

## Position Summary

Dentists must comply with the Dental Board of Australia registration standards to practise conscious sedation. It must remain available as a treatment option for relief of dental patients' anxiety and pain.

### 1. Background

- 1.1. Conscious sedation in dentistry has been safely practised in Australia for many years under various levels of regulation dependent upon jurisdiction.
- 1.2. Conscious sedation provides access to care at a lower cost-of-service than general anaesthesia, facilitating better access to care.
- 1.3. A Registration standard for conscious sedation has been adopted by the Board.
- 1.4. Until 2010, the ADA had recognised the ANZCA and RACDS document PS21 published in 2003. This was replaced by ANZCA document PS09 in 2022.
- 1.5. In 2010, the *ADA Guidelines for Conscious Sedation in Dentistry* were adopted.
- 1.6. In 2019, ANZCA published the "Safe Procedural Sedation Competencies" that are applicable to adult patients.

### Definitions

- 1.6. ANXIOLYSIS includes the use of a single low dose oral medication or inhalation of gases for treating anxious patients, but not inducing a state of conscious sedation. This excludes oral administration of medicines formulated for non-oral use, such as injection fluid. Appropriate initial dosing of a single oral drug should be no more than the maximum recommended dose that a patient could take unmonitored at home. Anxiolysis does not include polypharmacy (i.e., the use of more than one drug).
- 1.7. RELATIVE ANALGESIA is a technique in which the inhalation of a combination of nitrous oxide and oxygen enables treatment to be carried out and in which;
  - (a) purposeful verbal contact with the patient can be maintained or the patient responds appropriately to light tactile stimulation throughout the administration of relative analgesia; and
  - (b) the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness extremely unlikely.
- 1.8. GENERAL ANAESTHETIC is any drug or substance which when administered to a patient will induce a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to maintain an airway independently and continuously, and respond to physical stimulation or verbal command.
- 1.8. BOARD is the Dental Board of Australia.
- 1.9. CONSCIOUS SEDATION is a technique in which the use of a drug or drugs administered to produce a state of depression of the central nervous system enabling treatment to be carried out, and in which:
  - verbal contact with the patient can be maintained or the patient responds appropriately to tactile stimulation throughout the period of sedation, and
  - the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness unlikely.

## 2. Position

- 2.1. Patient safety should be the prime consideration in forming guidelines for conscious sedation.
- 2.2. Regulation of conscious sedation in dental practice should be evidence-based.
- 2.3. The Board should adopt the ADA Recommended Guidelines for Conscious Sedation in Dentistry.
- 2.4. Dentists practising conscious sedation must comply with the Board's registration standard.
- 2.5. Anxiolysis and Relative Analgesia - as stand-alone techniques – should not be considered Conscious Sedation.
- 2.6. Only dentists who have been endorsed by the Board should practise conscious sedation.
- 2.7. Conscious sedation needs to remain a treatment option for relief of anxiety and pain in dentistry.

This Policy Statement is linked to other Policy Statements: *5.8 Dental Acts, the National Law and Boards & 5.9 Dental Accreditation Authority.*

### Policy Statement 6.17

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