INTRODUCTION

The Standards of Practice of the Royal College of Dental Surgeons of Ontario describe the minimum requirements that all dentists must meet in a particular area of clinical practice to maintain patient safety. On a regular basis, the RCDSO reviews and revises Standards to address any changes that are required. We urge all dentists to achieve excellence in every aspect of their work. They must ensure they are always up-to-date with the latest knowledge.

Sedation and general anesthesia are often beneficial and sometimes essential for our patients. This Standard is one of the most important documents we have because it literally concerns matters of life or death.

The use of sedation and general anesthesia carries an element of risk. Mitigating this risk requires advanced training, planning and assessment during administration. These extra levels of care and diligence are needed before, during and after a dental procedure that requires sedation or anesthesia.

The RCDSO requires that a properly trained sedation or anesthetic team is in place to administer and monitor deeper levels of sedation and general anesthesia. Each member of the team must be trained for specific duties. A team composed of a minimum of three individuals in three different roles must be in the operatory at all times when
general anesthesia, deep sedation or parenteral moderate sedation is administered. Concerns for patient safety are always the first priority and the team must continuously monitor, assess and address how their patient is responding to sedation or general anesthesia.

Certain patient groups need greater attention; children, the elderly and medically-compromised people face particular challenges when receiving sedation or general anesthesia. Children under 12 years of age – especially under 3 years of age – require even more diligent monitoring; they have reduced physical reserves and impairment may occur rapidly. In particular, it can be difficult to diagnose hypoventilation and airway obstruction quickly.

A key goal with this Standard is to identify what will provide patient safety with a wide enough margin to meet unforeseen circumstances and still ensure success. Safety is dependent on training, careful patient selection and preparation, monitoring, equipment and emergency drugs, as well as continuing education on all of these elements.

This revision of the Standard on the Use of Sedation and General Anesthesia in Dental Practice sets enhanced requirements and higher standards throughout. The RCDSO is committed to continuous improvement in every area of clinical practice. Recent advancements in training, technology and knowledge are represented in this version of the Standard.

Properly-equipped sedation and general anesthesia facilities are critical. The RCDSO operates a robust inspection and review program to ensure that all registered sedation and general anesthesia facilities in dentistry meet the required Standard.

Contravention of this or any Standard of the RCDSO may be considered professional misconduct. Dentists employing any modality of sedation or general anesthesia must be familiar with its content, be appropriately trained and regulate their practices accordingly. It must be read in conjunction with the by-laws of the RCDSO, which form part of this Standard.
Use of Sedation and General Anesthesia in Dental Practice

Sedation or general anesthesia may be indicated to:

- treat patients with fear or anxiety associated with dental treatment;
- enable treatment for patients who have cognitive impairment or motor dysfunction that prevents adequate dental treatment;
- treat patients below the age of reason; or
- treat patients for traumatic or extensive dental procedures.

These techniques are to be used only when indicated, as an adjunct to appropriate non-pharmacological means of patient management.

Sedation and general anesthesia are produced along a continuum, ranging from the relief of anxiety with little or no associated drowsiness (i.e. minimal sedation), up to and including a state of unconsciousness (i.e. general anesthesia).

DEFINITIONS

**Minimal sedation** is a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

**Moderate sedation** is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

**Deep sedation** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**General anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

See Appendix III – Characteristics of the Levels of Sedation and General Anesthesia

It is not always possible to predict how an individual patient will respond and, at times, it can be difficult to precisely define the end-point of one level of sedation and the starting point of a deeper level of sedation. Therefore, the drugs and techniques used for sedation must carry a margin of safety wide enough to render loss of consciousness highly unlikely.

Practitioners intending to produce a given level of sedation must be able to diagnose and manage the physiological consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (e.g. emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.
The following are the **minimum** standards for the use of sedation and/or general anesthesia in dentistry. For the purposes of this document, these standards are divided into the following sections:

- General standards for all modalities of sedation or general anesthesia
- Specific standards for the following modalities:
  - Minimal sedation
  - Administration of nitrous oxide and oxygen
  - Oral administration of a single sedative drug
  - Oral administration of a single sedative drug with nitrous oxide and oxygen
  - Moderate sedation
  - Oral administration of a sedative drug, with or without nitrous oxide and oxygen
  - Parenteral administration of a single sedative drug (intravenous, intramuscular, subcutaneous, submucosal or intranasal)
  - Deep sedation
  - General anesthesia
General Standards for all Modalities of Sedation or General Anesthesia

PROFESSIONAL RESPONSIBILITIES

The following professional responsibilities apply to all modalities of sedation or general anesthesia.

1. Successful completion of a training program designed to produce competency in the specific modality of sedation or general anesthesia utilized is mandatory.

2. The dental facility must comply with all applicable building codes, including fire safety, electrical and access requirements. The size and layout of the facility must be adequate for all procedures to be performed safely and provide for the safe evacuation of patients and staff in case of an emergency.

3. The dental facility must be suitably staffed and equipped for the specific modality(ies) practiced as prescribed in this document.

4. An adequate, clearly recorded current medical history, including present and past illnesses, hospital admissions, current medications and dose, allergies (in particular to drugs), and a functional inquiry, along with an appropriate physical examination must be completed for each patient prior to the administration of any form of sedation or general anesthesia. For medically compromised patients, consultation with their physician may be indicated. This must form a permanent part of each patient’s record, consistent in content with Appendix I. Additionally, the medical history must be reviewed for any changes at each sedation appointment. Such a review must be documented in the permanent record.

5. A determination of the patient’s American Society of Anesthesiologists (ASA) Physical Status Classification (see Appendix II), as well as careful evaluation of any other factors that may affect a patient’s suitability for sedation or general anesthesia, must be made prior to its administration. These findings will be used as a guide in determining the appropriate facility and technique used.

6. In general, when it is indicated, the administration of sedation or general anesthesia in out-of-hospital dental facilities is most appropriate for patients who are ASA I and ASA II. Patients who are ASA III and/or present with other medical concerns (e.g. difficult airway) may not be acceptable for treatment by practitioners who are qualified to administer minimal and/or moderate sedation only. Such patients must be carefully assessed and consideration should be given to referring them to a more qualified practitioner.

7. Patients who are under 12 years of age are not acceptable for the administration of parenteral moderate sedation in out-of-hospital dental facilities, except by those practitioners who are qualified to administer deep sedation or general anesthesia.

8. Patients who are under 3 years of age OR under 15 kilograms are not acceptable for the administration of oral sedation, with or without nitrous oxide and oxygen, except by those practitioners who are qualified to administer deep sedation or general anesthesia, and by those practitioners who have completed a formal post-graduate program in pediatric dentistry suitable for certification in the Province of Ontario.

9. Patients who are ASA IV and above are not acceptable for the administration of deep sedation or general anesthesia in out-of-hospital dental facilities. The administration of nitrous oxide and oxygen may be considered for these patients. Other modalities for minimal and moderate sedation may be considered only by those practitioners who are qualified to administer deep sedation or general anesthesia.
10. Only the following persons may administer any sedative or general anesthetic agent in the dental setting:
   • A dentist currently registered with the Royal College of Dental Surgeons of Ontario (RCDSO);
   • A physician currently registered with the College of Physicians and Surgeons of Ontario (CPSO);
   • A nurse currently registered with the College of Nurses of Ontario in the general class in the RN category acting under the required order and the direct control and supervision of a dentist or a physician, currently registered in Ontario;
   • A respiratory therapist currently registered with the College of Respiratory Therapists of Ontario acting under the required order and the direct control and supervision of a dentist or a physician, currently registered in Ontario;
   • For minimal sedation only, a nurse currently registered with the College of Nurses of Ontario in the general class in the RPN category, who has obtained a two-year diploma in Practical Nursing from a Community College of Applied Arts or completed an enhanced medication course in the administration and monitoring of minimal sedation, acting under the required order and the direct control and supervision of a dentist, currently registered in Ontario.

11. All dentists and dental office staff must be prepared to recognize and treat adverse responses using appropriate emergency equipment and appropriate and current drugs when necessary. All dentists and clinical staff must have the training and ability to perform basic life support (BLS) techniques. It is strongly recommended that all dentists maintain current* BLS certification (CPR Level HCP), and that all dental offices are equipped with an automated external defibrillator (AED). All dentists providing minimal and/or moderate sedation must, as a minimum, maintain current* BLS certification (CPR Level HCP), which must include a hands-on component. All dentists providing deep sedation and/or general anesthesia must also maintain current* ACLS certification, which must include a hands-on component. All dentists providing parenteral moderate sedation, deep sedation and/or general anesthesia to patients who are under 12 years of age must also maintain current* PALS certification, which must include a hands-on component. Dentists should establish written protocols for emergency procedures and review them with their staff regularly.

* For the purposes of fulfilling this requirement, “current” is defined as within 2 years.

The following table outlines the six basic drugs that must be included in the emergency kit of every dental office. All dental offices providing sedation and/or general anesthesia are required to have additional emergency drugs and armamentaria, as described in the sections dealing with specific modalities.
<table>
<thead>
<tr>
<th>DRUG</th>
<th>INDICATION</th>
<th>INITIAL ADULT DOSE</th>
<th>RECOMMENDED CHILD DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen*</td>
<td>Most medical emergencies</td>
<td>100% inhalation</td>
<td>100% inhalation</td>
</tr>
<tr>
<td>Epinephrine** (at least 2 sources)</td>
<td>Anaphylaxis</td>
<td>0.3-0.5 mg i.m.*** or 0.01-0.1 mg i.v.</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Asthmatic bronchospasm which is unresponsive to salbutamol</td>
<td>0.3-0.5 mg i.m.*** or 0.01-0.1 mg i.v.</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Cardiac arrest</td>
<td>1 mg i.v.</td>
<td>0.01 mg/kg</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>Angina pectoris</td>
<td>0.3 or 0.4 mg sublingual</td>
<td>Not indicated</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Allergic reactions</td>
<td>50 mg i.m.*** or i.v.</td>
<td>1 mg/kg</td>
</tr>
<tr>
<td>Salbutamol inhaled aerosol</td>
<td>Asthmatic bronchospasm</td>
<td>2 puffs (100 micrograms/puff)</td>
<td>1 puff</td>
</tr>
<tr>
<td>ASA (non-enteric coated)</td>
<td>Acute Myocardial Infarction</td>
<td>160 to 325 mg</td>
<td>Not indicated</td>
</tr>
</tbody>
</table>

* An E-size cylinder is required. The unit must be portable and have an appropriate regulator and flowmeter, as well as connectors, tubing and reservoir bag, to allow use of a full face mask for resuscitative ventilation.

** At least 2 sources of 1:1,000 epinephrine are required, such as 2 ampules, 2 auto-injectors or a combination of ampules and auto-injectors. If children under 30 kg are treated and auto-injectors are used, the pediatric formulation is required.

*** The dose suggested for the i.m. route is also appropriate for sublingual injections. The total pediatric dose should not exceed the adult dose.
12. All dentists providing sedation and/or general anesthesia must be able to satisfy the RCDSO of their continuing competence and are expected to pursue continuing education related to the modality(ies) they use. In addition to maintaining life-support certification at the required level(s), dentists must satisfy the following requirements:

13. Dentists must take into account the maximum dose of local anesthetic that may be safely administered, especially for children, elderly and medically compromised patients.

| For minimal sedation | • a minimum of 5 cases must be performed per year; and  
|                      | • if patients under 12 years of age are treated, a minimum of 5 cases involving patients under 12 years of age must be performed per year |
| For oral moderate sedation | • a minimum of 6 hours of continuing education (or 6 CE points) related to oral moderate sedation must be completed per 3-year period*; and  
|                          | • a minimum of 5 cases must be performed per year; and  
|                          | • if patients under 12 years of age are treated, a minimum of 10 cases involving patients under 12 years of age must be performed per year |
| For parenteral moderate sedation | • a minimum of 12 hours of continuing education (or 12 CE points) related to parenteral moderate sedation must be completed per 3-year period*; and  
|                               | • a minimum of 10 cases must be performed per year |
| For deep sedation and/or general anesthesia | • a minimum of 18 hours of continuing education (or 18 CE points) related to deep sedation and/or general anesthesia must be completed per 3-year period*; and  
|                                              | • a minimum of 20 cases must be performed per year; and  
|                                              | • if patients under 12 years of age are treated, a minimum of 20 cases involving patients under 12 years of age must be performed per year |

* For the purposes of fulfilling this requirement, courses in the management of medical emergencies are accepted. Courses to acquire or maintain life-support certification (BLS, ACLS and PALS) are NOT accepted.
Use of Sedation and General Anesthesia in Dental Practice

14. All dentists providing sedation or general anesthesia must monitor and report any serious adverse event (Tier One Event) or other incident (Tier Two Event) to the RCDSO, as described below.

**Tier One Events:**
- Death of a patient within the facility.
- Death of a patient within 10 days of a procedure performed at the facility.
- Transfer of a patient from the facility directly to a hospital for care.

**Tier Two Events:**
- Unscheduled treatment of a patient in a hospital within 10 days of a related dental procedure performed at the facility.
- Any use of a reversal agent (i.e. benzodiazepine or opioid antagonist).
- Any cardiac or respiratory adverse event during the patient’s care at the facility.
- Any medication-related adverse event.

Dentists using sedative and/or general anesthetic agents must take reasonable precautions to prevent the unauthorized use of these substances by staff and other individuals with access to the office. Drugs stored in a dentist’s office must be kept in a locked cabinet. Dentists are advised to avoid storing drugs in any other location, including their homes, and never leave drug bottles or vials unattended. A drug register must be maintained that records and accounts for all narcotics, controlled drugs, benzodiazepines and targeted substances that are kept on-site. The register should also be kept in a secure area in the office, preferably with the drugs, and reconciled on a routine basis, depending on the nature of the practice and reasonable clinical judgment.

Whenever drugs in the above-mentioned classes are used or dispensed, a record containing the name of the patient, the quantity used or dispensed, and the date must be entered in the register for each drug. Each entry must be initialed or attributable to the person who made the entry. In addition, this same information must be recorded in the patient record.

When dispensing monitored drugs for home use by patients, dentists are also required to record appropriate patient identification (e.g. OHIP number) in the drug register, as well as in the patient record.

Dentists are required to report within 10 days of discovery the loss or theft from their office of controlled substances, including opioids and other narcotics to the Office of Controlled Substances, Federal Minister of Health.

Dentists should use staff training sessions and meetings to discuss the dangers of drug and substance abuse, to remind staff of the safeguards and protocols in the office to prevent misuse of supplies, and to provide information about resources that are available to dental professionals to assist with wellness issues.

There is no provision for dentists or their staff to access in-office supplies of drugs that normally require a prescription for their own use or by their family members.
Specific Standards for Particular Modalities
Part I – Minimal and Moderate Sedation

Minimal sedation is usually accomplished by the following modalities:
1. administration of nitrous oxide and oxygen
2. oral administration of a single sedative drug
3. oral administration of a single sedative drug with nitrous oxide and oxygen

Moderate sedation is usually accomplished by the following modalities:
4. oral administration of a sedative drug, with or without nitrous oxide and oxygen
5. parenteral administration of a single sedative drug (intravenous, intramuscular, subcutaneous, submucosal or intranasal)

PROFESSIONAL RESPONSIBILITIES FOR ALL MODALITIES OF MINIMAL AND MODERATE SEDATION
In addition to the General Standards listed previously, the following professional responsibilities apply to all modalities of minimal and moderate sedation:

i) Successful completion of a training program designed to produce competency in the use of the specific modality of minimal or moderate sedation, including indications, contraindications, patient evaluation, patient selection, pharmacology of relevant drugs, and management of potential adverse reactions, is mandatory. The training program must be obtained from one or more of the following sources:
   • Ontario Faculties of Dentistry undergraduate and postgraduate programs
   • other Faculties of Dentistry undergraduate and postgraduate programs, approved by the RCDSO
   • Ontario Faculties of Dentistry continuing education programs
   • other continuing education courses approved by the RCDSO which follow the general principle that they must be:
     - Organized and taught by dentists certified to administer anesthesia and sedation as they apply to dentistry, supplemented as necessary by persons experienced in the technique being taught.
     - Held in a properly equipped dental environment which will permit the candidates to utilize the techniques being taught on patients during dental treatment.
     - Followed by a recorded assessment of the competence of the candidates.

ii) Dentists whose training does not exceed that described as necessary for the administration of minimal or moderate sedation are cautioned not to exceed the level of depression for which they are authorized to administer. Single drug choice in a carefully considered dose is a prudent approach to minimal or moderate sedation. Successful completion of additional training, as outlined elsewhere in this document, is required if more than one drug is to be used.

iii) Should the administration of any drug produce a level of depression beyond that for which the dentist is authorized to administer, the dental procedures should be halted. Appropriate support procedures must be administered until the level of depression is no longer beyond that for which the dentist is authorized to administer or until additional emergency assistance is obtained.

iv) Sedation techniques require the patient to be discharged to the care of a responsible adult. The only situation in which a dentist may exercise discretion as to whether a patient may be discharged unaccompanied is that in which nitrous oxide and oxygen sedation alone is the technique used. All patients must be specifically assessed for fitness for discharge as described elsewhere in this document.
A) MINIMAL SEDATION

- administration of nitrous oxide and oxygen
- oral administration of a single sedative drug
- oral administration of a single sedative drug with nitrous oxide and oxygen

In all cases where the intention is to achieve moderate sedation using any modality of sedation, including the oral administration of a single sedative drug, with or without nitrous oxide and oxygen, the dentist must adhere to the standards for moderate sedation. This includes the professional responsibilities of registering with the RCDSO and obtaining a facility permit.

1. ADMINISTRATION OF NITROUS OXIDE AND OXYGEN

In addition to the General Standards and professional responsibilities listed above, the following professional responsibilities apply when nitrous oxide and oxygen sedation is being administered:

Additional Professional Responsibilities

1. All dentists administering nitrous oxide and oxygen must be registered with the RCDSO and authorized to do so.

2. All facilities where nitrous oxide and oxygen is administered are subject to random on-site inspections and evaluation by the RCDSO.

3. Gas delivery systems used for the administration of nitrous oxide and oxygen:
   a. Must have a fail-safe mechanism such that it will not deliver an oxygen concentration of less than 30% in the delivered gas mixture.
   b. Must have pipeline inlet fittings, or pin-indexing, that do not permit interchange of connections with oxygen and nitrous oxide.
   c. Must be checked regularly for functional integrity by appropriately trained personnel function reliably and accurately, and receive appropriate care and maintenance according to manufacturer’s instructions or annually, whichever is more frequent.

   A written record of this annual maintenance/servicing must be kept on file for review by the RCDSO as required.

   d. Must have a reserve supply of oxygen that is ready for immediate use. For a portable gas delivery system, the reserve supply of oxygen must be connected to the system (i.e. a “4-yoke” system). For a centrally plumbed gas delivery system, two oxygen cylinders must be connected to the system at all times.

   e. Must be equipped with a scavenging system installed per manufacturer’s specifications.

4. In addition to the gas delivery system, an emergency supply of oxygen is required (i.e. a “wheel-out”), as described in the above table of six basic drugs that must be included in the emergency kit of every dental office.

5. Nitrous oxide and oxygen sedation must be administered by:
   a. an appropriately trained dentist OR
   b. an appropriately trained registered nurse, registered respiratory therapist or registered practical nurse, under the order of an appropriately trained dentist, provided that:
      - an appropriately trained dentist is present at all times in the facility and immediately available in the event of an emergency;
      - nitrous oxide and oxygen sedation has been previously administered for the patient by the dentist;
      - appropriate dosage levels have been previously determined and recorded by the dentist in the patient record.

   IMPORTANT: The administration of nitrous oxide and oxygen sedation is a controlled act. Dental hygienists and dental assistants are NOT authorized to perform it.

6. Patients receiving nitrous oxide and oxygen sedation must be supervised by an appropriately trained dentist, or an appropriately trained registered nurse, registered respiratory therapist or registered practical nurse, and must never be left unattended during administration.
7. Patients must be monitored by an appropriately trained dentist, or an appropriately trained registered nurse, registered respiratory therapist or registered practical nurse under the order of a dentist, by direct and continuous clinical observation for level of consciousness and assessment of vital signs, which may include heart rate, blood pressure and respiration pre-operatively, intra-operatively and post-operatively, as necessary.

8. The practitioner must not be alone while treating a sedated patient.

9. Recovery status post-operatively must be specifically assessed and recorded by the dentist, who must remain in the facility until that patient is fit for discharge. Only fully recovered patients can be considered for discharge unaccompanied. If discharge occurs with any residual symptoms, the patient must be accompanied by a responsible adult.

10. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

2. ORAL ADMINISTRATION OF A SINGLE SEDATIVE DRUG

In addition to the General Standards and professional responsibilities listed above, the following professional responsibilities apply to the oral administration of a single sedative drug (which includes the sublingual route of administration), when used to induce minimal sedation:

**Additional Professional Responsibilities**

1. All dentists administering a single sedative drug must be registered with the RCDSO and authorized to do so.

2. All facilities where a single sedative drug is administered are subject to random on-site inspections and evaluation by the RCDSO.

3. All dentists administering a single sedative drug for patients under 12 years of age must provide care that meets all requirements for oral moderate sedation, including registration with the RCDSO to do so, regardless of whether minimal or moderate sedation is intended or achieved.

4. For the administration of a single sedative drug for patients under 3 years of age OR under 15 kilograms, the following training is required:
   - dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document; OR
   - dentists who have successfully completed a formal post-graduate program in pediatric dentistry suitable for certification in the Province of Ontario, incorporating adequate training in sedation, such that the individual competence has been specifically evaluated and attested.

5. Oral administration of a single sedative drug, specifically a benzodiazepine, is a prudent approach to minimal sedation. No additional drugs with sedative properties (e.g. opioids, anti-histamines) are permitted to be administered by any route in the peri-operative period. Non-sedative agents may be administered as deemed appropriate.

**Table 1**

<table>
<thead>
<tr>
<th>ADULT DOSE RANGES OF ORAL SEDATIVES FOR MINIMAL SEDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointment 2 hours or less</strong></td>
</tr>
<tr>
<td>• triazolam 0.125 to 0.25 mg</td>
</tr>
<tr>
<td><strong>Appointment longer than 2 hours</strong></td>
</tr>
<tr>
<td>• triazolam 0.25 mg OR</td>
</tr>
<tr>
<td>• diazepam 10 to 15 mg OR</td>
</tr>
<tr>
<td>• temazepam 15 mg OR</td>
</tr>
<tr>
<td>• oxazepam 10 to 15 mg OR</td>
</tr>
<tr>
<td><strong>Appointment longer than 3 hours</strong></td>
</tr>
<tr>
<td>• lorazepam 0.50 to 1.0 mg OR</td>
</tr>
<tr>
<td>• alprazolam 0.25 mg OR</td>
</tr>
</tbody>
</table>

These dose ranges are approximations only. Reduced doses should be considered for elderly and medically compromised patients.

The maximum dose of an oral sedative for minimal sedation must not be exceeded, unless the dentist
provides care that meets all requirements for oral moderate sedation, including registration with the RCDSO to do so, regardless of whether minimal or moderate sedation is intended or achieved.

For the purposes of minimal and/or moderate sedation, the oral administration of an opioid and/or chloral hydrate is NOT permitted.

6. A dose of an oral sedative used to induce minimal or moderate sedation should be administered to the patient in the dental office, taking into account the time required for drug absorption. Patients must be monitored by clinical observation of the level of consciousness and assessment of vital signs, which may include heart rate, blood pressure and respiration. Patients may be discharged to the care of a responsible adult when they are oriented i.e. to time, place and person relative to the pre-anesthetic condition, ambulatory, with stable vital signs, and showing signs of increasing alertness. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

Elderly and medically compromised patients, including those who are taking prescribed medication with sedative properties, require appropriate adjustment of the dose of the oral sedative agent to ensure that the intended level of minimal sedation is not exceeded. Continuous monitoring with pulse oximetry is strongly recommended for these patients. If a pulse oximeter is used for continuous monitoring of sedated patients (including the immediate recovery phase), it must have a Health Canada medical device license and be used in accordance with the manufacturer’s ‘intended use’ (i.e. for continuous monitoring). The pulse oximeter must have variable pitch tone, clearly audible alarms, appropriately set and NOT permanently silenced.

7. There are two rare situations in which the patient may need to take an oral sedative prior to arrival to the dental office. One indication is if the practitioner has determined that the patient requires an oral sedative to facilitate sleep the night prior to the dental procedure. The second indication is when the patient’s anxiety is such that sedation is required to permit arrival to the dental office. Such situations, however, should be the exception and not common practice, and may be subject to scrutiny by the College. In addition to the requirements in paragraph 6 above, the following additional requirements apply in these two situations:
   - Each patient must be screened by the dentist at a prior appointment, with an appropriate medical history, as described in the General Standards in this document.
   - If a prescription drug is required, only a benzodiazepine may be prescribed.
   - The dose of the benzodiazepine must not exceed the maximum dose for minimal sedation (See TABLE 1).
   - The patient must be instructed not to drive a vehicle and must be accompanied to and from the dental office.
   - In each case, clear written instructions must be given to the patient or guardian explaining how to take the medication, the need for accompaniment and listing the expected effects from this drug.

8. The practitioner must not be alone while treating a sedated patient.

9. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

10. Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable and organized fashion (i.e. labelled trays or bags). It is the dentist’s responsibility to ensure that the dental office in which sedation is being performed is equipped with the following:
   - full face masks of appropriate sizes and connectors
   - current drugs in appropriate amounts for management of emergencies, including:
     - oxygen (an E-size cylinder is required)
− 11,000 epinephrine (at least 2 doses are required, ampules or auto-injectors)
− nitroglycerin
− parenteral diphenhydramine
− salbutamol
− flumazenil
− acetylsalicylic acid (ASA, non-enteric coated)

3. ORAL ADMINISTRATION OF A SINGLE SEDATIVE DRUG WITH NITROUS OXIDE AND OXYGEN

In addition to the General Standards and professional responsibilities listed above, the following professional responsibilities apply to the oral administration of a single sedative drug with nitrous oxide and oxygen, when used to induce minimal sedation:

Additional Professional Responsibilities
1. All dentists administering a single sedative drug with nitrous oxide and oxygen must be registered with the RCDSO and authorized to do so.

2. All facilities where a single sedative drug with nitrous oxide and oxygen is administered are subject to random on-site inspections and evaluation by the RCDSO.

3. The following training is required:
   • dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document; OR
   • dentists who qualify for the administration of moderate sedation, as outlined later in this document; OR
   • dentists who have successfully completed training that has specifically incorporated the teaching of this technique, followed by a formal evaluation of the competency of the candidate.

4. Oral administration of a single sedative drug, specifically a benzodiazepine, is a prudent approach to minimal sedation. No additional oral drugs with sedative properties (e.g. opioids, anti-histamines) are permitted to be administered in the peri-operative period. Non-sedative agents may be administered as deemed appropriate.

For the purposes of minimal and/or moderate sedation, the oral administration of an opioid and/or chloral hydrate is NOT permitted.

5. If an oral sedative has been administered, nitrous oxide and oxygen must be slowly titrated to achieve the signs and symptoms of minimal sedation, with vigilant assessment of the level of consciousness.

Elderly and medically compromised patients, including those who are taking prescribed medication with sedative properties, require appropriate adjustment of the dose of the oral sedative agent to ensure that the intended level of minimal sedation is not exceeded.
**Sedation Protocol**

1. Clinical observation must be supplemented by the following means of monitoring throughout the sedation administration:
   - continuous pulse oximeter monitoring of oxyhemoglobin saturation;
   - blood pressure and pulse must be taken and recorded pre-operatively, and monitored throughout the sedation period as indicated;
   - continuous observation of respiration.

2. Alarm settings and their audio component on monitoring equipment must be used at all times.

3. The patient may be discharged once he/she shows signs of progressively increasing alertness and has met the following criteria:
   - conscious and oriented
   - vital signs are stable
   - ambulatory

4. The patient must be discharged to the care of a responsible adult.

5. Written post-sedation instructions must be given. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

6. The practitioner must not be alone while treating a sedated patient.

7. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

**Sedation Equipment**

Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable and organized fashion (i.e. labelled trays or bags). All automated monitors must receive regular service and maintenance by qualified personnel according to the manufacturer’s specifications or annually, whichever is more frequent. **A written record of this annual maintenance/servicing must be kept on file for review by the RCDSO as required.**

**Equipment that is used for continuous monitoring of sedated patients (including the immediate recovery phase) must have a Health Canada medical device license and be used in accordance with the manufacturer’s ‘intended use’ (i.e. for continuous monitoring). All equipment must have audible alarms, appropriately set and NOT permanently silenced.**

It is the dentist’s responsibility to ensure that the dental office in which sedation is being performed is equipped with the following:

- pulse oximeter with clearly audible, variable pitch tone
- stethoscope and sphygmomanometers of appropriate sizes
- full face masks of appropriate sizes and connectors
- current drugs in appropriate amounts for management of emergencies, including:
  - oxygen (an E-size cylinder is required)
  - 1:1,000 epinephrine (at least 2 doses are required, ampules or auto-injectors)
  - nitroglycerin
  - parenteral diphenhydramine
  - salbutamol
  - flumazenil
  - acetylsalicylic acid (ASA, non-enteric coated)

In cases where the dentist has determined that the use of a blood pressure cuff and/or pulse oximeter would be an impediment to the management of an individual patient, and the patient is clearly conscious throughout the procedure, a decision may be made not to use these monitors. In these isolated cases, a notation explaining the reason for not using these monitors must be recorded in the chart. Furthermore, these monitors (pulse oximeter, stethoscope and sphygmomanometer) must be present in the office and readily available for use.
(B) MODERATE SEDATION

It is assumed that this will be accomplished by either:

- oral administration of a sedative drug, with or without nitrous oxide and oxygen;
- parenteral administration of a single sedative drug (intravenous, intramuscular, subcutaneous, submucosal or intranasal).

However, in all cases where the intention is to achieve moderate sedation using any modality of sedation, including the oral administration of a single sedative drug, with or without nitrous oxide and oxygen, the dentist must adhere to the standards for moderate sedation. This includes the professional responsibilities of registering with the RCDSO and obtaining a facility permit.

1. ORAL MODERATE SEDATION

In addition to the General Standards, this section outlines standards specific to any sedation technique utilizing the oral administration of a sedative drug, with or without nitrous oxide and oxygen, for moderate sedation.

Additional Professional Responsibilities

1. All dentists administering oral moderate sedation must be registered with the RCDSO and authorized to do so.

2. All facilities where oral moderate sedation is administered must have a permit from the RCDSO. Such permit will be granted subject to training and conformance with all aspects of the Standard and subject to satisfactory on-site inspections and evaluation by the RCDSO.

3. The following training is required:
   - dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document; OR
   - dentists who qualify for the administration of parenteral moderate sedation, as outlined later in this document; OR
   - dentists with formal training in a post-doctoral specialty program that has specifically incorporated the teaching of techniques using any modality to produce moderate sedation, as well as appropriate airway management, and has evaluated and attested to the competency of the candidate; OR
   - dentists who have successfully completed continuing education training that has specifically incorporated the teaching of techniques using any modality to produce moderate sedation, as well as appropriate airway management, followed by a formal evaluation of the competency of the candidate; OR
   - dentists with other training and/or experience who received approval from the RCDSO prior to December 31, 2012.

4. Oral administration of a single sedative drug, specifically a benzodiazepine, is a prudent approach to moderate sedation. Successful completion of additional training, as outlined below, is required if more than one oral drug is to be used. Otherwise, no additional oral drugs with sedative properties (e.g., opioids, antihistamines) are permitted to be administered in the peri-operative period. Non-sedative agents may be administered as deemed appropriate.

5. If an oral sedative has been administered and nitrous oxide/oxygen is used, the latter must be slowly titrated to achieve the signs and symptoms of moderate sedation, with vigilant assessment of the level of consciousness.

6. For the oral administration of two sedative drugs, specifically a benzodiazepine and an anti-histamine, the following training is required:
   - dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document; OR
   - dentists who qualify for the administration of parenteral moderate sedation, as outlined later in this document; OR
   - dentists who have successfully completed a formal post-graduate program in pediatric dentistry suitable for certification in the Province of Ontario, incorporating adequate training in sedation, such that the individual competence has been specifically evaluated and attested.
7. For the administration of oral moderate sedation for patients under 3 years of age OR under 15 kilograms, the following training is required:
   • dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document, OR
   • dentists who have successfully completed a formal post-graduate program in pediatric dentistry suitable for certification in the Province of Ontario, incorporating adequate training in sedation, such that the individual competence has been specifically evaluated and attested.

Table 2
**ADULT DOSE RANGES OF ORAL SEDATIVES FOR MODERATE SEDATION**

<table>
<thead>
<tr>
<th>Appointment 2 hours or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>• triazolam 0.375 to 0.50 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointment longer than 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• triazolam 0.50 mg OR</td>
</tr>
<tr>
<td>• diazepam 20 to 30 mg OR</td>
</tr>
<tr>
<td>• temazepam 30 mg OR</td>
</tr>
<tr>
<td>• oxazepam 20 to 30 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointment longer than 3 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• lorazepam 2 to 3 mg OR</td>
</tr>
<tr>
<td>• alprazolam 0.50 mg</td>
</tr>
</tbody>
</table>

These dose ranges are approximations only. Reduced doses should be considered for elderly and medically compromised patients.

For the administration of oral moderate sedation to patients under 12 years of age, the use of oral midazolam, diazepam or hydroxyzine may be considered by those dentists who have successfully completed additional training in their use. The dose of the oral drug must be calculated, based on the weight of the patient:
   • For oral midazolam, the dose must not exceed 0.5 mg/kg, with a maximum dose of 15 mg for 1 appointment.

- For oral diazepam, the dose must not exceed 0.5 mg/kg, with a maximum dose of 15 mg for 1 appointment.
- For oral hydroxyzine, the dose must not exceed 1.0 mg/kg, with a maximum dose of 30 mg for 1 appointment.

In rare situations, the dentist may consider exceeding the maximum dose of triazolam for adults, described above, provided the dose does not exceed 0.75 mg for 1 appointment. The dentist is expected to exercise reasonable professional judgment in determining when this is justified, and the rationale for doing so must be documented in the patient record. Such situations, however, should be the exception and not common practice, and may be subject to scrutiny by the RCDSO.

With the exception of triazolam noted above, the maximum dose of an oral sedative must NOT be exceeded, unless the dentist is authorized by the RCDSO to administer parenteral moderate sedation, deep sedation or general anesthesia.

For the purposes of minimal and/or moderate sedation, the oral administration of an opioid and/or chloral hydrate is NOT permitted.

The administration of a single dose of an oral sedative is a prudent approach to either minimal or moderate sedation. The administration of multiple doses of an oral sedative until a desired effect is reached (i.e. “incremental dosing”) is discouraged and if used, must be carried out with great caution. Knowledge of the oral sedative’s time of onset, peak response and duration of action is essential to avoid over-sedation. Before administering an additional dose of an oral sedative, the dentist must ensure that the previous dose has taken full effect. The maximum dose of an oral sedative must not be exceeded at any one appointment.
Children, elderly and medically compromised patients, including those who are taking prescribed medication with sedative properties, require appropriate adjustment of the dose(s) of the oral sedative agent(s) to ensure that the intended level of moderate sedation is not exceeded.

Dentists, who use the services of another dentist who is qualified to administer oral moderate sedation, share the responsibility of complying with the Standard. However, the ultimate responsibility rests with the permit holder to ensure that:

- The dentist administering oral moderate sedation is registered with the RCDSO and authorized to do so;
- The dentist has no term, condition or limitation on his or her certificate of registration relevant to the administration of sedation or general anesthesia; and
- All required emergency and other equipment is available and emergency drugs are on-site and current.

With the exception of oxygen, either the permit holder or the dentist administering oral moderate sedation must provide all required emergency equipment and drugs. The shared provision of emergency equipment and drugs is NOT allowed.

For medically compromised patients, consultation with their physician may be indicated. This assessment should be consistent in content with Appendix I.

The patient’s ASA Classification (see Appendix II) and risk assessment must then be determined. These findings will be used to determine the appropriate facility and technique used.

2. Sedation Protocol

1. The medical history must be reviewed for any changes at each sedation appointment. Such a review must be documented in the sedation record for the appointment.

2. The patient must have complied with the minimum duration of fasting prior to appointments that is consistent with the following minimum requirements:
   - 8 hours after a meal that includes meat, fried or fatty foods;
   - 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
   - 4 hours after ingestion of breast milk; and
   - 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).

Possible exceptions to this are usual medications or pre-operative medications, which may be taken as deemed necessary by the dentist.

OFFICE PROTOCOL AND FACILITIES

The facility must permit adequate access for emergency stretchers and have auxiliary powered backup for suction, lighting and monitors for use in the event of a power or system failure.

1. Patient Selection

An adequate, clearly recorded current medical history, including present and past illnesses, hospital admissions, current medications and dose, allergies (in particular to drugs), and a functional inquiry, along with an appropriate physical examination must be completed for each patient and must form a permanent part of each patient’s record.

2. Sedation Protocol

3. Clinical observation must be supplemented by the following means of monitoring throughout the sedation administration, including into recovery:

To avoid confusion, some dentists may wish to simplify their pre-operative instructions to patients regarding fasting requirements. For example, patients might be instructed not to have any solid food for a minimum of eight hours, and not to have any fluids for a minimum of two hours, prior to the appointment. Such instructions would be consistent with the minimum fasting requirements.
• continuous pulse oximeter monitoring of oxyhemoglobin saturation, recorded at a minimum of 15 minute intervals;
• blood pressure and pulse must be taken and recorded pre-operatively and throughout the sedation period at appropriate intervals, not greater than every 15 minutes;
• continuous observation of respiration, with rate recorded at a minimum of 15 minute intervals.

4. A **sedation record** must be kept that includes the recording of vital signs as listed above.

5. Alarm settings and their audio component on monitoring equipment must be used at all times.

6. The patient may be discharged once he/she shows signs of progressively increasing alertness and has met the following criteria:
   • conscious and oriented
   • vital signs are stable
   • ambulatory

7. The patient must be discharged to the care of a responsible adult.

8. Written post-sedation instructions must be given and explained to both the patient and accompanying adult. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

9. If a reversal agent is administered before discharge criteria have been met, the patient must be monitored beyond the expected duration of action of the reversal agent to guard against re-sedation, and a Tier Two Event must be reported to the RCDSO in writing.

**In cases where the dentist has determined that the use of a blood pressure cuff and/or pulse oximeter would be an impediment to the management of an individual patient, and the patient is clearly conscious throughout the procedure, a decision may be made not to use these monitors. In these isolated cases, a notation explaining the reason for not using these monitors must be recorded in the chart. Furthermore, these monitors (pulse oximeter, stethoscope and sphygmomanometer) must be present in the office and readily available for use.**

10. The practitioner must not be alone while treating a sedated patient.

11. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

3. **Sedation Equipment**

Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable and organized fashion (i.e. labelled trays or bags). All automated monitors must receive regular service and maintenance by qualified personnel according to the manufacturer’s specifications or annually, whichever is more frequent. A **written record of this annual maintenance/servicing must be kept on file for review by the RCDSO as required.**

**Equipment that is used for continuous monitoring of sedated patients (including the immediate recovery phase) must have a Health Canada medical device license and be used in accordance with the manufacturer’s ‘intended use’ (i.e. for continuous monitoring). All equipment must have audible alarms, appropriately set and NOT permanently silenced.**
It is the dentist’s responsibility to ensure that the dental office in which sedation is being performed is equipped with the following:

- portable apparatus for intermittent positive pressure resuscitation
- pulse oximeter with clearly audible, variable pitch tone
- stethoscope and sphygmomanometers of appropriate sizes
- full face masks of appropriate sizes and connectors
- portable auxiliary systems for light, suction and oxygen
- current drugs in appropriate amounts for management of emergencies, including:
  - oxygen (an E-size cylinder is required)
  - 1:1,000 epinephrine (at least 2 doses are required, ampules or auto-injectors)
  - nitroglycerin
  - parenteral diphenhydramine
  - salbutamol
  - flumazenil
  - acetylsalicylic acid (ASA, non-enteric coated)

2. PARENTERAL MODERATE SEDATION

Parenteral moderate sedation may be accomplished using any one of the following routes of administration: intravenous, intramuscular, subcutaneous, submucosal or intra-nasal. For the purposes of this document, these standards also apply when the rectal route of administration is utilized.

In addition to the General Standards, this section outlines standards specific to any sedation technique utilizing the parenteral administration of a single sedative drug (i.e. a benzodiazepine) for moderate sedation.

Additional Professional Responsibilities

1. All dentists administering parenteral moderate sedation must be registered with the RCDSO and authorized to do so.

2. All facilities where parenteral moderate sedation is administered must have a permit from the RCDSO. Such permit will be granted subject to training and conformance with all aspects of the Standard and subject to satisfactory on-site inspections and evaluation by the RCDSO.

3. The following training is required:

- Dentists who qualify for the administration of deep sedation and general anesthesia, as outlined in Part II of this document.
- If not qualified for the administration of deep sedation or general anesthesia, then the following training is required:

  Successful completion of a course of instruction in parenteral moderate sedation that is held where adequate facilities are available for proper patient care, including drugs and equipment for the handling of emergencies, and meeting the didactic and clinical requirements outlined below. A certificate or other evidence of satisfactory completion of the course and a description of the program signed by the course director must be submitted to the RCDSO for consideration. Completion of such a course will be entered onto the dentist’s record.

Didactic requirement: The training must include a minimum of 40 hours of lecture and seminar time presented by dental anesthesiologists, dentists/dental specialists formally trained at the post-doctoral level in anesthesia and sedation as they apply to dentistry or physicians formally trained in anesthesia. Dentists in a hospital internship or general practice residency program, recognized by RCDSO, may be given credit for one-half of this didactic requirement, provided that documentation of formal training is obtained from the program director.

Clinical Requirement: The training must include supervised application of parenteral moderate sedation concurrent with dental treatment, performed on a minimum of 20 patients. Active participation in the above is required. Observation alone is not sufficient.

4. All dentists administering parenteral moderate sedation must provide evidence of successful completion of a provider course in ACLS.

5. Parenteral administration of a single sedative drug, specifically a benzodiazepine (e.g. midazolam
or diazepam), is a prudent approach to moderate sedation. Accordingly, intravenous titration of a single benzodiazepine alone may be used by those with the training specified immediately above. No additional drugs with sedative properties (e.g. opioids, anti-histamines) are permitted to be administered by any route in the peri-operative period. Non-sedative agents may be administered as deemed appropriate.

For the purposes of moderate sedation, the parenteral administration of an opioid is NOT permitted. The parenteral administration of two benzodiazepines (e.g. midazolam and diazepam) is NOT permitted.

Other than the single parenteral sedative, specifically a benzodiazepine, no additional sedative agents are permitted to be used by any route of administration unless the dentist qualifies for the administration of deep sedation or general anesthesia, as outlined in Part II or this document.

There are two rare situations in which the patient may need to take an oral sedative prior to arrival to the dental office. One indication is if the practitioner has determined that the patient requires an oral sedative to facilitate sleep the night prior to the dental procedure. The second indication is when the patient’s anxiety is such that sedation is required to permit arrival to the dental office. Such situations, however, should be the exception and not common practice, and may be subject to scrutiny by the College. The following requirements apply in these two situations:

- Each patient must be screened by the dentist at a prior appointment, with an appropriate medical history, as described in the General Standards in this document.
- If a prescription drug is required, only a benzodiazepine may be prescribed.
- The dose of the benzodiazepine must not exceed the maximum dose for minimal sedation (See TABLE 1).
- The patient must be instructed not to drive a vehicle and must be accompanied to and from the dental office.

- In each case, clear written instructions must be given to the patient or guardian explaining how to take the medication, the need for accompaniment and listing the expected effects from this drug.

In order to assist with venipuncture, it is permissible to administer EITHER an oral sedative OR nitrous oxide and oxygen:

- For an oral sedative: ONLY triazolam may be administered for this purpose. The dose of triazolam must not exceed the maximum dose for minimal sedation.
- For nitrous oxide and oxygen: Once the intravenous line is established and BEFORE the first administration of the parenteral sedative, the nitrous oxide and oxygen must be discontinued.

Patients who are under 12 years of age are not acceptable for the administration of parenteral moderate sedation in out-of-hospital dental facilities, except by those practitioners who are qualified to administer deep sedation or general anesthesia.

Table 3
ADULT DOSE RANGES OF PARENTERAL SEDATIVES FOR MODERATE SEDATION

<table>
<thead>
<tr>
<th>Appointment 1 hour or less</th>
<th>Each additional hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>- midazolam 1 to 5 mg</td>
<td>- additional 1 to 5 mg per hour OR</td>
</tr>
<tr>
<td>- diazepam 5 to 20 mg at one appointment</td>
<td>- diazepam 5 to 20 mg at one appointment</td>
</tr>
</tbody>
</table>

These dose ranges are approximations only. Reduced doses should be considered for elderly and medically compromised patients.

In rare situations, the dentist may consider exceeding the dose of 5 mg midazolam during the first hour of an appointment for adults, described above, provided the
dose does not exceed 10 mg. The dentist is expected to exercise reasonable professional judgment in determining when this is justified, and the rationale for doing so must be documented in the patient record. Such situations, however, should be the exception and not common practice, and may be subject to scrutiny by the RCDSO.

The following maximum doses of a parenteral sedative must NOT be exceeded, unless the dentist is authorized by the College to administer deep sedation or general anesthesia:

<table>
<thead>
<tr>
<th>Sedative</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam</td>
<td>for an appointment 1 hour or less = 10 mg</td>
</tr>
<tr>
<td></td>
<td>for an appointment longer than 1 hour = additional 5 mg per hour, up to a cumulative maximum dose of 20 mg for that appointment</td>
</tr>
<tr>
<td>Diazepam</td>
<td>cumulative maximum dose not to exceed 20 mg for 1 appointment</td>
</tr>
</tbody>
</table>

To avoid confusion, some dentists may wish to simplify their pre-operative instructions to patients regarding fasting requirements. For example, patients might be instructed not to have any solid food for a minimum of eight hours, and not to have any fluids for a minimum of two hours, prior to the appointment. Such instructions would be consistent with the minimum fasting requirements.

7. Consent must be obtained prior to the administration of any parenteral sedative.

8. The patient must never be left unattended following administration of the sedative until fit for discharge.

9. Anesthetic and monitoring equipment must conform to current appropriate standards for functional safety.

10. A dentist qualified for this sedative technique and responsible for the patient must not leave the facility until that patient is fit for discharge.

6. Pre-operative instructions must be given in writing to the patient or responsible adult. Patients should be given instructions regarding the minimum duration of fasting prior to appointments that is consistent with the following minimum requirements:

- 8 hours after a meal that includes meat, fried or fatty foods;
- 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
- 4 hours after ingestion of breast milk; and
- 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).

Possible exceptions to this are usual medications or pre-operative medications which may be taken as deemed necessary by the dentist.
THE SEDATION TEAM
Parenteral moderate sedation for ambulatory dental patients must be administered through the combined efforts of the sedation team. This team is composed of a minimum of 3 individuals, who must be in the operatory at all times during the administration of parenteral moderate sedation. There are 2 common formats of this team, as follows:

In one format, the sedation team includes, as a minimum:
- a dentist, who is qualified and responsible for the sedation and dental procedures
- a sedation assistant
- an operative assistant

In the other format, the sedation team includes, as a minimum:
- a dentist, who is responsible for the dental procedures only
- another dentist or a physician, who is qualified and responsible for the sedation procedures only
- an operative assistant

In addition, the sedation team must include at least 2 individuals who have successfully completed a provider course in ACLS and maintain current BLS certification (CPR Level HCP), as a minimum.

Sedation Team for Format 1:
The use of this sedation team allows a qualified dentist to provide sedation services simultaneously with dental procedures. The sedation team must consist of the following individuals:

The dentist, who is qualified and directly responsible for the sedation, the sedation team and the dental procedures.

The sedation assistant, who must be a nurse currently registered with the College of Nurses of Ontario in the general class in the RN category, a respiratory therapist currently registered with the College of Respiratory Therapists of Ontario, or a dentist or physician currently registered in Ontario. In addition, the sedation assistant must provide evidence of successful completion of a provider course in ACLS and maintain current BLS certification (CPR Level HCP), as a minimum.

It is the responsibility of the dentist to ensure that the sedation assistant is adequately trained to perform their duties. The dentist must ensure that this assistant has or develops the skills necessary for their responsibilities, as described below. This assistant’s primary function is to provide assistance, under the direction of the dentist, by:
- assessing and maintaining a patent airway
- monitoring vital signs
- keeping appropriate records
- venipuncture
- administering medications as directed
- assisting in emergency procedures

The operative assistant, whose primary function is to keep the operative field free of blood, mucous and debris.

The recovery supervisor, who under the dentist’s supervision has the primary function of supervising and monitoring patients in the recovery area, as well as determining, under the direction and responsibility of the dentist, if the patient meets the criteria for discharge, as outlined below. This person must have the same qualifications as described for the sedation assistant. The sedation assistant may act as recovery supervisor if not required concurrently for other duties. One cannot perform both duties simultaneously.

In addition, an office assistant should be available to attend to office duties, so the sedation team is not disturbed.

Sedation Team for Format 2:
The use of this sedation team requires a qualified dentist or physician to provide sedation services. The sedation team must consist of the following individuals:
- a dentist, who is responsible for the dental procedures only
- another dentist or a physician, who is qualified and responsible for the sedation procedures only
- an operative assistant, whose primary function is to keep the operative field free of blood, mucous and debris.

Where there is a separate dentist or physician solely providing the parenteral moderate sedation, then a sedation assistant or a recovery supervisor is not required, provided that this individual fulfills these duties. This dentist or physician may act as a recovery supervisor if not required concurrently for other duties. One cannot perform both duties simultaneously.

In addition, an office assistant should be available to attend to office duties, so the sedation team is not disturbed.
OFFICE PROTOCOL AND FACILITIES

The facility must permit adequate access for emergency stretchers and have auxiliary powered backup for suction, lighting and monitors for use in the event of a power or system failure.

1. Patient Selection

An adequate, clearly recorded current medical history, including present and past illnesses, hospital admissions, current medications and dose, allergies (in particular to drugs), and a functional inquiry, along with an appropriate physical examination must be completed for each patient and must form a permanent part of each patient’s record. For medically compromised patients, consultation with their physician may be indicated. This assessment should be consistent in content with Appendix I.

The patient’s ASA Classification (see Appendix II) and risk assessment must then be determined. These findings will be used to determine the appropriate facility and technique used.

2. Sedation Protocol

1. The medical history must be reviewed for any changes at each sedation appointment. Such review must be documented in the sedation record for the appointment.

2. The patient must have complied with the minimum duration of fasting prior to appointments that is consistent with the following minimum requirements:
   - 8 hours after a meal that includes meat, fried or fatty foods;
   - 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
   - 4 hours after ingestion of breast milk; and
   - 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).

   Possible exceptions to this are usual medications or pre-operative medications, which may be taken as deemed necessary by the dentist.

   To avoid confusion, some dentists may wish to simplify their pre-operative instructions to patients regarding fasting requirements. For example, patients might be instructed not to have any solid food for a minimum of eight hours, and not to have any fluids for a minimum of two hours, prior to the appointment. Such instructions would be consistent with the minimum fasting requirements.

3. Laboratory investigations may be used at the discretion of the dentist or physician responsible for the sedations.

4. Clinical observation must be supplemented by the following means of monitoring throughout the sedation administration:
   - continuous pulse oximeter monitoring of oxyhemoglobin saturation, recorded at a minimum of 5 minute intervals;
• blood pressure and pulse must be taken and recorded pre-operatively and throughout the sedation period at appropriate intervals, not greater than every 5 minutes;
• continuous observation of respiration, with rate recorded at a minimum of 15 minute intervals.

5. The patient may be discharged once he/she shows signs of progressively increasing alertness and has met the following criteria:
• conscious and oriented
• vital signs are stable
• ambulatory

6. The patient must be discharged to the care of a responsible adult.

7. Written post-sedation instructions must be given and explained to both the patient and accompanying adult. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours, or longer if drowsiness or dizziness persists.

8. If a reversal agent is administered before discharge criteria have been met, the patient must be monitored beyond the expected duration of action of the reversal agent to guard against re-sedation, and a Tier Two Event must be reported to the RCDSO in writing.

9. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

3. Recovery Protocol
1. As described below, recovery accommodation and supervision is mandatory when parenteral sedation is administered.

2. The recovery area or room must be used to accommodate the post-sedation patient from the completion of the procedure until the patient meets the criteria for discharge. Oxygen and appropriate suction and lighting must be readily available. The operatory can act as a recovery room.

3. A sufficient number of such recovery areas must be available to provide adequate recovery time for each case. Caseload must be governed accordingly.

4. Continuous supervision and appropriately recorded monitoring by the recovery supervisor must occur throughout the recovery period, until the patient meets the criteria for discharge. The minimum ratio of recovery supervisors to patients is one to two. Pulse oximeter monitoring of oxyhemoglobin saturation, blood pressure and heart rate must be recorded at a minimum of 15 minute intervals.

5. A sedation record must be kept consistent with Appendix IV.

6. When intravenous sedation is used, an intravenous needle or indwelling catheter must be in situ and patent at all times during the procedure. An intermittent or continuous fluid administration must be used to ensure patency.

7. Alarm settings and their audio component on monitoring equipment must be used at all times.

4. Sedation Equipment
Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable and organized fashion (i.e. labelled trays or bags). All automated monitors must receive regular service and maintenance by qualified personnel according to the manufacturer’s specifications or annually, whichever is more frequent. A written record of this annual maintenance/servicing must be kept on file for review by the RCDSO as required.
Equipment that is used for continuous monitoring of sedated patients (including the immediate recovery phase) must have a Health Canada medical device license and be used in accordance with the manufacturer’s ‘intended use’ (i.e. for continuous monitoring). All equipment must have audible alarms, appropriately set and NOT permanently silenced.

It is the dentist’s responsibility to ensure that the dental office in which sedation is being performed is equipped with the following:

- portable apparatus for intermittent positive pressure resuscitation
- pulse oximeter with clearly audible variable pitch tone
- stethoscope and sphygmomanometers of appropriate sizes
- automated blood pressure monitor with programmable alarm settings and audio component
- tonsil suction (Yankauer) adaptable to the suction outlet
- full face masks of appropriate sizes and connectors
- adequate selection of endotracheal tubes or laryngeal mask airways and appropriate connectors

- laryngoscope with an adequate selection of blades, spare batteries and bulbs
- Magill forceps
- adequate selection of oral airways
- portable auxiliary systems for light, suction and oxygen
- apparatus for emergency tracheotomy or cricothyroid membrane puncture
- needles - IV
- current drugs in appropriate amounts for management of emergencies, including:
  - oxygen (an E-size cylinder is required)
  - 1:1,000 epinephrine (at least 2 ampules are required)
  - 1:10,000 epinephrine (at least 2 syringes are required)
  - nitroglycerin
  - parenteral diphenhydramine
  - salbutamol
  - parenteral vasopressor (e.g. ephedrine)
  - parenteral atropine
  - parenteral corticosteroid
  - flumazenil
  - appropriate intravenous fluids
  - acetylsalicylic acid (ASA, non-enteric coated)
Part II – Deep Sedation and General Anesthesia

DEFINITION
In addition to the General Standards, this section outlines standards specific to any technique that has depressed the patient beyond moderate sedation, as defined in Part I.

ADDITIONAL PROFESSIONAL RESPONSIBILITIES
In addition to the General Standards listed in Part I, the following responsibilities apply:

1. All dentists and physicians administering deep sedation or general anesthesia must be registered with the RCDSO and authorized to do so.

2. All facilities where deep sedation or general anesthesia is administered must have a permit from the RCDSO. Such permit will be granted subject to training and conformance with all aspects of the Standard and subject to satisfactory onsite inspections and evaluation by the RCDSO.

3. Deep sedation or general anesthesia must only be performed in the dental office by a professional qualified according to the following standards.
   - Dentists who hold a specialty certificate in Dental Anesthesiology in Ontario.
   - Dentists who have successfully completed a postgraduate anesthesia program in a university and/or teaching hospital over a minimum of 24 consecutive months. The program must have specifically evaluated and attested to the competency of the individual.
   - Dentists who had successfully completed a postgraduate anesthesia program in a university and/or teaching hospital over a minimum of 12 consecutive months prior to 1993 and have continued to practice these modalities since that time. The program must have specifically evaluated and attested to the competency of the individual.
   - Dentists who have successfully completed a formal post-graduate program in oral and maxillofacial surgery suitable for certification in the Province of Ontario.
   - Physicians currently registered with the College of Physicians and Surgeons of Ontario (CPSO) who can provide evidence satisfactory to the RCDSO that they hold a designation as a specialist in anesthesia with the Royal College of Physicians and Surgeons of Canada (RCPSC) OR one of the following:
     - Completion of a 12-month rotation in a program accredited by the College of Family Physicians of Canada (CFPC) under the category of “Family Medicine Anesthesia”.
     - Recognition by the CPSO as a specialist in anesthesia.
     - Satisfactory completion of all CPSO requirements for a physician requesting a change in their scope of practice AND active privileges to support similar procedures at a hospital.

4. All dentists and physicians administering deep sedation or general anesthesia must maintain current ACLS certification.

5. All dentists and physicians administering deep sedation or general anesthesia for patients under 12 years of age must be able to satisfy the RCDSO that they have appropriate training and experience to possess the knowledge, skills and judgment necessary for the care of such patients. In addition, current PALS certification is required.

6. When the operating dentist is not administering the anesthetic, they share the responsibility to ensure that these standards are followed.

7. All facilities where deep sedation or general anesthesia is administered must have written policies and procedures, including checklists for the management of emergencies. The facility’s written policies and procedures must be reviewed with staff regularly, which must be documented.

8. Pre-operative instructions must be given in writing to the patient or responsible adult. Patients should be given instructions regarding the minimum duration of fasting.
prior to appointments that is consistent with the following minimum requirements:

- 8 hours after a meal that includes meat, fried or fatty foods;
- 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
- 4 hours after ingestion of breast milk; and
- 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).

Possible exceptions to this are usual medications or pre-operative medications, which may be taken as deemed necessary by the dentist.

9. Consent must be obtained prior to the administration of any parenteral sedative or general anesthetic.

10. Anesthetic and monitoring equipment must conform to current appropriate standards for functional safety.

11. The patient must never be left unattended by a dentist or physician qualified for this sedative/anesthetic technique during the administration of the sedative or general anesthetic.

12. A dentist or physician qualified for this sedative/anesthetic technique and responsible for the patient must not leave the facility until that patient is fit for discharge.

To avoid confusion, some dentists may wish to simplify their pre-operative instructions to patients regarding fasting requirements. For example, patients might be instructed not to have any solid food for a minimum of eight hours, and not to have any fluids for a minimum of two hours, prior to the appointment. Such instructions would be consistent with the minimum fasting requirements.

THE ANESTHETIC TEAM

General anesthesia or deep sedation for ambulatory dental patients must be administered through the combined efforts of the anesthetic team. This team is composed of a minimum of 3 individuals, who must be in the operatory at all times during the administration of general anesthesia or deep sedation. There are 2 common formats of this team, as follows:

In one format, the anesthetic team includes, as a minimum:

- a dentist, who is qualified and responsible for the anesthesia and dental procedures
- an anesthetic assistant
- an operative assistant

In the other format, the anesthetic team includes, as a minimum:

- a dentist, who is responsible for the dental procedures only
- another dentist or a physician, who is qualified and responsible for the anesthesia procedures only
- an operative assistant

In addition, the anesthetic team must include at least 2 individuals with current ACLS certification and, if providing care for patients under 12 years of age, current PALS certification.

Anesthetic Team for Format 1

The use of this anesthetic team allows a qualified dentist to provide anesthesia services simultaneously with dental procedures. The anesthetic team must consist of the following individuals:

The dentist, who is qualified and directly responsible for the anesthesia, the anesthetic team and the dental procedures.
The anesthetic assistant, who must be a nurse currently registered with the College of Nurses of Ontario in the general class in the RN category, a respiratory therapist currently registered with the College of Respiratory Therapists of Ontario, or a dentist or physician currently registered in Ontario. In addition, the anesthetic assistant must maintain current ACLS certification and, if providing care for patients under 12 years of age, current PALS certification.

It is the responsibility of the dentist to ensure that the anesthetic assistant is adequately trained in peri-operative care (e.g. documented work experience in emergency care, ICU, PACU and/or the operating room environment) and able to perform their duties. The dentist must ensure that this assistant has and further develops the skills necessary for their responsibilities, as described below. This assistant’s primary function is to provide assistance, under the direction of the dentist, by:

- assessing and maintaining a patent airway
- monitoring vital signs
- keeping appropriate records
- venipuncture
- administering medications as directed
- assisting in emergency procedures

The operative assistant, whose primary function is to keep the operative field free of blood, mucous and debris.

The recovery supervisor, who under the dentist’s supervision has the primary function of supervising and monitoring patients in the recovery area, as well as determining, under the direction and responsibility of the dentist, if the patient meets the criteria for discharge, as outlined below. This person must have the same qualifications as described for the anesthetic assistant. The anesthetic assistant may act as recovery supervisor if not required concurrently for other duties. One cannot perform both duties simultaneously.

In addition, an office assistant should be available to attend to office duties, so the anesthetic team is not disturbed.

IMPORTANT: Patients under 12 years of age have reduced physical reserves and impairment may occur rapidly. In particular, it can be difficult to diagnose hypoventilation and airway obstruction in a timely manner. The supervision of such a patient must be vigilant throughout the recovery period and utilize appropriate monitoring, including capnography. The recovery supervisor for such a patient must be adequately trained in peri-operative care, have both current ACLS certification and current PALS certification, and possess the knowledge, skills and judgment to recognize and respond to an emergency. Continuous supervision and appropriately recorded monitoring by the recovery supervisor must occur throughout the recovery period, until the patient meets the criteria for discharge.

Anesthetic Team for Format 2:
The use of this anesthetic team requires a qualified dentist or physician to provide anesthesia services. The anesthetic team must consist of the following individuals:

- a dentist, who is responsible for the dental procedures only
- another dentist or a physician, who is qualified and responsible for the anesthesia procedures only
- an operative assistant, whose primary function is to keep the operative field free of blood, mucous and debris.

Where there is a separate dentist or physician solely providing the deep sedation or general anesthetic, then an anesthetic assistant or a recovery supervisor is not required, provided that this individual fulfills these duties. This dentist or physician may act as a recovery supervisor if not required concurrently for other duties. One cannot perform both duties simultaneously.

In addition, an office assistant should be available to attend to office duties, so the anesthetic team is not disturbed.
Dentists, who use the services of another dentist or a physician who is qualified to administer deep sedation or general anesthesia, share the responsibility of complying with the Standard. However, the ultimate responsibility rests with the permit holder to ensure that:

- the dentist or physician administering deep sedation or general anesthesia is registered with the RCDSO and authorized to do so;
- this dentist or physician has no term, condition or limitation on their certificate of registration with their respective regulatory College, relevant to the administration of sedation or general anesthesia; and
- all required emergency and other equipment is available and emergency drugs are on-site and current.

With the exception of oxygen, EITHER the permit holder OR the dentist / physician administering deep sedation or general anesthesia MUST provide all required emergency equipment and drugs. The shared provision of emergency equipment and drugs is NOT allowed.

### OFFICE PROTOCOL AND FACILITIES

The facility must permit adequate access for emergency stretchers and have auxiliary powered backup for suction, lighting and monitors for use in the event of a power or system failure.

#### 1. Patient Selection

An adequate, clearly recorded current medical history, including present and past illnesses, hospital admissions, current medications and dose, allergies (in particular to drugs), and a functional inquiry, along with an appropriate physical examination must be completed for each patient and must form a permanent part of each patient’s record, prior to the administration of deep sedation or general anesthesia. For medically compromised patients, consultation with their physician may be indicated. This assessment should be consistent in content with Appendix I.

The patient’s ASA Classification (see Appendix II) and risk assessment must be determined. These findings will be used to determine the appropriate facility and technique to be used.

### 2. Anesthesia Protocol

1. The medical history must be reviewed for any changes at each deep sedation or general anesthetic appointment. Such review must be documented in the anesthetic record for the appointment.

2. The patient must have complied with the minimum duration of fasting prior to appointments that is consistent with the following minimum requirements:

- 8 hours after a meal that includes meat, fried or fatty foods;
- 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
- 4 hours after ingestion of breast milk; and
- 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).

Possible exceptions to this are usual medications or pre-operative medications, which may be taken as deemed necessary by the professional responsible for the administration of the sedation or general anesthetic.

To avoid confusion, some dentists may wish to simplify their pre-operative instructions to patients regarding fasting requirements. For example, patients might be instructed not to have any solid food for a minimum of eight hours, and not to have any fluids for a minimum of two hours, prior to the appointment. Such instructions would be consistent with the minimum fasting requirements.

3. Laboratory investigations may be used at the discretion of the dentist or physician responsible for the anesthesia procedures.

4. Clinical observation must be supplemented by the following means of monitoring performed at a minimum of 5 minute intervals throughout the deep sedation or general anesthetic administration and until the patient is no longer deeply sedated, including into recovery, if necessary:

- continuous pulse oximeter monitoring of oxyhemoglobin saturation
- blood pressure and pulse
• continuous observation of respiration
• continuous electrocardiogram monitoring
• continuous capnography monitoring
• if intubated or a laryngeal mask airway is used, monitoring by oxygen analyzer is required
• if a volatile inhalational anesthetic agent is used to maintain anesthesia (e.g. isoflurane, sevoflurane, desflurane), an anesthetic agent analyzer is required

5. If triggering agents for malignant hyperthermia are being used (volatile inhalational general anesthetics or succinylcholine), measurement of temperature and appropriate emergency drugs, as outlined below, must be readily available.

6. An anesthetic record must be kept consistent with Appendix IV.

7. An intravenous needle or indwelling catheter must be in situ and patent at all time during the procedure. An intermittent or continuous fluid administration must be used to ensure patency.

8. Alarm settings and their audio component on monitoring equipment must be used at all times.

3. Recovery Protocol

1. As described below, recovery accommodation and supervision is mandatory where deep sedation or general anesthesia is administered.

2. The recovery area or room must be used to accommodate the patient from the completion of the procedure until the patient meets the criteria for discharge. Oxygen and appropriate suction and lighting must be readily available. The operatory can act as a recovery room.

3. A sufficient number of such recovery areas must be available to provide adequate recovery time for each case. Case load must be governed accordingly.

4. Continuous supervision and appropriately recorded monitoring by the recovery supervisor must occur throughout the recovery period, until the patient meets the criteria for discharge. In addition to continuous pulse oximetry, monitors must be immediately available for recovery use, including sphygmanometer, electrocardiogram and capnograph. The recovery period is divided into two phases:

### RECOVERY PERIOD PHASES

<table>
<thead>
<tr>
<th>Phase One:</th>
<th>The minimum ratio of recovery supervisors to patients is one to one. Continuous pulse oximetry and capnography is required and must be recorded at a minimum of 5 minute intervals. In addition, blood pressure and heart rate must be recorded at a minimum of 5 minute intervals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient meets criteria for deep sedation/general anesthesia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase Two:</th>
<th>The minimum ratio of recovery supervisors to patients is one to two, provided both patients meet the criteria for moderate sedation or lighter. Pulse oximetry, blood pressure and heart rate must be recorded at a minimum of 15 minute intervals. Consideration should be given to continuous capnography for patients who are under 12 years of age, as well as patients who are obese or have a history of sleep apnea.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient meets criteria for moderate or minimal sedation</td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Patients under 12 years of age have reduced physical reserves and impairment may occur rapidly. In particular, it can be difficult to diagnose hypoventilation and airway obstruction in a timely manner. The supervision of such a patient must be vigilant throughout the recovery period and utilize appropriate monitoring, including capnography. The recovery supervisor for such a patient must be adequately trained in peri-operative care, have both current ACLS certification and current PALS certification, and possess the knowledge, skills and judgment to recognize and respond to an emergency. Continuous supervision and appropriately recorded monitoring by the recovery supervisor must occur throughout the recovery period, until the patient meets the criteria for discharge.
5. The patient may be discharged once he/she shows signs of progressively increasing alertness and has met the following criteria:
   • conscious and oriented
   • vital signs are stable
   • ambulatory

6. The patient must be discharged to the care of a responsible adult.

For patients under 12 years of age, it is strongly recommended that the patient is discharged to the care of two responsible adults, so that one adult can focus on the patient during transport. Alternatively, the patient should not be discharged until the patient has demonstrated the ability to remain awake for at least 20 minutes in a quiet environment.

7. Written post-sedation/anesthetic instructions must be given. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

8. If a reversal agent is administered before discharge criteria have been met, the patient must be monitored beyond the expected duration of action of the reversal agent to guard against re-sedation, and a Tier Two Event must be reported to the RCDSO in writing.

9. Any Tier One or Tier Two Event must be reported to the RCDSO in writing.

4. Deep Sedation/General Anesthetic Equipment

Emergency equipment and drugs must be available at all times. Drugs must be current, in sufficient supply for caseload and stored in readily identifiable and organized fashion (i.e. labelled trays or bags). All anesthetic and monitoring equipment must receive regular service and maintenance by qualified personnel according to the manufacturer’s specifications, or annually, whichever is more frequent. A written record of this annual maintenance/servicing must be kept on file for review by the RCDSO as required.

Equipment that is used for continuous monitoring of sedated or anesthetized patients (including the immediate recovery phase) must have a Health Canada medical device license and be used in accordance with the manufacturer’s ‘intended use’ (i.e. for continuous monitoring). All equipment must have audible alarms, appropriately set and NOT permanently silenced.

1. Gas delivery systems used for the administration of nitrous oxide and oxygen must meet the following requirements:
   • a nitrous oxide and oxygen gas delivery system that meets the requirements for such equipment as described in the previous section of this document under Minimal Sedation; OR
   • a general anesthesia gas delivery system that has been approved by Health Canada and:
     – must be equipped with connectors and tubing which allow use of a full face mask for resuscitative ventilation with 100% oxygen;
     – must have readily available a reserve supply of oxygen ready for immediate use. This should be portable, an “E” size cylinder as a minimum and attached with appropriate regulator, flowmeter and connectors as described previously;
     – must be equipped with a scavenging system installed per manufacturer’s specifications.

2. If a vaporizer is fitted to the gas delivery system, then:
   • It must have an agent-specific, keyed filling device.
   • The connection of the inlet and outlet ports of the vaporizer to the gas machine must be such that an inadvertent incorrect attachment cannot be made.
   • All vaporizer control knobs must open counterclockwise and be marked to indicate vapour concentration in volume percent. It must mark and lock the control in the “off” position.
   • The vaporizer must be connected to the scavenging system. Where multiple vaporizers are used, an Interlock System must be installed.
3. If the patient is intubated or a laryngeal mask airway is used, then the anesthetic machine must be fitted with an oxygen analyzer.

4. If a volatile inhalational anesthetic agent is used to maintain anesthesia (e.g. isoflurane, sevoflurane, desflurane), an anesthetic agent analyzer is required.

5. It is the dentist’s responsibility to ensure that the dental office in which deep sedation or general anesthesia is being performed is equipped with the following:
   - portable apparatus for intermittent positive pressure resuscitation
   - pulse oximeter with clearly audible variable pitch tone
   - stethoscope and sphygmomanometers of appropriate sizes
   - automated blood pressure monitor with programmable alarm settings and audio component
   - tonsil suction (Yankauer) adaptable to the suction outlet
   - full face masks of appropriate sizes and connectors
   - adequate selection of laryngeal mask airways and appropriate connectors
   - adequate selection of endotracheal tubes and appropriate connectors
   - laryngoscope with an adequate selection of blades, spare batteries and bulbs
   - Magill forceps
   - adequate selection of oral airways
   - portable auxiliary systems for light, suction, and oxygen
   - apparatus for emergency tracheotomy or cricothyroid membrane puncture
   - electrocardiogram monitor with programmable alarm settings and audio component
   - defibrillator (either an automated external defibrillator [AED] or one with synchronous cardioversion capabilities)

   - capnometer/capnograph with programmable alarm settings and audio component
   - current drugs in appropriate amounts for management of emergencies, including:
     - oxygen (an E-size cylinder is required)
     - 1:1,000 epinephrine (at least 2 ampules are required)
     - 1:10,000 epinephrine (at least 2 syringes are required)
     - nitroglycerin
     - parenteral diphenhydramine
     - salbutamol
     - parenteral vasopressor (e.g. ephedrine)
     - parenteral atropine
     - parenteral corticosteroid
     - flumazenil
     - naloxone
     - appropriate intravenous fluids
     - parenteral muscle relaxant to support the management of laryngospasm
     - succinylcholine, if inhalation induction is used
     - parenteral amiodarone
     - parenteral beta-blocker
     - parenteral adenosine
     - parenteral morphine
     - parenteral magnesium sulphate
     - dantrolene, sodium bicarbonate, calcium chloride or calcium gluconate, regular insulin and D50W, if triggering agents for malignant hyperthermia are being used (consistent with MHAUS guidelines)
     - acetylsalicylic acid (ASA, non-enteric coated)
APPENDIX I

Medical History and Patient Evaluation
An adequate, current, clearly recorded and signed medical history must be made for each patient. The history is part of the patient’s permanent record. It forms a database upon which appropriate sedation or anesthetic modality is determined. The medical history must be kept current. This information may be organized in any format that each dentist prefers provided that the scope of the content contains the minimum information described in this section.

Vital Statistics
This includes the patient’s full name, date of birth, weight in kilograms and the name of the person to be notified in the event of an emergency. In case of a minor or a mentally disadvantaged patient, the name of the parent or guardian must be recorded.

Core Medical History
The core medical history must fulfill the following two basic requirements:

• It must elicit the core medical information to enable the dentist to assign the correct ASA Classification (see Appendix II) in order to assess risk factors in relation to sedation or anesthetic choices.
• It must provide written evidence of a logical process of patient evaluation.

This core information should be a system-based review of the patient’s past and current health status. It can be developed from the RCDSO’s sample medical history questionnaire, supplemented with questions relevant to the use of sedation or general anesthesia (e.g. family history of adverse anesthetic outcomes, alcohol and other substance use, screening for sleep apnea).

Core Physical Examination
A current, basic physical examination, suitable for determining information that may be significant to sedation and anesthesia and appropriate to the modality being used, must be carried out for each patient. At a minimum, all modalities of sedation or general anesthesia require the evaluation and recording of significant positive findings related to:

• general appearance, noting obvious abnormalities;
• an appropriate airway assessment;
• the taking and recording of vital signs, i.e. heart rate and blood pressure.

This can be carried out by most general practitioners and specialists.

If a more in-depth physical examination is required involving:

• auscultation (cardiac or pulmonary)
• examination of other physiologic systems, or,
• other assessments

This examination must be performed by a physician or by a dentist who has received formal training in a post-graduate anesthesiology program or an oral and maxillofacial surgery program.

The core physical examination may include an order for and assessment of laboratory data if indicated.
APPENDIX II

American Society of Anesthesiology Physical Status Classification System

ASA I: A normal healthy patient
ASA II: A patient with mild systemic disease
ASA III: A patient with severe systemic disease that limits activity but is not incapacitating
ASA IV: A patient with incapacitating systemic disease that is a constant threat to life
ASA V: A moribund patient not expected to survive 24 hours with or without operation
ASA VI: A declared brain-dead patient whose organs are being removed for donor purposes
ASA E: Emergency operation of any variety; E precedes the number, indicating the patient’s physical status

APPENDIX III

Characteristics of the Levels of Sedation and General Anesthesia

<table>
<thead>
<tr>
<th></th>
<th>MINIMAL SEDATION</th>
<th>MODERATE SEDATION</th>
<th>DEEP SEDATION</th>
<th>GENERAL ANESTHESIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness</td>
<td>maintained</td>
<td>maintained</td>
<td>obtunded</td>
<td>unconscious</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>to either verbal command or tactile stimulation</td>
<td>may require either one of or BOTH verbal command and tactile stimulation</td>
<td>response to repeated or painful stimuli</td>
<td>unarousable, even to pain</td>
</tr>
<tr>
<td>Airway</td>
<td>maintained</td>
<td>no intervention required</td>
<td>intervention may be required</td>
<td>intervention usually required</td>
</tr>
<tr>
<td>Protective Reflexes</td>
<td>intact</td>
<td>intact</td>
<td>partial loss</td>
<td>assume absent</td>
</tr>
<tr>
<td>Spontaneous Ventilation</td>
<td>unaffected</td>
<td>adequate</td>
<td>may be inadequate</td>
<td>frequently inadequate</td>
</tr>
<tr>
<td>Cardiovascular Function</td>
<td>unaffected</td>
<td>usually maintained</td>
<td>usually maintained</td>
<td>may be impaired</td>
</tr>
<tr>
<td>Required Monitoring</td>
<td>basic</td>
<td>increased</td>
<td>advanced</td>
<td>advanced</td>
</tr>
</tbody>
</table>
APPENDIX IV

Sedation Record for Oral Moderate Sedation
A sedation record must contain the following information:

- patient’s name, date of birth, weight in kilograms
- date of procedure
- review of medical history, including allergies and medications
- verification of NPO status
- verification of accompaniment for discharge
- pre-operative blood pressure, heart rate, oxygen saturation, respiration rate
- ASA status
- names of all drugs administered
- doses of all drugs administered
- time of administration of all drugs
- names and doses of all local anesthetics administered
- record of systolic and diastolic blood pressure, heart rate, oxygen saturation and respiration rate at a minimum of 15 minute intervals. If the monitors used provide an automated printout, this printout may be attached in lieu of handwritten recording of these signs
- record of level of sedation (LOS) at a minimum of 15 minute intervals
- time of the start and completion of the dental procedure
- recovery period must be clearly documented
- discharge criteria met: oriented, ambulatory, vital signs stable (record of blood pressure, heart rate, oxygen saturation)
- time of discharge
- name and designation of the professional responsible for the case
- a notation of any Tier One or Tier Two Event

APPENDIX V

Sedation Record for Parenteral Moderate Sedation
An anesthetic/sedation record must contain the following information:

- patient’s name, date of birth, weight in kilograms
- date of procedure
- review of medical history, including allergies and medications
- verification of NPO status
- verification of accompaniment for discharge
- pre-operative blood pressure, heart rate, oxygen saturation, respiration rate
- ASA status
- names of all drugs administered
- doses of all drugs administered
- time of administration of all drugs
- names and doses of all local anesthetics administered
- if used: intravenous type, location of venipuncture, type and volume of fluids administered
- list of monitors used
- record of systolic and diastolic blood pressure, heart rate and oxygen saturation at a minimum of 5 minute intervals. If the monitors used provide an automated printout, this printout may be attached in lieu of handwritten recording of these signs
- record of respiration rate at 15 minute intervals
- record of level of sedation (LOS) at a minimum of 5 minute intervals
- time of the start and completion of the administration of the sedation
- time of the start and completion of the dental procedure
- recovery period must be clearly documented
- discharge criteria met: oriented, ambulatory, vital signs stable (record of blood pressure, heart rate, oxygen saturation)
- time of discharge
- names and designations of all members of the sedation team
- a notation of any Tier One or Tier Two Event
APPENDIX VI

Anesthetic Record for Deep Sedation or General Anesthesia

An anesthetic record must contain the following information:

- patient’s name, date of birth, weight in kilograms
- date of procedure
- review of medical history, including allergies and medications
- verification of NPO status
- verification of accompaniment for discharge
- pre-operative blood pressure, heart rate, oxygen saturation, respiration rate
- ASA status
- names of all drugs administered
- doses of all drugs administered
- time of administration of all drugs
- names and doses of all local anesthetics administered
- if used: intravenous type, location of venipuncture, type and volume of fluids administered
- list of monitors used
- record of systolic and diastolic blood pressure, heart rate, oxygen saturation and end-tidal carbon dioxide levels ($\text{ETCO}_2$) at a minimum of 5 minute intervals. If the monitors used provide an automated printout, this printout may be attached in lieu of handwritten recording of these signs
- record of respiration rate at 15 minute intervals
- confirmation of continuous electrocardiogram monitoring
- if triggering agents for malignant hyperthermia are being used (volatile inhalational general anesthetics or succinylcholine), record of temperature at a minimum of 15 minute intervals
- time of the start and completion of the administration of the deep sedation/general anesthetic
- time of the start and completion of the dental procedure
- recovery period must be clearly documented
- discharge criteria met: oriented, ambulatory, vital signs stable (record of blood pressure, heart rate, oxygen saturation)
- time of discharge
- names and designations of all members of the anesthetic team
- a notation of any Tier One or Tier Two Event
APPENDIX VII

Safe Handling of Injectable Drugs
The transmission of blood-borne viruses and other microbial pathogens to patients may occur due to unsafe and improper handling of injectables (e.g. local anesthetics, drugs and solutions for sedation).

The following practices should be adhered to when preparing and administering injectable drugs.

Aseptic Technique
- Perform hand hygiene prior to accessing supplies, handling vials and IV solutions, and preparing or administering drugs.
- Prepare drugs and supplies in a clean area on a clean surface.
- Use aseptic technique in all aspects of parenteral drug administration, drug vial use and injections. Limit access to select trained individuals, if possible.
- Never administer a drug from the same syringe to more than one patient, even if the needle is changed between patients.
- Never store needles and syringes unwrapped, as sterility cannot be assured.
- If an administration set is prepared ahead of time, all drugs should be drawn up as close to use as possible to prevent contamination. Once set up, an administration set should be covered.
- Do not use intravenous solution bags as a common source of supply for multiple patients.

Single Dose Vials
Single dose vials, intended for single patient use, typically lack preservatives. The use of these vials for multiple patients carries substantial risk for bacterial contamination and infection.
- Do not reuse single dose vials.
- Always use a sterile syringe and needle/cannula when entering a vial. Never enter a vial with a syringe or needle/cannula that has been used on a patient.
- Never combine or pool the leftover contents of single dose vials.

Multi-dose Vials
Any error in following protocols for the correct use of multi-dose vials can result in the transmission of both bacterial and blood-borne viral pathogens. Transmission of HBV, HCV and HIV has been associated with the use of multi-dose vials.

The use of multi-dose vials for injectable drugs increases the risk of transmission of blood-borne pathogens and bacterial contamination of the vial and should be avoided.

Patient safety should be prioritized over cost when choosing between multi-dose and single dose vials.

If multi-dose vials are used, the following practices must be followed each time the multi-dose vial is used:
- NEVER re-enter a vial with a used needle OR used syringe.
- Once medication is drawn up, the needle should be IMMEDIATELY withdrawn from the vial. A needle should NEVER be left in a vial to be attached to a new syringe.
- Use a multi-dose vial for a single patient whenever possible and mark the vial with the patient’s name.
- Mark the multi-dose vial with the date it was first used and ensure that it is discarded at the appropriate time.
- Adhere to aseptic technique when accessing multi-dose vials. Multi-dose vials should be accessed on a surface that is clean and where no dirty, used or potentially contaminated equipment is placed or stored. Scrub the access diaphragm of vials using friction and 70% alcohol. Allow to dry before inserting a new needle and new syringe into the vial.
- Discard the multi-dose vial immediately if sterility is questioned or compromised or if the vial is not marked with the patient’s name and original entry date.
- Review the product leaflet for recommended duration of use after entry of the multi-dose vial. Discard opened multi-dose vials according to the manufacturer’s instructions or within 28 days, whichever is shorter.

The use of multi-dose vials increases the risk of transmission of blood-borne pathogens and bacterial contamination. Single dose vials are ALWAYS preferred.
APPENDIX VIII

Sample Pre- / Post-Operative Instructions for Oral Minimal Sedation

Pre-Operative Instructions:
1. You will not be able to drive home. You must be accompanied by a responsible adult, and may travel by private vehicle or taxi.
2. Do not eat or drink for 2 hours prior to your appointment.
3. Take all regular medications at their usual time with sips of water, unless you have been instructed otherwise by your doctor.
5. Report any health changes prior to your appointment.

Post-Operative Instructions
1. After your appointment, you must not operate a motor vehicle or machinery for at least 18 hours. You may be drowsy for the remainder of the day and should not consume alcohol or engage in decision making transactions.
2. Depending on your dental treatment, you may need to modify your diet. This will be reviewed with you prior to leaving the office.
3. If you have any concerns following the appointment, contact the office for advice.

APPENDIX IX

Sample Pre- / Post-Operative Instructions for Oral Moderate Sedation, Parenteral Moderate Sedation, Deep Sedation and General Anesthesia

Pre-Operative Instructions:
1. You will not be able to drive home. You must be accompanied by a responsible adult, and may travel by private vehicle or taxi.
2. Do not eat 8 for hours prior to your appointment. Clear fluids may be taken up to 3 hours before the appointment. This includes water, clear juice and black coffee or tea (no dairy). For afternoon appointments, a light meal may be consumed 6 hours prior to the appointment.
3. Take all regular medications at their usual time with sips of water, unless you have been instructed otherwise by your doctor.
5. Report any health changes prior to your appointment.

Post-Operative Instructions
1. After your appointment, you must not operate a motor vehicle or machinery for at least 18 hours. You may be drowsy for the remainder of the day and should not consume alcohol or engage in decision making transactions.
2. Depending on your dental treatment, you may need to modify your diet. This will be reviewed with you prior to leaving the office.
3. If you have any concerns following the appointment, contact the office for advice.