

California Society of Anesthesiologists Endorses New Guidelines on Dental Sedation Personnel

For Immediate Release

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(May 28, 2019 – Sacramento, CA) Today the American Academy of Pediatrics, in conjunction with the American Academy of Pediatric Dentistry, released an update to their guidelines regarding anesthesia care for a pediatric patient when the child is undergoing deep sedation or general anesthesia for dental treatment in a dental office/facility or hospital/outpatient surgery center.

The document calls for **at least two healthcare professionals with specific training and credentials to be present in the room during these procedures**: one to perform the dental procedure and one to deliver the anesthesia care and monitor the patient. This update is the result of a multi-year effort by the California Society of Anesthesiologists (CSA) to improve the patient safety standards for children receiving dental anesthesia. Following a legislative and regulatory review of the issue in California in 2016-2017, where safety standards and these national guidelines were debated and misinterpreted, the CSA called for an update to the guidelines to clarify the specific criteria regarding staffing and care during pediatric dental anesthesia cases.

There has been growing attention and concern placed on who can adequately and safely monitor a child “breath to breath” during pediatric dental sedation, especially given a series of deaths in these settings in recent years. **The new guidelines released today clarify that there must be an independent licensed anesthesia professional (i.e. physician anesthesiologist, nurse anesthetist, dentist anesthesiologist or another qualified oral surgeon) in the room, separate from the operating dentist or oral surgeon, who is dedicated to monitoring the child, capable of assisting in a medical emergency, and certified in Pediatric Advanced Life Support (PALS).** This person must constantly observe the patient’s vital signs, airway patency, and adequacy of ventilation, and either administer drugs or direct their administration.

Importantly, **these updated guidelines clarify that the anesthesia and/or sedation must be administered by a qualified anesthesia professional who is one of the following: a physician who specializes in anesthesiology, a certified registered nurse anesthetist, a dentist anesthesiologist or a second oral surgeon.**

The California Society of Anesthesiologists has long been opposed to the “single-operator anesthetist model” that is sometimes used in dental settings, where the dentist or oral surgeon is also overseeing the anesthesia while performing the procedure, and charges for both the dental and anesthesia care. CSA has called for a second healthcare professional with education beyond that of a dental assistant, who does not have the training to analyze heart rhythms on an EKG, diagnose an emergency situation, manage the airway, or resuscitate a child who is in trouble.

Young children are at higher risk under anesthesia than older children or adults. Their airways are smaller, and they need more anesthesia in order to remain still during painful procedures. Dental assistants and dental sedation assistants can’t replace a fully qualified anesthesia professional. CSA has advocated for a second qualified, CMS-recognized, anesthesia professional to be present any time a child needs more than minimal sedation.

“Nowhere else in healthcare can the same person perform a procedure and give anesthesia at the same time. This is below the standard of care,” explained Karen Sibert, MD, Past President of CSA and Professor of Anesthesiology at UCLA Health. “In my field, we have decreased deaths under anesthesia 50-fold using consistent standards and safety measures. There must be one standard of care for a child having deep sedation and general anesthesia, whether the child is in a hospital, a surgery center, or a dental office.”

The California Legislature looked at the issue of pediatric dental anesthesia and considered changes recommended by the Dental Board of California and outlined in AB 224 (Thurmond), known as “Caleb’s Law,” which would have improved the safety standards and monitoring criteria for pediatric dental anesthesia. However, the bill failed in the Legislature in 2017. It is widely acknowledged within the medical community that the “single-operator anesthetist model” used for anesthesia and sedation cases in dental settings poses unnecessary risk, threatens patient safety, and is far below the standard of care that is upheld in medical settings.

“The CSA strongly encourages the California Legislature to reexamine the rules for pediatric dental anesthesia and revisit the proposals to improve patient safety for children that were outlined in AB 224 (Thurmond),” said Jeff Poage, MD, Chair of the Legislative and Practice Affairs Division for CSA and Medical Director for Pediatric Surgical Services at John Muir Health. “Given the new AAP/AAPD guidelines released, there can be no more confusion or mischaracterization regarding the appropriate standard of care for pediatric dental anesthesia and the need to eliminate the single-operator anesthetist model where the same person provides both surgery and anesthesia. Children are at higher risk during anesthesia and must be protected by ensuring the safest possible setting, with appropriately trained professionals who are ready and able to respond in an emergency.”

The new guidelines are available here:

<https://pediatrics.aappublications.org/content/early/2019/05/24/peds.2019-1000>

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