOU ARE KEEPING A “SAFE HAVEN” IN SURGERY “X”
- 2 YOU HAVE A SEDATED PATIENT HERE
- 3 THERE ARE “X” PATIENTS/CARERS INVOLVED
- 4 THERE ARE “X” STAFF MEMBERS INVOLVED

YOU MUST KEEP THE SURGERY DOOR CLOSED EXCEPT WHEN ASSESSING FOR SIGNS OF FIRE SO THAT YOU CAN ASSESS THE ONGOING RISK.

IN PARTICULAR YOU SHOULD RISK ASSESS THE ESCAPE ROUTE.

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

<b>Policy Title (and number)</b>		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/>		Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
<b>Could the policy treat people from protected groups less favorably than the general population?</b>			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

- <sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- <sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- <sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- <sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated
- <sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- <sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format
- <sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

## Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.