Medico-Legal Aspects of Conscious Sedation

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Why We Need Guidelines

Sedation techniques make many unpleasant healthcare procedures more acceptable to patients.

But any drug which depresses the CNS has the potential to impair respiration, circulation or both and therefore have the potential to cause life threatening complications

Academy of Medical Royal Colleges 2001

Why We Need Guidelines

They gives us advise to prevent unwanted complications

To ensure the various techniques utilised continue to have a high level of safety and effectiveness

Ensure the highest possible standards for our patients – as patients rightly expect

Guide research and clinical governance

General Dental Council
Nov 1998

GDC take on board advise from specialist societies and Royal Colleges
They endorsed the need for Conscious sedation provision rather than GA as a demand led service

Nov 1998 GDC amended their ethical guidance on the standards re GA.

A CONSCIOUS DECISION

DEPARTMENT OF HEALTH

A review of the use of general anaesthesia and conscious sedation in Dentistry

This was the start of removing GA from General dental practice and non hospital settings.
STANDARDS IN CONSCIOUS SEDATION FOR DENTISTRY

MAIN AIM:
To ensure that general anaesthesia and conscious sedation are provided to the same professional standards wherever they are performed throughout the UK.

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STANDARDS IN CONSCIOUS SEDATION FOR DENTISTRY

When refer for sedation following information must to be in the letter:-

- Reason and justification for sedation
- Relevant dental history
- Med History
- Treatment required
- Single episode or full treatment

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CSD – SDCEP 2012

CONSCIOUS SEDATION
in The Provision of Dental Care
Report of an Expert Group for Dentistry
Standing Dental Advisory Committee

Guidance on standards – SDAC updated by SCSD 2007
Safe practice for both standard and alternative techniques relies on 3 key areas:

- Qualifications and training
- Environment and patient selection
- Experience and CPD

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DP Risk Management Module

CONSCIOUS SEDATION

Nervous patients
Consent
Side effects
Chaperone
Recovery
Supervision
Record management
Supporting staff
Training
Amnesia
Standards in Conscious Sedation in Provision of Dental Care May 2015

These standards are not approved by DH&SSP in NI

Report creates a national standard which applies to all who provide conscious sedation for dentistry

First section provides core information
Divides into 5 key areas:
  - Care pathways
  - Clinical sedation techniques
  - Peri-operative care
  - Patient information
  - Education and training

These standards are not approved by DH&SSP in NI

Main Changes
Management of children
Monitoring
Education and training requirements

CORE Standards

Patient Assessment
All options for care must be discussed prior to referring or arranging treatment under sedation.

Patients may require different support services at different points in their dental care

Same as for GA
Assessment/Preparation for Sedation

Consent for treatment under conscious sedation is necessary for all patients and must be confirmed in writing.

Consent should be obtained on a separate day to treatment except where immediate treatment is in the best interests of the patient.

Consent must be re-confirmed on the day of treatment.

Same as for GA

Assessment visit/Preparation for sedation

Written information about the sedation must be supplied at the assessment visit.

For children it is advised that information for both the child and the parent is provided.

Information should include:
- Description of the sedation procedure
- Risks, benefits and alternatives
- How the patient is likely to feel
- Contact details and out of hours information

Same as for GA

Clinical Sedation Team

All members of the team must have the relevant knowledge and skills for the technique being used, as defined by the scope of practice and competencies.

Techniques of Sedation

Adopt the principle of minimum intervention based on robust patient assessment and clinical need.

Safe sedation demands knowledge of time of onset, peak effect and duration of action of drug.

Which ever technique is used there must be clear clinical justification.

CONSCIOUS SEDATION

The clinical environment

The environment must be appropriate for the needs and safety of patients, carers and staff.

Have main waiting room and recovery separate.

Access for emergency services to building/surgery.

Have a chair that can be placed head down tilt position.

Check list at: www.saad.org.uk/safepractice2015

CONSCIOUS SEDATION

A sedation practice

Have a written recognised sedation protocol.

IHS should be administrated to a recognised sedation end point.

Must apply recognised discharge criteria.

Emergency contact information.

Escort on discretion of sedationist.
CONSCIOUS SEDATION

Must provide:
- CPR for all staff (airway adjuncts)
- Dedicated Clinical Assistants
- Emergency equipment
  as required for GA

GDC/SCSD

Responsibilities, Education and Skills

When dentists both sedate and provide treatment they must:
- Have had relevant training
- Have a commitment to continuous post-grad training
- Ensure that the techniques and drugs are the most appropriate

CLINICAL GOVERNANCE

Requirement of good practice:-

All professional clinicians should work with colleagues to monitor and maintain awareness of the quality and care they provide.

Active participation in clinical audit is an essential feature of clinical governance.

Hence Conscious sedation procedures must be the subject of robust and regular audit and peer review

CONSCIOUS SEDATION

Resuscitation

Medical emergency could occur at any time.

A dentist must ensure that all members of the dental team are properly trained.

Training should practice simulated routines for resuscitation.

All training must be documented.

GDC

Responsibilities, Education and Skills

Be assisted by a second appropriately trained person throughout who is capable of monitoring the clinical condition of the patient and assisting if there is a complication

CLINICAL GOVERNANCE

Critical incidents must be reported according to local and national policy

Reporting through Safe Anaesthesia Liaison Group (SALG) is recommended

www.aagbi.org/safety/salg
Standards in Conscious Sedation in the
Provision of Dental Care

Document divided into sections:-
- Care Pathways
- Clinical sedation Techniques
- Perioperative care
- Patient Information
- Education and Training

These standards are not approved by DH&SSP in NI

Main Changes

Management of children
Monitoring
Education and training requirements

Sedation techniques Children

Patients who have not yet reached puberty are
physiologically immature and hence a sedation team
member require to have paediatric resuscitation
skills.

The guidelines define the age of a child as being an
individual of under 12 years of age

The first choice of sedation technique is Inhalation
sedation with N₂O/O₂

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Sedation techniques Children

Any child under 12yrs with complex needs or any child under
12yrs who cannot be managed with either:

A) Behavioural management/LA
B) LA plus Inhalation sedation

Should be referred to a team having skills equivalent to those
expected of a specialist/consultant in paediatric dentistry

A consultant in anaesthesia competent in sedation for dentistry
Treated in a facility equivalent to an NHS Acute Trust

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Sedation techniques Children

Any young person aged 12-16 with complex needs or any young person aged 12-16 who cannot be managed with either:

A) Behavioural management/LA
B) LA plus inhalation sedation
C) LA and midazolam (all routes)

Should be referred to a team having skills equivalent to those expected of a specialist/consultant in paediatric dentistry
A consultant in anaesthesia competent in sedation for dentistry
Treated in a facility equivalent to an NHS Acute Trust

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PATIENT INFORMATION

Full and comprehensive information must be provided for patients, parents and carers in verbal and written form

Information should explain:
The procedure
The pharmacological process
The benefits and risks
Pre and post operative care/instructions

Example are provided in the Standard Document and can be reproduced with acknowledgement to the document

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Education and Training

All members of the sedation team must have carried out appropriate validated education and training

Educational courses providing training in clinical delivery of conscious sedation must be:
- Validated
- Externally quality assured
- Incorporate supervised clinical practice

SCS in PoDC 2015 not applicable to NI

EDUCATION AND TRAINING

Courses should be provided by nationally recognised institutions and bodies
Teachers must be appropriately experienced in techniques they are teaching
Courses designed to lead to independent practice require accreditation
Revalidation:
A practitioner must undergo a minimum of 12 hours of CPD in a 5 year cycle relevant to the technique practiced

Recognises that some of the guidance will have far-reaching consequences
Emphasises that patient safety is the priority
These standards are not approved by DH&SSP in NI

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General Dental Council

Maintaining Standards
(November 2001)

superseded by

Standards Guidance
(May 2005)

Standards
(Nov 2013)

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LAW ETHICS & PROFESSIONALISM

- Be able to keep clinical records
- Know about their role in obtaining consent
- Know their duty of care
- Know a patient’s rights
- Know the permitted duties of dental professional
- Know the regulatory function of GDC

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GDC

Pain and Anxiety Control

Duty and Expectations

Dentists have a duty to provide adequate and appropriate pain and anxiety control.

Failure of responsibilities with regard to pain and anxiety control may lead to a charge of serious professional misconduct

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Pain and Anxiety Control

Behavioral Management
Local Anaesthesia
Mainstay of pain control. Duty to use appropriate & effective method

Technique relates to medical history and pharmacological properties of LA agent

Conscious Sedation (HIS/IVS)

General Anaesthesia

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Medico-Legal Aspects within Dental Practice

Accountability
Consent
Confidentiality
Negligence
Assault
Documentation

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Accountability

Being personally answerable to the law of the land for all your actions or omissions (including what you write or don’t write, what advice you give or don’t give) while fulfilling your role/contract as a dentist/PCD

Rosemary Wilson 2008

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Consent

Patient explicitly agrees to treatment planned
Written informed consent must be obtained for both sedation and treatment
Must be obtained in a calm environment where the patient has time to consider the information and ask questions

Why Consent is required

Patient education
Co-operation
Improve communication between patient and dentist
Protect dentist from complaints, claim and charges

What Constitutes Legal Consent?

Voluntary
Knowledge
Capacity
Comprehend and retain information
Believe it
Arrive at a choice
Communicate his/her choice

Obtaining Informed Consent

Outline treatment, options and outcomes
Use plain language
Risks and benefits – incl alternatives
Time and costs
Invite discussion
Confirm choice and agreement

Consent form

Written consent is compulsory!!!!!!!
It should be signed by a parent/guardian, dated and filed with the patient’s record

Negligence

Clinicians have a legal duty of care to patients
A clinician is not considered, in law, to be negligent if he/she has acted in accordance with the law and the practice he/she does is accepted as proper by a responsible body of qualified persons skilled in that particular art
Actions alleging negligence include diagnosis, treatment and advice
How to avoid Negligence

- Appropriately trained staff
- Appropriate equipment
- Patient assessment
- Accurate patient records, legible, comprehensive, dated and signed (DNA)
- All pre and post operative instructions: verbal and written
- Written informed consent

Assault

All dental practices carries the possibility of legal action for assault

- Civil Assault
  - Treatment without valid consent
- Common Assault
  - Any unauthorised hands-on procedure

Assault

Indecent Assault
Usually made by female patient against male dentist or occasionally sexual abuse of young patients

Patients must be chaperoned as the perception of sedated patients is altered!

Record Keeping

- Must provide written, contemporaneous record of clinical and electro-mechanical monitoring
- Treatment plan
- Reason for sedation
- Medical history +/- BP reading
- Consent
- Name + signature of operator
- Name of assistant

Record Keeping

- Dosage of drug
- Treatment given
- Duration of sedation
- Monitors
- Pulsoximeter/BP not required for IHS
  But is required for Intravenous Sedation
Record Keeping

Any deviations from standard practice should be recorded, including reasons!

Beware of illegible handwriting!
GDP prescribed Amoxil
Pharmacist dispensed Daonil
Patient suffered brain damage
Court stated GDP's handwriting was 'very poor'
Awarded £119,302
Pharmacist 75% - bad handwriting 25%

Retention of Patients Records

CHILDREN
Until 25th birthday or 26th if 17 at conclusion of treatment or 8 years after treatment completion

ADULT
20 years after conclusion of treatment (DP 12 years)

In summary
GOOD WORKING PRACTICES
ADHERE to present GUIDELINES
CONSENT
MEDICAL HISTORY
RECORD KEEPING

Just remember
"SAFETY OF PATIENTS IS OUR PRIORITY"