



16 February 2026

Dental Council | Te Kaunihera Tiaki Niho

By email: consultations@dcnz.org.nz

Tēnā koe

Draft Updated Sedation Practice Standard

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to comment on the updated sedation practice standard. ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

Introduction

ANZCA congratulates the Dental Council on the updated Sedation Standard (the Standard) which is consistent with the ANZCA document PG09(G) Sedation 2023. The Standard has been well received by our national committees (National Committee NZ and FPM NZ) and education and policy advisors in Australia and Aotearoa, whose feedback informs this submission.

In accordance with the consultation request, the college's comments and recommendations on specific sections of the Standard which follows, is organised in response to the consultation questions. Most are focused on providing additional detail to ensure the Standard is comprehensive. We also take this opportunity to suggest more generally that the Standard could expand guidance in the following areas:

- Age-related requirements
- General anaesthesia

This would help to ensure comprehensive awareness of the implications of decision-making in these complex areas and to provide more decisive guidance.

In general, ANZCA supports the Standard. However, ANZCA opposes training and use of propofol TCI and BIS processed EEG monitoring by non-anaesthetists as this is an advanced technique. ANZCA also opposes the recommendation relating to installing piped gas systems (for nitrous oxide) which evidence suggests should be, and are currently being, decommissioned globally, including in Australia and Aotearoa. We refer you to the Joint Statement on Decommissioning Nitrous Oxide Medical Gas Pipeline Systems¹ released by ANZCA, the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA) in December 2025.

¹ ANZCA. Joint statement on nitrous oxide. December 2025. Accessible at: <https://www.anzca.edu.au/news-and-safety-alerts/joint-statement-on-nitrous-oxide>

Q1. Do you agree/disagree with the updated draft Sedation practice standard? If you disagree, please detail why.

ANZCA welcomes updates to the NZ Dental Council Sedation Standard that aligns closely with the ANZCA document PG09(G) Sedation 2023. The standard is reassuringly clear on monitoring standards for minimal - moderate sedation, staffing levels and skills, and avoidance of intentional deep sedation. We acknowledge that intentional deep sedation is outside the scope of this consultation/standard.

Q2. Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance? If yes, please tell us which areas and why.

Sedation guidance

Definitions – General anaesthesia

While recognising the fine line between sedation and anaesthesia, the Standard must be unequivocal that general anaesthesia is a core medical function performed by specialist anaesthetists (and trainee anaesthetists) and administered in a healthcare facility that meets specific minimum safety requirements for equipment, staffing, and environment.

Principles of safe sedation

Refer to comments under Appendices relating to formal education and training. The Summary of sedated related training requirements listed in **Appendix F**, includes *Target Controlled Infusion and processed EEG monitoring* as an example of Use of Advanced sedation delivery and monitoring tools. ANZCA considers that this training exceeds the scope of practice for dental sedation delivery and monitoring tools.

Part 1: Preparation for sedation

1. Risk assessment

ANZCA acknowledges that the risk assessment framework is based on PG09 and that it is more extensive than simple ASA Grade and age-related factors. However, we suggest that the further guidance is needed to support the point “*Consider the age of the patient when determining the safety and suitability of the care you can provide as extremes of age may affect the sensitivity of the patient to the sedative(s)*.” particularly in relation to infants, children and young people, where there are marked differences in treatment requirements for different age groups such as under three years (dental specialists only?), under six years, 6 - 12 years and young adults 13-18 years. We refer you to relevant professional documents on the provision of anaesthesia to children by ANZCA² and the Royal College of Anaesthetists³.

We welcome the clarity around the provision of safety for children under three years of age undergoing sedation, which “must be provided by a paediatric dental specialist or an anaesthetist”.

² ANZCA. PG29(A) Guideline for the provision of anaesthesia care to children. Background paper. 2020. Available from: [https://anzca.edu.au/getContentAsset/04074f4b-9c5c-41b9-99ca-13f30a773206/80feb437-d24d-46b8-a858-4a2a28b9b970/PG29\(A\)BP-Guideline-for-the-provision-of-anaesthesia-care-to-children-Background-Paper-2020.PDF](https://anzca.edu.au/getContentAsset/04074f4b-9c5c-41b9-99ca-13f30a773206/80feb437-d24d-46b8-a858-4a2a28b9b970/PG29(A)BP-Guideline-for-the-provision-of-anaesthesia-care-to-children-Background-Paper-2020.PDF)

³ Royal College of Anaesthetists. Guidelines for the Provision of Paediatric Anaesthesia Services. 2025. Available from: <https://rcoa.ac.uk/gpas-chapter-10>

2. Informed consent

We support the instruction to “Read the Council’s *Informed Consent* practice standard” which is comprehensive and particularly useful with regard to recognising carers as able to give consent and obtaining consent from young people both under and over 16 years.

Patients should also be informed about alternatives to proposed treatments; the sedation offered will not reliably lead to amnesia / unconsciousness, and should be referred to a centre who can safely manage deep sedation / general anaesthesia if that is what they want.

3. Pre-operative instructions

Pre-sedation fasting protocol ANZCA suggests the Council considers inclusion of a guidance note that specific fasting protocols apply for children aged three years and under.

Part II: Providing sedation

7. Management of controlled drugs

ANZCA recommends that the guidance on the management on controlled drugs specifies that the documentation (detailed written records) of drug administration (timings of onset, peak effect and duration of each drug used) is recorded as close to administration as possible, in addition to the controlled drugs register.

8 & 9 Environment for Sedation

Treatment and recovery areas

The college recommends you add that these areas should be appropriately equipped for rescue (including ready access to ECG), appropriately sized and configured for emergency services access and patient extraction.

Specialised equipment for inhalational sedation

We strongly recommend modifying the penultimate point: “Install, maintain and service any piped gas system according to appropriate standards, at least annually”. Nitrous oxide is a potent greenhouse gas. While it is still widely used in dentistry and obstetrics, piped gas systems are being decommissioned and phased out globally because they are difficult to maintain and prone to leakage at many points, harming both human and environmental health. We draw your attention to ANZCA/ ASA/ NZSA’s Joint Statement on decommissioning Nitrous Oxide for medical gas pipeline systems and a recent research article published in the 2025 blue book Australasian Anaesthesia “*Back to the Future: A return to point-of-care nitrous oxide cylinders*”, , p 365. The word “install” should be deleted forthwith. While existing pipelines would need to be maintained, the Standard should advocate for evidence-based best practice and recommend the use of point of care cylinders. Climate change is a significant public health risk which dentists should avoid contributing to.

Equipment

We suggest extending the guidance on equipment. Procedural sedation should be performed in facilities with equipment to suit the age, size and condition of patients (including age-appropriate monitoring equipment throughout the procedure and recovery phase).

14 Recovery and discharge

To determine the suitability for discharge, the Standard should provide equivalent measures in non-ambulant patients.

Appendices

Appendix E: Management requirements of controlled drugs

The college recommends an additional bullet point for documentation and record keeping of the administration and use of controlled drugs during procedure and recovery phases.

Appendix F: Summary of sedated related training requirements

Target Controlled Infusion and processed EEG monitoring is included as an example of the Use of advanced sedation delivery and monitoring tools. ANZCA considers that this training **exceeds** the scope of practice for dental sedation delivery and monitoring tools.

Conclusion

Thank you again for the opportunity to comment on the updated sedation practice standard for dentists which we warmly **support** as safe and appropriate for dentist and dental specialists.

Please note the following summary of our recommendations that you:

- Clarify that general anaesthesia is performed by specialist anaesthetists (definitions).
- Consider providing more detail on age-related requirements, such as identifying age cohorts with specific requirements to be aware of, and reference material (Std 1).
- Informed consent should include the requirement for patients to be informed of alternative treatments and be referred to appropriate services if deep sedation is required.
- Advise patients of alternative Informed consent
- Insert a guidance note that specific fasting protocols apply for children aged three years and under (Std 3).
- Insert guidance that written records on the use of controlled drugs should be recorded as close to administration as possible (Std 7).
- Expand guidance on Treatment and recovery areas to include being “be appropriately equipped for rescue (including access to ECG), appropriately sized and configured for emergency service access and patient extraction (Std 8).
- Delete reference to installing piped nitrous oxide and consider inserting a strong recommendation for dentist to transition to point-of-care cylinders (Std 8).
- Expand guidance on equipment to require that it suit the age, size and condition of patients (including age-appropriate monitoring equipment throughout the procedure and recovery phase) (Std 9).
- Include measures in non-ambulant patients in guidance on suitability for discharge (Std 14).
- Insert and additional point for documentation of controlled drugs during the procedure and recovery phases (Appendix E).
- Note that ANZCA does not support training in target-controlled infusion and processed EEG monitoring for dental sedation delivery and monitoring tools (Appendix F).

We trust the above is useful and look forward to the final version of the Standard.

Nāku noa, nā



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