

SEDATION PRACTICE INSPECTION CHECKLIST

In the UK, the following definition of conscious sedation is widely agreed and accepted:

A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely.

It is of fundamental importance that the level of sedation is such that the patient remains conscious, and is able to both understand and respond to verbal commands either alone or accompanied by a light tactile stimulus. If a patient is unable to respond to verbal contact when fully conscious, an effective means of communication must be maintained.

Conscious Sedation in Dentistry (3rd Edition). SDCEP. June 2017.

- To successfully complete your inspection, you must meet all essential criteria.
- Items are numbered (starting on page 9) for ease of reference.
- Items are categorised as 'A' (essential), 'B' (best practice), 'I' (for information).
- A sedationist must be present during the inspection visit.
- Access to all the sedation treatment and recovery areas will be needed during the inspection visit. Please schedule patient appointments accordingly.
- To minimise the length of time required for the inspection, please have all relevant documentation prepared for inspector review in the order set out in the Checklist.

To help your practice, sources of information have been included in the final column of the Checklist. Sources of information include:

- [Scottish Dental Clinical Effectiveness Programme](#) (SDCEP).
- [Society for the Advancement of Anaesthesia in Dentistry](#) (SAAD).
- [Intercollegiate Advisory Committee for Sedation in Dentistry](#) (IACSD).

N.B. Practices that cannot answer a question satisfactorily may be requested to cease providing sedation until the matter is resolved.

Disclaimer

Please note that, owing to the scope of the inspection it will not be practicable for the inspector to make an exhaustive check of the content of every policy and procedure covered by the inspection document, and consequently practitioners are reminded that the responsibility for ensuring compliance with all legislative and regulatory matters relating to dental practice remains with the practice.

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Information Sources

Information Source	Web Location
CSD - Conscious Sedation in Dentistry (3rd Edition). June 2017	www.sdcep.org.uk/published-guidance/sedation/
PSM – Practice Support Manual	www.psm.sdcep.org.uk
SDCEP Drug Prescribing for Dentistry (3rd Edition). January 2016	www.sdcep.org.uk/published-guidance/drug-prescribing/
Resuscitation Council (UK). Nov 2013	www.resus.org.uk/pages/QSCPR_Main.htm
NDAC Emergency Drugs and Equipment in Primary Dental Care. 2015	www.scottishdental.org/wp-content/uploads/2015/01/Emergency-Drugs-and-Equipment-in-Primary-Dental-Care-2015.pdf
SAAD Checklist. 2017	www.saad.org.uk/images/Linked-Safe-Practice-Scheme-Website-L.pdf

Section 1 Practice Details and Sedation Personnel

Please complete this page prior to the inspection (there will not be time to complete it on the day of the visit).

Practice details:	
Practice contact*:	
Practice/Clinic name:	
Address:	
Telephone number:	
E-mail address:	
Practice NHS.net e-mail address:	
Website address:	

Sedation services						
Does the practice provide NHS or private sedation?	<input type="checkbox"/>	NHS	<input type="checkbox"/>	Private	<input type="checkbox"/>	Both
What type of sedation techniques?	<input type="checkbox"/>	Standard Sedation**	<input type="checkbox"/>	Advanced Sedation***		

***This must be someone with responsibility for sedation.**

**** Standard sedation techniques, also known as 'basic' techniques, include:**

For a child, young person or adult:

- inhalation sedation with nitrous oxide;

and for a young person or adult:

- midazolam by any single route (intravenous, oral or transmucosal).

***** Advanced sedation techniques, also known as 'alternative' techniques, include:**

For a child, young person or adult:

- certain drugs used for sedation (e.g. ketamine, propofol, sevoflurane);
- combinations of drugs used for sedation (e.g. opioid plus midazolam, midazolam plus propofol, sevoflurane plus nitrous oxide/oxygen);
- combined routes of administration (e.g. oral plus intravenous);

and for a child:

- midazolam by any route.

N.B: Currently NHS Scotland does not permit Advanced Sedation Techniques in NHS General Dental Practice

Date of inspection:	
Inspector(s):	

Certification and Training for All Members of the Clinical Team Involved with Sedation¹

Please have the following ready prior to the inspection visit (there will not be time to complete this on the day of the visit).

1. Complete names, designation and GDC registration number (where applicable) for all members of the clinical team involved with sedation.
2. Provide certification for all members of the clinical team involved with sedation* (where appropriate).

		Checked by Inspector									
		If any of these items are pending, record the details and actions to be taken on Comments and Summary (page 8)									
Name	Designation*	GDC/GMC registration number	Professional indemnity ²	Sedation training (certificates to be available) ³	Sedation-related training updates / CPD (provide evidence) ⁴	Life support training (provide evidence) ⁵	Last sedation-related emergency training date (provide evidence) ⁶	Average number of cases treated/year ⁷			
								IS	IVS	Other	

*Designation key: D - Dentist treating sedated patients but not providing sedation; DN – Dental Nurse; DSN – Dental Sedation Nurse; DT – Dental Therapist; H – Hygienist; HT – Hygienist-Therapist; OS – Operator-Sedationist; S – Sedationist;

¹⁻⁷ - see page 7 for footnotes

Certification and Training for All Members of the Clinical Team Involved with Sedation¹ (continued)

Name	Designation*	Checked by Inspector							Average number of cases treated/year ⁷		
		GDC/GMC registration number	Professional indemnity ²	Sedation training (certificates to be available) ³	Sedation-related training updates / CPD (provide evidence) ⁴	Life support training (provide evidence) ⁵	Last sedation-related emergency training date (provide evidence) ⁶	If any of these items are pending, record the details and actions to be taken on Comments and Summary (page 8)			
								IS	IVS	Other	

All staff have completed the appropriate training:

Yes

No

If 'No', the actions required should be summarised on page 17. These can be noted on page 8 during the inspection if required.

1. 'Clinical Team Involved with Sedation' is defined as the dental sedation team members and any additional clinical staff involved in the care and management of patients having sedation for dental treatment.
2. GDC guidance on indemnity is available at <https://www.gdc-uk.org/professionals/standards/indemnity>
3. Evidence of sedation training appropriate for techniques used and patients treated is required for clinical team members directly involved in sedation. For sedation team members new to sedation, training must be validated. [See section 8.1 in *Conscious Sedation in Dentistry*.
4. Twelve hours of sedation-related verifiable CPD in each 5-year cycle for clinical team members directly involved in sedation.
5. Life support training should be updated annually. [See Section 8.4 Life Support in *Conscious Sedation in Dentistry*].
6. Ensure that the Clinical Team Involved with Sedation (see Footnote 1), including members who are not formally sedation trained, participate in regular scenario-based training for sedation-related complications.
7. Provide type of sedation technique (IS, IVS or Other) and number.

Section 2 Sedation Practice Environment

2A. Sedation practice activity				Yes	No	Information Sources	Comments
		The practice provides:				Section 1.3, CSD	
1	I	• Inhalation sedation (IS).....					
2	I	• Intravenous sedation (IVS).....					
3	I	○ single drug (midazolam only).....					
4	I	• Oral sedation.....					
5	I	• Transmucosal sedation.....					
6	I	• Advanced sedation techniques* (if yes, provide details below).....					
7	I	_____					
		The following types of patients are treated:				Appendix 4, CSD	
8	I	• ASA I or II patients.....					
9	I	• ASA III patients.....					
		Approximate number of sedations provided annually:				Section 1.3, CSD	
10	I	• Adults (16 years and over).....					
11	I	• Young people (12-15 years).....					
12	I	• Children (under 12 years).....					
13	A	Children under 12 years are only treated using IS.....	N/A				

*Currently NHS Scotland does not permit advanced sedation techniques in NHS General Dental Practice.

2B. Sedation practice facilities				Yes	No	Information Sources	Comments
1	A	There is adequate access for emergency services to the building.....			Section 2.1, CSD		
2	A	The waiting and recovery areas are separate.....					
3	B	The treatment and recovery areas are separate.....			Section 6, CSD		
4	A	Where the treatment and recovery areas are not separate, the sedation appointments are of adequate length to allow for recovery.....					
5	A	The treatment and recovery areas are large enough to enable adequate access for the clinical team.....			Section 2.1, CSD		
6	A	The practice layout provides privacy for sedation patients.....					
7	A	Room ventilation and active scavenging of waste gases is sufficiently effective to conform with current COSHH standards* N/A					

* Inhalation sedation only.

2C. Sedation personnel				Yes	No	Information Sources	Comments
		The practice operates on:			Section 2.2, CSD		
1	I	• an operator-sedationist basis.....					
2	I	• a dentist and a dedicated sedationist basis.....					
3	A	A third person is available in the practice during sedation treatment.....					

2D. Medical emergencies and sedation-related complications				Yes	No	Information Sources	Comments
		Emergency Drugs:					
		The recommended medical emergency drugs listed below are:					
1	A	<ul style="list-style-type: none"> immediately available for use in both the treatment and recovery areas..... 					
2	A	<ul style="list-style-type: none"> stored safely..... 				Section 2.1, CSD	
3	A	<ul style="list-style-type: none"> in date, checked regularly and checks recorded..... 				Medical Emergencies and Life Support, PSM	
4	A	Adequate adrenaline (1-ml ampoules or pre-filled syringes of 1:1000 solution for i.m. injection).....				SDCEP Drug Prescribing for Dentistry	
5	A	Aspirin (300 mg dispersible tablets).....				Resuscitation Council (UK) Nov 2013	
6	A	Glucagon (for i.m. injection of 1mg).....				NDAC Emergency Drugs and Equipment in Primary Dental Care 2015	
7	A	Glyceryl trinitrate spray (400 µg per metered dose).....					
8	A	Midazolam oromucosal solution, 5 mg/ml, for topical buccal administration*.....					
9	A	Oral glucose/sugar.....					
10	A	Salbutamol inhaler (100 µg per actuation).....					
11	A	Oxygen cylinder (15 litres/min): minimum of 2 size D or CD (preferred) or 1 size E.....					
12	A	<ul style="list-style-type: none"> serviced at least every 5 years (or according to manufacturer's instructions)..... 					
13	A	<ul style="list-style-type: none"> charged: at least 75% full and evidence of regular checks..... 					
14	A	Flumazenil (0.5mg/5ml) is available in every treatment area (if benzodiazepines are used)**.....	N/A				
<p>*Midazolam oromucosal solution is available in pre-filled syringes; several sizes are available to allow for exact dosing for different age groups.</p> <p>**Inspect availability in every treatment area before ticking the box. See Section 5D.</p>							

2D. Medical emergencies and sedation-related complications (continued)			Yes	No	Information Sources	Comments
		Emergency Equipment:				
		The recommended medical emergency equipment listed below is:				
15	A	<ul style="list-style-type: none"> immediately available for use in both the treatment and recovery areas..... 			Section 2.1, CSD	
16	A	<ul style="list-style-type: none"> well maintained, checked regularly and checks recorded..... 			Medical Emergencies and Life Support, PSM	
17	A	Self-inflating bag-valve-mask (with additional child mask).....			SDCEP Drug Prescribing for Dentistry	
18	A	Basic set (0, 1, 2, 3, 4) of oropharyngeal airways for adults and children.....			Resuscitation Council (UK) Nov 2013	
19	A	Pocket masks with oxygen port are available in every treatment area***			NDAC Emergency Drugs and Equipment in Primary Dental Care 2015	
20	A	Portable suction machine with appropriate suction tips and tubing.....				
21	A	Oxygen face mask capable of delivering high concentrations of oxygen (reservoir bag) with tubing.....				
22	A	Nasal cannula set for giving supplemental oxygen.....				
23	A	Single use sterile syringes and needles (in date)****				
24	A	Spacer device for inhaled bronchodilators.....				
25	A	Automated External Defibrillator with razor and scissors.....				
<p>***Inspect availability in every treatment area before ticking the box. See Section 5D.</p> <p>****Must include 1ml syringes and 21g (green) needles.</p>						

Section 3 Policies, Protocols and Procedures

3A. Policies and protocols			Yes	No	Information Sources	Comments
		The practice has written local policies or protocols on:				
1	A	<ul style="list-style-type: none"> • The roles and responsibilities of members of the clinical team involved in the provision of conscious sedation throughout the patient journey. This should be able to evidence that: 			Section 2.2, CSD	
2	A	<ul style="list-style-type: none"> ○ patients are normally assessed for suitability for sedation at a separate appointment prior to the patient's treatment under sedation. Where an assessment is not carried out at a separate appointment, the justification is recorded..... 			Section 3.2, CSD	
3	A	<ul style="list-style-type: none"> ○ IS is administered by titration to a recognised sedation end point..... 			Sections 4.1:1-3 and Appendix 3, CSD	
4	A	<ul style="list-style-type: none"> ○ IVS is administered by titration to a recognised sedation end point..... 				
5	A	<ul style="list-style-type: none"> ○ the patient is monitored by a suitably trained and experienced member of staff during sedation and recovery..... 			Sections 2.2, 3.6, 4.3 and 6, CSD	
6	A	<ul style="list-style-type: none"> ○ no member of staff is alone with a sedated patient at any time..... 				
7	A	<ul style="list-style-type: none"> ○ all IVS and oral sedation patients have an escort..... 				
8	A	<ul style="list-style-type: none"> ○ recognised discharge criteria are followed..... 				
9	A	<ul style="list-style-type: none"> • Critical incident reporting..... 			Section 9, CSD; Domain C, SAAD Checklist	
10	A	<ul style="list-style-type: none"> • The management of collapse and adverse reactions including timely patient transfer to hospital..... 			Sections 2.1-2, CSD	
11	A	<ul style="list-style-type: none"> • Regular checking of emergency equipment and drugs..... 			Medical Emergencies and Life Support, PSM	

3B. Patient information and consent			Yes	No	Information Sources	Comments
1	A	Written, readily available sedation information that is appropriate to age and learning ability which includes the following:			Sections 3.3-4, CSD	
2	A	<ul style="list-style-type: none"> The sedation technique to be used..... 				
3	A	<ul style="list-style-type: none"> Pre-and post-sedation and post-operative instructions including emergency out-of-hours telephone number..... 				
4	A	<ul style="list-style-type: none"> Information for patient escorts..... 				
5	A	Consent form.....				

3C. Clinical activity, governance and quality improvement			Yes	No	Information Sources	Comments
1	A	Evidence of regular sedation-focused QI activity (e.g. clinical audit, eSEA, peer review).....			Sections 8.3, 9, CSD	
2	A	A log of all sedation cases to demonstrate clinical practice for each member of the dental sedation team.....				
3	A	Evidence of critical incidence recording..... N/A				

Section 4 Patient Record-Keeping

Please note for this section the inspectors will require access to a small sample of sedation patient records. Meeting the following inspection requirements might help in a possible future medico-legal situation.

Patient records demonstrate detailed recording* of:			Dentist 1			Dentist 2			Dentist 3			Dentist 4			Dentist 5		
			Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3	Pt 1	Pt 2	Pt 3
1	A	Pre-sedation assessment															
2	A	Consent															
3	A	Delivery of sedation															
4	A	Pre-operative, intra-operative and post-operative clinical signs. BP and SaO2 where applicable.															
5	A	Recovery															
6	A	Discharge**															

*For each patient, keep a detailed record of the pre-sedation assessment, consent, the visit for conscious sedation including monitoring, the treatment procedure and the recovery. Further details of the information to be recorded, which depends on the patient's condition and the sedation technique are given in Appendix 1.

** See Appendix 2.

Comments

Section 5 Treatment and Recovery Areas

This part to be photocopied for the appropriate number of treatment and recovery areas in the practice.

Practice/clinic name:			
Treatment/recovery area number:			
Type of area inspected:	<input type="checkbox"/> Treatment	<input type="checkbox"/> Recovery	
Type of treatment area:	<input type="checkbox"/> IS	<input type="checkbox"/> IVS	<input type="checkbox"/> Other (please state below)
	Other:		

A. Facilities			Yes	No	Information Sources	Comments
1	A	There is access for emergency services to the area.....	<input type="checkbox"/>	<input type="checkbox"/>	Section 2.1, CSD	
2	A	There is adequate access for the clinical team around the chair to deal with medical emergencies and sedation-related complications.....	<input type="checkbox"/>	<input type="checkbox"/>		
3	A	There is good lighting in the area.....	<input type="checkbox"/>	<input type="checkbox"/>		

B. Unit/chair			Yes	No	Information Sources	Comments	
1	A	The dental chair can be rapidly moved to a head-down tilt position..... N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain F, SAAD Checklist	

C. Sedation equipment			Yes	No	Information Sources	Comments
		NIBP monitor			Section 2.1.2, CSD	
1	A	Non invasive blood pressure monitor.....				
2	A	Maintained in accordance with manufacturer's instructions.....				
		Pulse oximeter N/A <input type="checkbox"/>				
3	A	Continuous pulse oximeter is available for use prior to and during treatment under sedation and has an audible alarm*.....				
4	A	There is a calibration and/or service history according to the manufacturer's instructions for the pulse oximeter.....				
5	A	Last service date of the pulse oximeter: (certificate required)..... <input type="text"/>				
6	A	Inhalation sedation N/A <input type="checkbox"/>			Section 2.1.1, CSD	
7	A	The dedicated, purpose-designed IS machine has:				
8	A	• a minimum delivery of 30% oxygen.....				
9	A	• an emergency N2O cut off.....				
10	A	There is a calibration and service history according the manufacturer's instructions for the IS machine.....				
11	A	Last service date of the IS machine: (certificate required)..... <input type="text"/>				
12	A	Gases N/A <input type="checkbox"/>			Section 2.1.1, CSD Domain F, SAAD Checklist	
13	A	Gas cylinders are stored safely and securely according to current safety requirements.....				
14	A	Central gas supply system in date and serviced..... N/A <input type="checkbox"/>				
15	A	Last service date of the central gas supply: (certificate required)..... <input type="text"/>				
16	A	A record is kept of checks made by a suitably trained and qualified member of staff prior to each session.....				

*Pulse oximeter with clearly visible display preferred.

C. Sedation equipment (continued)					Yes	No	Information Sources	Comments
17	A	Equipment for use with advanced techniques**	N/A				Domain F, SAAD Checklist	
18	A	ECG.....	N/A					
19	A	• Maintained, serviced and calibrated according to manufacturer's instructions.....						
20	A	Capnography.....	N/A					
21	A	• Maintained, serviced and calibrated according to manufacturer's instructions.....						
22	A	Syringe driver.....	N/A					
23	A	• Maintained, serviced and calibrated according to manufacturer's instructions.....						
24	A	Mucosal atomisation device.....	N/A					

****Currently NHS Scotland does not permit advanced sedation techniques in NHS General Dental Practice.**

D. Sedation drugs					Yes	No	Information Sources	Comments	
1	A	Midazolam (5mg/5ml strength*).....	N/A				Section 2.1.1, CSD		
2	A	Flumazenil (0.5mg/5ml) (if benzodiazepines are used)**.....	N/A						
3	A	Other drug(s).....	N/A						
		The sedation drugs recorded above are:							
4	A	• stored safely.....							
5	A	• in date - stocks checked regularly and checks logged.....							
6	A	Drug labels available for syringes.....	N/A						
7	A	Cannulae for IV access.....	N/A						
8	A	Supplemental oxygen is available and can be given, if required.	N/A						
9	A	Pocket masks with oxygen port***.....	N/A						

* N.B. This is a lower concentration of midazolam than required for oromucosal administration. See Section 2D Item 10.

** See Section 2D Item 14 and footnote **. *** See Section 2D Item 19 and footnote ***.

We have also discussed the following:

Further information requested by practitioner:

I note and have the following comments:

Sedationist/Practitioner signing on behalf of the practice*:		Signature:	Date:
Inspector Name:		Signature:	Date:
Inspector Name:		Signature:	Date:

* The sedationist/practitioner signing on behalf of the practice is responsible for sharing information in this document with other members of staff, as appropriate.

Appendix 1 Sedation Patient Records

Items to be recorded in sedation patient records are given below*. While most are required in all cases, some may not be relevant, depending on the sedation technique and patient factors.

Pre-sedation assessment

- Full medical history (including prescribed and non-prescribed drugs and any known allergies)
- Blood pressure
- BMI
- Heart rate and oxygen saturation
- Potential airway difficulties
- ASA status
- Dental history
- Social history
- Conscious sedation and general anaesthetic history
- Dental treatment plan
- Assessment of anxiety and any tools used
- The selected conscious sedation technique and justification
- Any individual patient requirements
- Provision of pre-and post-operative written instructions provided before treatment, including the advice given on fasting
- Record of the instructions given in the patient's clinical notes**
- Written consent for conscious sedation and dental treatment

Visit for dental treatment under conscious sedation

- Presence of a responsible adult escort
- Time that food and drink were last consumed
- Arrangements for suitable post-operative transport and supervision
- Compliance with the pre-treatment instructions
- Presence of written consent for the procedure and reconfirmation
- Any changes in the recorded medical history or medication

The treatment procedure

- Dose, route and time(s) of administration of drugs
- Site of cannulation and/or attempted cannulation (for intravenous, oral and transmucosal sedation)
- Details of clinical and electromechanical monitoring (i.e. pre-operative, after drug titration, intra-operative and post-operative measurements, and in particular any significant events)
- Personnel present in surgery
- Dental treatment provided

Recovery

- Monitoring – appropriate details of observations and measurements throughout
- Pre-discharge assessment by sedationist – appropriate discharge criteria met (see Appendix 2)
- Written post-operative instructions given and explained to patient and escort
- Removal of cannula (for intravenous, oral and transmucosal sedation)
- Time of discharge

* *Conscious Sedation in Dentistry (3rd Edition). Appendix 3. SDCEP (June 2017)*

** *Additional item from Conscious Sedation in Dentistry (3rd Edition) agreed by the Sedation Practice Inspection Working Group (1 Feb 2018).*

Appendix 2 Discharge Criteria

- The patient is orientated in time, place and person.
- Vital signs are stable and within normal limits for the patient. Respiratory status is not compromised.
- Pain and discomfort have been addressed.
- Where relevant, haemostasis has been achieved.
- The cannula, where inserted has been removed.
- The responsible escort is present and arrangements have been made for supervision as advised by the seditionist.
- Written and verbal post-operative instructions appropriate for both the sedation technique and the dental treatment have been given to the patient and escort (see Section 3.4 of *Conscious Sedation in Dentistry* for details).

These discharge criteria are adapted from the IACSD Report Standards for Conscious Sedation in the Provision of Dental Care (2015). Accessed in Conscious Sedation in Dentistry (3rd Edition). Section 6. SDCEP (June 2017).