



**MANITOBA DENTAL ASSOCIATION**

**THE  
BYLAW FOR  
PHARMACOLOGICAL  
BEHAVIOUR  
MANAGEMENT**

## BYLAW FOR PHARMACOLOGICAL BEHAVIOUR MANAGEMENT

### PREAMBLE

Pharmacologic behaviour management - anxiolysis, sedation, general anaesthesia - is a continuum. It is not always possible to predict how an individual patient will respond to a drug. Members planning to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

Members may make a written request to the Registrar for modification of the document or continuing competence requirements based on their individual practice circumstances. Upon review, the Registrar may allow modifications to the document or continuing competence requirements if they do not reduce the intent or purpose of those requirements. A member must continue to comply with the document or continuing competence requirements of this bylaw until a modification is approved by the Registrar.

### DEFINITIONS

ACLS – Advanced Cardiac Life Support

DRA - Dental Regulatory Authority

HCP - Basic Life Support for Health Care Providers Certification

### RAMSEY SEDATION SCALE (RSS) - LEVELS OF SEDATION

RSS LEVEL 1 - Patient is anxious and agitated or restless, or both.

RSS LEVEL 2 - Patient is co-operative, oriented, and tranquil.

RSS LEVEL 3 - Patient responds to voice commands only.

RSS LEVEL 4 - Patient exhibits brisk response to light tap between eyebrows/loud auditory stimuli.

RSS LEVEL 5 - Patient exhibits a sluggish response to light tap between eyebrows/loud auditory stimuli.

RSS LEVEL 6 - Patient exhibits no response.

### AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA) CLASSIFICATION OF PATIENT PHYSICAL STATUS

A.S.A I - A normal healthy patient.

A.S.A II - A patient with mild systemic disease.

A.S.A III - A patient with severe systemic disease.

A.S.A IV - A patient with severe systemic disease that is a constant threat to life.

A.S.A. V - A moribund patient who is not expected to survive without the operation.

ASA	Patient's Health	Status of Underlying Disease	Limitations on Activities	Risk of Death
I	excellent; no systemic disease; excludes persons at extremes of age	none	none	none
II	disease of one body system	well-controlled	none	none
III	disease of more than one body system or one major system	controlled	present but not incapacitated	no immediate danger
IV	poor with at least 1 severe disease	poorly controlled or end stage	incapacitated	possible
V	very poor, moribund		incapacitated	imminent

## **SECTION I - ANXIOLYSIS – SINGLE ORAL SEDATIVE AGENT**

Anxiolysis is the reduction of agitation or nervousness allowing for patient co-operation and calmness while the patient maintains orientation and responsiveness to oral commands. The MDA encourages members to use communication and other non-pharmacologic behaviour management techniques to ease patient anxieties. In situations where non-pharmacologic efforts are unsuccessful and dental services are necessary, all members may use a single sedative agent within the parameters of this section.

The use of oral sedatives will be considered for anxiolytic purposes only if a member limits the use of oral sedatives to ambulatory patients (ASA classification I – III) and prescribes no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. The drug and dosage parameters accepted by the MDA are listed (SCHEDULE B). If a member wishes to prescribe drugs not listed or at dosages greater than identified, the member must comply with the requirements for SECTION II – CONSCIOUS SEDATION – SINGLE ORAL SEDATIVE AGENT.

Regardless of the drug or dosage, members must discontinue performing dental services if the patient exceeds Ramsey Sedation Scale Level 2. Patients exceeding Ramsey Sedation Scale Level 2 must have their vital signs and sedation level continuously monitored and can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

All members using a single sedative agent for anxiolytic purposes must comply with the following requirements:

### **1. FACILITY REQUIREMENTS**

#### **a. EMERGENCY DRUG KIT**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA, non-enteric coated)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)

#### **b. DOCUMENTS (must be available at request of Registrar):**

- i. Policy and procedure manual
- ii. If not included in your manual, please provide the following documents/reports:
  - **GENERAL:**
    1. Emergency response plan
    2. HCP training for all applicable personnel
    3. Accidental exposure plan
    4. Harassment policy
  - **INFECTION CONTROL**
    1. Infection control protocols
    2. Service logbook for sterilization with spore test reports
  - **DRUGS**
    1. Available drug list
    2. Written inspection protocol for emergency drugs quantity and viability (unexpired) maintenance
    3. Protocols to secure, store and control in-office drugs to protect against abuse
    4. Service logbook to monitor use of drugs stored in-office
  - **PATIENT SAFETY PROTOCOLS – PRE AND POST**
    1. Medical emergency plan
    2. Medical history and physical assessment
      - a. includes blood pressure, height, weight, medications, pre-existing conditions

#### **c. ARMAMENTARIUM – EQUIPMENT**

- i. Pocket mask (adult)
- ii. Reservoir mask
- iii. 1 – 3 ml syringes with 23 gauge, 1.5 inch needle
- iv. Sphygmomanometer
- v. Stethoscope or equivalent
- vi. Bag valve mask (Ambu bag or accepted substitute)
- vii. Oropharyngeal suction device

## **2. CONTINUING COMPETENCE**

### **ALL MEMBERS**

- a. Must record in the patient chart all oral sedative prescriptions and usages during dental services contemporaneous with their performance; and
- b. must maintain annual HCP recertification status. Proof must be available at request of Registrar.

## **3. REPORTING OBLIGATIONS**

### **ALL MEMBERS**

- a. Must report any adverse reactions or incidents - during or after use of an oral sedative - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital to the Registrar within 15 days of the incident. (Form – see SCHEDULE C).

## **SECTION II - CONSCIOUS SEDATION - SINGLE ORAL SEDATIVE AGENT**

Conscious sedation is the alteration of behaviour, mood, cognition or perception allowing for patient comfort, co-operation and/or calmness without the loss of protective reflexes. The MDA encourages members to use communication and other non-pharmacologic behaviour management techniques to improve patient comfort and ease anxieties.

The use of oral sedatives will be considered for conscious sedation purposes only if a member limits the use of oral sedatives to ambulatory patients (ASA classification I - III). Please note the requirement distinctions between adults (ASA classification I - II), adults (ASA classification III) and children.

Regardless of the drug or dosage, members must discontinue performing dental services if the patient exceeds Ramsey Sedation Scale Level 3. Patients exceeding Ramsey Sedation Scale Level 3 must have their vital signs and sedation level continuously monitored and can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

All members using a single sedative agent for conscious sedation purposes must comply with the following requirements:

### **1. FACILITY REQUIREMENTS**

#### **a. EMERGENCY DRUG KIT**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA, non-enteric coated)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)
- viii. Flumazenil (if benzodiazepine is administered)
- ix. Naloxone (if opioid is administered)

#### **b. PERSONNEL**

- i. Registered dental assistant with proof of current HCP certification status

#### **c. DOCUMENTS (must be available at request of Registrar):**

- i. Policy and procedure manual
- ii. If not included in your manual, please provide the following documents/reports:
  - **GENERAL**
    1. Emergency response plan
    2. HCP training for all applicable personnel
    3. Accidental exposure plan
    4. Harassment policy
  - **INFECTION CONTROL**
    1. Infection control protocols
    2. Service logbook for sterilization with spore test reports
  - **DRUGS**
    1. Available drug list
    2. Written inspection protocol for emergency drugs quantity and viability maintenance
    3. Protocols to secure, store and control in-office drugs to protect against abuse
    4. Service logbook to monitor use of drugs stored in-office
  - **PATIENT SAFETY PROTOCOLS – PRE AND POST**
    1. Medical emergency plan
    2. Medical history and physical assessment
      - a. includes blood pressure, height, weight, medications, pre-existing conditions

#### **d. OFFICE ASSESSMENT**

- i. Member must allow facility visit by Registrar or Registrar's designate on reasonable notice.

- e. **ARMAMENTARIUM – EQUIPMENT**
  - i. Pocket masks (age appropriate sizes)
  - ii. Reservoir mask
  - iii. 1 – 3 ml syringes with 23 gauge, 1.5 inch needle
  - iv. Sphygmomanometer
  - v. Stethoscope or equivalent
  - vi. Bag valve mask (Ambu bag or accepted substitute)
  - vii. Oropharyngeal suction device
  - viii. Pulse oximeter

## **2. INITIAL QUALIFICATIONS/TRAINING**

### **NEW REGISTRANTS**

- a. For ambulatory patients over the age of 12 years (ASA classification I - II) - a member may apply for registration to perform dental services using oral sedation. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to oral sedation in the last five years.
- b. For adults (ASA classification III) - a member may apply for registration to perform dental services using oral sedation. In addition to meeting the requirements for ambulatory patients over the age of 12 years (ASA classification I - II), the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a hospital based internship programme; and
  - ii. performed 5 supervised cases of oral sedation for adults (ASA classification III) in the programme.
- c. For patients between 5-12 years of age (ASA classification I - II) - a member may apply for registration to perform dental services using oral sedation. In addition to meeting the requirements for ambulatory adults, the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to oral sedation techniques for children in the last five years; and
  - ii. performed 5 supervised cases of oral sedation for children between 5-12 years of age in a programme or course recognized by a DRA.
- d. Current HCP certification status.

## **3. CONTINUING COMPETENCE**

### **ALL MEMBERS**

- a. Must record in the patient chart all oral sedation prescriptions and usages during dental services contemporaneous with their performance.
- b. Must maintain a separate contemporaneous log of all oral sedation prescriptions and usages during dental services. Log must be available at request of Registrar.
- c. For ambulatory patients over the age of 12 years (ASA classification I - II) - a member must:
  - i. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to oral sedation every 6 years; and
  - ii. perform 5 cases of oral sedation in practice per year.
- d. For adults (ASA classification III) - a member must:
  - i. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to oral sedation every 6 years; and
  - ii. perform 5 cases of oral sedation for adults (ASA Classification III) in practice per year.

- e. For children between 5-12 years of age (ASA classification I - II) - a member must:
  - i. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to oral sedation techniques for children every 6 years; and
  - ii. perform 5 cases of oral sedation for children 5-12 years of age in practice per year.
- f. Must maintain annual HCP recertification status.
- g. Evidence satisfactory to the Registrar of continuing competency must be available on MDA request.

#### **4. REPORTING OBLIGATIONS**

##### **ALL MEMBERS**

- a. Must report any adverse reactions or incidents - during or after use of an oral sedative - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital to the Registrar within 15 days of the incident (SCHEDULE C).

### **SECTION III - CONSCIOUS SEDATION - NITROUS OXIDE INHALATION**

Conscious sedation is the alteration of behaviour, mood, cognition or perception allowing for patient comfort, co-operation and/or calmness without the loss of protective reflexes. The MDA encourages members to use communication and other non-pharmacologic behaviour management techniques to improve patient comfort and ease anxieties.

The use of nitrous oxide inhalation will be considered for conscious sedation purposes only if a member limits the use of nitrous oxide inhalation sedation to ambulatory patients (ASA classification I - III). Please note the requirement distinctions for children and adults.

Members must discontinue performing dental services if the patient exceeds Ramsey Sedation Scale Level 3. Patients exceeding Ramsey Sedation Scale Level 3 must have their vital signs and sedation level continuously monitored and can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

All members using nitrous oxide inhalation for conscious sedation purposes must comply with the following requirements:

#### **1. FACILITY REQUIREMENTS**

##### **a. EMERGENCY DRUG KIT**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA, non-enteric coated)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)

##### **b. PERSONNEL**

- i. Registered dental assistant with proof of current HCP certification status

##### **c. DOCUMENTS (must be available at request of Registrar):**

- i. Policy and procedure manual
- ii. If not included in your manual, please provide the following documents/reports:
  - **GENERAL**
    1. Emergency response plan
    2. HCP training for all applicable personnel
    3. Accidental exposure plan
    4. Harassment policy
    5. Written outline of duties and responsibilities of director
    6. Outline of facility administration with organization chart
    7. Names of directors and owners of facility including corporations
    8. Job descriptions – including duties and responsibilities for all personnel
    9. Room ventilation report
    10. Nitrous oxide occupational hazard sheet for staff
    11. Service logbook for periodic atmospheric testing
  - **INFECTION CONTROL**
    1. Infection control protocols
    2. Service logbook for sterilization with spore test reports
  - **DRUGS**
    1. Available drug list
    2. Written inspection protocol for emergency drugs quantity and (unexpired) maintenance
    3. Protocols to secure, store and control in-office drugs to protect against abuse
    4. Service logbook to monitor use of drugs stored in-office
  - **PATIENT SAFETY PROTOCOLS – PRE AND POST**
    1. Medical emergency plan
    2. Pre-operative checklist
    3. Medical history and physical assessment
      - a. includes blood pressure, height, weight, medications, pre-existing conditions



**d. FACILITY CERTIFICATION**

- i. Facility where nitrous oxide is performed must be audited and certified by the MDA every six years. No member may perform or allow others to perform nitrous oxide sedation in an uncertified facility.
- ii. A facility permit shall be withheld if payment of the appropriate fees is not made prior to the audit (SCHEDULE A).

**e. ARMAMENTARIUM – EQUIPMENT**

- i. Pocket masks (age appropriate sizes)
- ii. Reservoir mask
- iii. Syringes (1-3ml in size) with 23 gauge, 1.5 inch needle
- iv. Sphygmomanometer
- v. Stethoscope or equivalent
- vi. Bag valve mask (Ambu bag or accepted substitute)
- vii. Oropharyngeal suction device
- viii. An appropriate scavenging system
- ix. Appropriate sizes and quantity of masks and airways

**2. INITIAL QUALIFICATIONS/TRAINING**

**NEW REGISTRANTS**

- a. For ambulatory patients over the age of 5 years (ASA classification I - II) - a member may apply for registration to perform dental services using nitrous oxide sedation. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to nitrous oxide in the last five years; and
  - ii. performed 5 supervised cases of nitrous oxide sedation in a programme or course recognized by a DRA.
- b. For adults (ASA classification III) - a member may apply for registration to perform dental services using nitrous oxide sedation. In addition to meeting the requirements for ambulatory patients over the age of 5 years (ASA classification I - II), the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 12 month hospital based internship or residency programme; and
  - ii. performed 5 supervised cases of nitrous oxide sedation for adults (ASA classification III) in the programme.
- c. For patients under the age of 5 years (ASA classification I - II) - a member may apply for registration to perform dental services using nitrous oxide sedation. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to nitrous oxide sedation techniques for children in the last five years; and
  - ii. performed 5 supervised cases of nitrous oxide sedation for children under 5 years of age in a programme or course recognized by a DRA.
- d. Current HCP certification status.

**3. CONTINUING COMPETENCE**

**ALL MEMBERS**

- a. Must record in the patient chart all nitrous oxide sedation usage during dental services contemporaneous with their performance.
- b. Must maintain a separate contemporaneous log of all nitrous oxide sedation usage during dental services. Log must be available at request of Registrar.
- c. For ambulatory patients over the age of 5 years of age (ASA classification I - II) - a member must:
  - i. perform 5 cases of nitrous oxide sedation in practice per year.
- d. For adults (ASA classification III) - a member must:
  - i. perform 5 cases of nitrous oxide sedation for adults (ASA Classification III) in practice per year.
- e. For children under 5 years of age (ASA classification I - II) - a member must:
  - i. perform 5 cases of nitrous oxide sedation for children under 5 years of age in practice per year.
- f. Must maintain annual HCP recertification status.

**g. Evidence satisfactory to the Registrar of continuing competency must be available on MDA request.**

**4. REPORTING OBLIGATIONS**

**ALL MEMBERS**

**a. Must report any adverse reactions or incidents - during or after use of nitrous oxide - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital to the Registrar within 15 days of the incident (SCHEDULE C).**

#### **SECTION IV - CONSCIOUS SEDATION – PARENTERAL ADMINISTRATION OF A SEDATIVE AGENT**

Conscious sedation is the alteration of behaviour, mood, cognition or perception allowing for patient comfort, cooperation and/or calmness without the loss of protective reflexes. The MDA encourages members to use communication and other non-pharmacologic behaviour management techniques to improve patient comfort and ease anxieties.

The intravenous or intramuscular administration of a sedative agent will be considered for conscious sedation purposes only if a member limits the use of intravenous or intramuscular sedation to ambulatory patients (ASA classification I -III). Please note the requirement distinctions for children and adults.

Members must discontinue performing dental services if the patient exceeds Ramsey Sedation Scale Level 3. Patients exceeding Ramsey Sedation Scale Level 3 must have their vital signs and sedation level continuously monitored and can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

Except in the case of an emergency, no member can provide dental services to children under the 12 years of age using parenteral conscious sedation alone. A separate individual – with training that meets or exceeds the following requirements – must administer the parenteral sedation and monitor patient vital signs, airway patency and ventilation. It is the obligation of the member to verify the parenteral conscious sedation provider’s qualifications and experience.

All members using intravenous or intramuscular administration of a sedative agent for conscious sedation purposes must comply with the following requirements:

##### **1. FACILITY REQUIREMENTS**

###### **a. EMERGENCY DRUG KIT**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Parenteral antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA, non-enteric coated)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)
- viii. Parenteral dextrose
- ix. Parenteral antihistamine (diphenhydramine or accepted substitute)
- x. Flumazenil (if benzodiazepine is administered)
- xi. Naloxone (if opioid is administered)
- xii. Parenteral vasopressor (ephedrine or accepted substitute)
- xiii. Parenteral corticosteroid
- xiv. Parenteral atropine
- xv. Normal saline solution for perfusion

###### **b. PERSONNEL**

- i. For facilities providing procedures for ambulatory adults (ASA classification I - III), at least one person with current ACLS certification must be in the facility during sedation procedures.
- ii. For facilities providing procedures for children (ASA classification I - II), at least one person with current PALS certification must be in the facility during sedation procedures.
- iii. Registered dental assistants participating in the dental procedures must proof of current HCP certification.

###### **c. DOCUMENTS (must be available at request of Registrar)**

- i. Policy and procedure manual
- ii. If not included in your manual, please provide the following documents/reports:
  - GENERAL
    1. Emergency response plan
    2. HCP training for all applicable personnel
    3. Accidental exposure plan
    4. Harassment policy
    5. Written outline of duties and responsibilities of director
    6. Outline of facility administration with organization chart
    7. Names of directors and owners of facility including corporations
    8. Job descriptions – including duties and responsibilities for all personnel
    9. Substance abuse awareness and prevention protocols for staff

- **INFECTION CONTROL**
  1. Infection control protocols
  2. Service logbook for sterilization with spore test reports
- **DRUGS**
  1. Available drug list
  2. Written inspection protocol for emergency drugs quantity and viability maintenance
  3. Protocols to secure, store and control in-office drugs to protect against abuse
  4. Service logbook to monitor use of drugs stored in-office
- **PATIENT SAFETY PROTOCOLS – PRE AND POST**
  1. Medical emergency plan
  2. Pre-operative instruction sheet
  3. Pre-operative checklist
  4. Pre-operative assessment
  5. Medical history and physical assessment
    - a. Includes blood pressure, height, weight, medications, pre-existing conditions
  6. Postoperative instruction sheet
  7. Discharge criteria
- **EQUIPMENT SERVICE**
  1. Service logbook for intravenous or intramuscular conscious sedation equipment
  2. Service logbook for recovery room monitors
  3. Service logbook for crash cart inventory and automatic external defibrillator check

**d. FACILITY CERTIFICATION**

- i. Facility where parenteral conscious sedation is performed must be audited and certified by the MDA every six years. No member may perform or allow others to perform parenteral conscious sedation in an uncertified facility.
- ii. A facility permit shall be withheld if payment of the appropriate fees is not made prior to the audit (SCHEDULE A).

**e. ARMAMENTARIUM – EQUIPMENT**

- i. Pocket masks (age appropriate sizes)
- ii. Reservoir mask
- iii. Syringes (1-3ml in size) with 23 gauge, 1.5 inch needle
- iv. Electronic Sphygmomanometer with fail safe mechanism
- v. Stethoscope or equivalent
- vi. Bag valve mask (Ambu bag or substitute)
- vii. Oropharyngeal suction device
- viii. Appropriate sizes and quantity of masks and airways
- ix. Pulse oximeter
- x. Tracheotomy or cricothyrotomy apparatus
- xi. Endotracheal intubation apparatus or acceptable substitute (combi tube, laryngeal mask airway)
- xii. Magill forceps
- xiii. Automated external defibrillator
- xiv. Laryngoscope with adequate selection of blades, spare batteries and bulbs

**2. INITIAL QUALIFICATIONS/TRAINING**

**NEW REGISTRANTS**

- a. For ambulatory patients over the age of 12 years (ASA classification I - II) - a member may apply for registration to perform dental services using parenteral conscious sedation. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 20 hours of didactic instruction specific to parenteral conscious sedation in the last five years;
  - ii. performed 20 supervised cases of parenteral conscious sedation in a programme or course recognized by a DRA; and
  - iii. current ACLS certification status.

- b. For adults (ASA Classification III) - a member may apply for registration to perform dental services using parenteral conscious sedation. In addition to meeting the requirements for ambulatory patients over the age of 12 years (ASA classification I - II), the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 12 month post graduate hospital based internship or residency programme with evaluated and competency attested experiences with adults (ASA Classification III) using moderate conscious parenteral sedation in the last five years;
  - ii. performed 20 supervised cases of parenteral conscious sedation for adults (ASA classification III) in the programme; and
  - iii. current ACLS certification status.
- c. For children between 5-12 years of age (ASA classification I - II) - a member may apply for registration to administer parenteral conscious sedation. A member administering parenteral conscious sedation to children under the age of 12 years may not concurrently provide dental services. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 12 month post graduate training in an accredited dental programme with evaluated and competency attested experiences with children using parenteral conscious sedation in the last five years;
  - ii. performed a minimum of 20 supervised cases of parenteral conscious sedation on children between 5-12 years of age; and
  - iii. current PALS certification status.

### 3. CONTINUING COMPETENCE

#### ALL MEMBERS

- a. Must record in the patient chart all parenteral conscious sedation drugs used during dental services contemporaneous with their performance.
- b. Must maintain a separate contemporaneous log of all parenteral conscious sedation drugs and methods used during dental services. Log must be available at request of Registrar.
- c. For patients over the age of 12 years (ASA classification I - II) - a member must:
  - i. perform 5 cases of parenteral conscious sedation in practice per year;
  - ii. maintain ACLS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to parenteral conscious sedation every 6 years; or
  - iv. participate in a MDA recognized parenteral sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- d. For adults (ASA classification III) - a member must:
  - i. perform 5 cases of parenteral conscious sedation in practice per year;
  - ii. maintain ACLS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to parenteral conscious sedation every 6 years; or
  - iv. participate in a MDA recognized parenteral sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- e. For children between 5-12 years of age (ASA classification I - II) - a member must:
  - i. perform 5 cases of parenteral conscious sedation for children 5-12 years of age in practice per year;
  - ii. maintain PALS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to parenteral conscious sedation for children every 6 years; or
  - iv. participate in a MDA recognized parenteral sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- f. Evidence satisfactory to the Registrar of continuing competency must be available on MDA request.

#### **4. REPORTING OBLIGATIONS**

##### **ALL MEMBERS**

- a. **Must report any adverse reactions or incidences - during or after use of intravenous or intramuscular conscious sedation - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital - to the Registrar within 15 days of the incident (SCHEDULE C).**

**SECTION V - CONSCIOUS SEDATION – MULTIPLE MODALITIES – COMBINATION OF ORAL SEDATIVES OR NITROUS OXIDE WITH AN ORAL OR PARENTERAL SEDATIVE AGENT**

Conscious sedation is the alteration of behaviour, mood, cognition or perception allowing for patient comfort, co-operation and/or calmness without the loss of protective reflexes. The MDA encourages members to use communication and other non-pharmacologic behaviour management techniques to improve patient comfort and ease anxieties.

Regardless of the combination, multiple modality sedation will be considered for conscious sedation purposes only if a member limits the use of sedation to ambulatory patients (ASA classification I - III). Please note the requirement distinctions for children and adults.

Members must discontinue performing dental services if the patient exceeds Ramsey Sedation Scale Level 3. Patients exceeding Ramsey Sedation Scale Level 3 must have their vital signs and sedation level continuously monitored and can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

Except in the case of an emergency, no member can provide dental services to children under the 12 years of age using parenteral conscious sedation alone. A separate individual – with training that meets or exceeds the following requirements – must administer the parenteral sedation and monitor patient vital signs, airway patency and ventilation. It is the obligation of the member to verify the parenteral conscious sedation provider's qualifications and experience.

All members using a combination of sedative agents for conscious sedation purposes must comply with the following requirements:

**1. FACILITY REQUIREMENTS**

**a. EMERGENCY DRUG KIT**

▪ **FOR ALL DUAL MODALITY CONSCIOUS SEDATION TECHNIQUES**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA, non-enteric coated)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)

▪ **FOR MULTIPLE MODALITY INVOLVING PARENTERAL TECHNIQUES**

- viii. Parenteral dextrose
- ix. Parenteral antihistamine (diphenhydramine or accepted substitute)
- x. Flumazenil (if benzodiazepine is administered)
- xi. Naloxone (if opioid is administered)
- xii. Parenteral vasopressor (ephedrine or accepted substitute)
- xiii. Parenteral corticosteroid
- xiv. Parenteral atropine
- xv. Normal saline solution for perfusion

**b. PERSONNEL**

- i. For facilities providing procedures for ambulatory adults (ASA classification I - III), at least one person with current ACLS certification must be in the facility during procedures involving parenteral techniques.
- ii. For facilities providing procedures for children (ASA classification I - II), at least one person with current PALS certification must be in the facility during procedures involving parenteral techniques.
- iii. Registered dental assistants participating in the dental procedures must prove current HCP certification.

**c. DOCUMENTS (must be available at request of Registrar)**

- i. Policy and procedure manual
- ii. If not included in your manual, please provide the following documents/reports:
  - **GENERAL**
    1. Emergency response plan
    2. HCP training for all applicable personnel unless otherwise required in this section
    3. Accidental exposure plan
    4. Harassment policy
    5. Written outline of duties and responsibilities of director
    6. Outline of facility administration with organization chart

- 7. Names of directors and owners of facility including corporations
  - 8. Job descriptions – including duties and responsibilities for all personnel
  - 9. Substance abuse awareness and prevention protocols for staff
  - 10. Room ventilation report (if gases other than oxygen or air are used)
  - 11. Service logbook for periodic atmospheric testing (if gases other than oxygen or air are used)
  - **INFECTION CONTROL**
    - 1. Infection control protocols
    - 2. Service logbook for sterilization with spore test reports
  - **DRUGS**
    - 1. Available drug list
    - 2. Written inspection protocol for emergency drugs quantity and viability (unexpired) maintenance
    - 3. Protocols to secure, store and control in-office drugs to protect against abuse
    - 4. Service logbook to monitor use of drugs stored in-office
  - **PATIENT SAFETY PROTOCOLS – PRE AND POST**
    - 1. Medical emergency plan
    - 2. Pre-operative instruction sheet
    - 3. Pre-operative checklist
    - 4. Pre-operative assessment
    - 5. Medical history and physical assessment
      - a. includes blood pressure, height, weight, medications, pre-existing conditions
    - 6. Postoperative instruction sheet
    - 7. Discharge criteria
  - **EQUIPMENT SERVICE (as appropriate)**
    - 1. Service logbook for conscious sedation equipment
    - 2. Service logbook for recovery room monitors
    - 3. Service logbook for crash cart inventory and automatic external defibrillator check
- d. **FACILITY CERTIFICATION**
- i. Facility where multiple modality conscious sedation is performed must be audited and certified as required for the separate modalities by the MDA every six years. No member may perform or allow others to perform multiple modality conscious sedation in an uncertified facility.
  - ii. A facility permit shall be withheld if payment of the appropriate fees is not made prior to the audit (SCHEDULE A).
- e. **ARMAMENTARIUM – EQUIPMENT**
- **FOR ALL MULTIPLE MODALITY SEDATION TECHNIQUES**
    - i. Pocket masks (age appropriate sizes)
    - ii. Reservoir mask
    - iii. Syringes (1-3ml in size) with 23 gauge, 1.5 inch needle
    - iv. Electronic Sphygmomanometer with fail safe mechanism
    - v. Stethoscope or equivalent
    - vi. Bag valve mask (Ambu bag or accepted substitute)
    - vii. Oropharyngeal suction device
    - viii. An appropriate scavenging system if gases other than oxygen or air are used.
    - ix. Appropriate sizes and quantity of masks and airways
    - x. Pulse oximeter
    - xi. Tracheotomy or cricothyrotomy apparatus
    - xii. Automated external defibrillator
  - **FOR MULTIPLE MODALITY INVOLVING PARENTERAL TECHNIQUES**
    - xiii. Endotracheal intubation apparatus or acceptable substitute (combi tube, laryngeal mask airway)
    - xiv. Magill forceps
    - xv. Laryngoscope with adequate selection of blades, spare batteries and bulbs



## **2. INITIAL QUALIFICATIONS/TRAINING**

### **NEW REGISTRANTS**

- a. For ambulatory patients over the age of 12 years (ASA classification I - II) - a member may apply for registration to perform dental services using a combination of nitrous oxide and oral sedation. In addition to meeting the requirements for the individual modalities, the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to combining of nitrous oxide and oral sedation in a programme or course recognized by the MDA.
- b. For ambulatory patients over the age of 12 years (ASA classification I - II) - a member may apply for registration to perform dental services using multiple modality conscious sedation other than the combination of nitrous oxide and oral sedation. In addition to meeting the requirements for the individual modalities, the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a course of study with a minimum of 6 hours of didactic instruction specific to combining of sedative agents for conscious sedation in the last five years;
  - ii. performed 5 supervised cases combining sedative agents for conscious sedation in a programme or course recognized by the MDA; and
  - iii. current ACLS certification status.
- c. For adults (ASA Classification III) - a member may apply for registration to perform dental services using multiple modality conscious sedation. In addition to meeting the requirements for ambulatory patients over the age of 12 years (ASA classification I - II), the applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 12 month post graduate hospital based internship or residency programme with evaluated and competency attested experiences with adults (ASA Classification III) using multiple modality conscious sedation in the last five years;
  - ii. performed 20 supervised cases of multiple modality conscious sedation for adults (ASA classification III) in the programme; and
  - iii. current ACLS certification status.
- d. For children between 5-12 years of age (ASA classification I - II) - a member may apply for registration to administer parenteral agents in multiple modality conscious sedation. A member administering parenteral agents to children under the age of 12 may not concurrently provide dental services. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 12 month post graduate training in an accredited dental programme with evaluated and competency attested experiences with children using parenteral conscious sedation in the last five years;
  - ii. performed a minimum of 20 supervised cases of parenteral conscious sedation on children between 5-12 years of age; and
  - iii. current PALS certification status.

## **3. CONTINUING COMPETENCE**

### **ALL MEMBERS**

- a. Must record in the patient chart all combinations of drugs and methods for conscious sedation used during dental services contemporaneous with their performance.
- b. Must maintain a separate contemporaneous log of all combinations of drugs and methods for conscious sedation used during dental services. Log must be available at request of Registrar.
- c. For patients over the age of 12 years (ASA classification I - II) - a member using a combination of nitrous oxide and oral sedation must:
  - i. perform 5 cases combining nitrous oxide and oral sedation in practice per year;
  - ii. maintain HCP certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to multiple modality conscious sedation every 6 years; or
  - iv. participate in a MDA recognized multiple modality sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- d. For patients over the age of 12 years (ASA classification I - II) using multiple modality sedation other than a combination of nitrous oxide and oral sedation - a member must:
  - i. perform 5 cases of multiple modality conscious sedation in practice per year;

- ii. maintain ACLS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to multiple modality conscious sedation every 6 years; or
  - iv. participate in a MDA recognized multiple modality sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- e. For adults (ASA classification III) - a member must:
- i. perform 5 cases of multiple modality conscious sedation in practice per year;
  - ii. maintain ACLS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to multiple modality conscious sedation every 6 years; or
  - iv. participate in a MDA recognized multiple modality sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- f. For children between 5-12 years of age (ASA classification I - II) - a member must:
- i. perform 5 cases of parenteral conscious sedation for children 5-12 years of age in practice per year;
  - ii. maintain PALS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to multiple modality conscious sedation for children every 6 years; or
  - iv. participate in a MDA recognized multiple modality sedation study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- g. Evidence satisfactory to the Registrar of continuing competency must be available on MDA request.

#### 4. REPORTING OBLIGATIONS

##### ALL MEMBERS

- a. Must report any adverse reactions or incidences - during or after use of dual or multiple modality conscious sedation - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital - to the Registrar within 15 days of the incident (SCHEDULE C).

## **SECTION VI - DEEP SEDATION AND GENERAL ANAESTHESIA**

Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain adequate breathing function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General anaesthesia is a drug-induced loss of consciousness during which patients are not aroused, even by painful stimulation. The ability to independently maintain adequate breathing function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function. Cardiovascular function may be impaired.

Regardless of the modality or modalities, members may only perform deep sedation or general anaesthesia on ambulatory patients (ASA classification I - III). Exceptions may be considered in emergency situations. Please note the requirement distinctions for children and adults.

No member can provide dental services under deep sedation/general anaesthesia alone. A separate individual – with training that meets or exceeds the following requirements – must administer the deep sedation/general anaesthesia and monitor patient vital signs, airway patency and ventilation. It is the obligation of the member to verify the deep sedation/anaesthesia provider's qualifications and experience. Exceptions may be considered for emergency situations. Patients must have their vital signs and sedation level continuously monitored. Capnography monitoring must continue until the patient is below Ramsey Sedation Scale Level 4. A patient can only be discharged to the care of their escort when they return to Ramsey Sedation Scale Level 2.

All members utilizing deep sedation/general anaesthesia must comply with the following requirements:

### **1. FACILITY REQUIREMENTS**

#### **a. EMERGENCY DRUG KIT**

- i. Oxygen (type E cylinder, regulator and flow meter up to 15 liters per minute)
- ii. Epinephrine
- iii. Parenteral antihistamine (diphenhydramine or accepted substitute)
- iv. Nitroglycerine
- v. Bronchodilator (salbutamol or accepted substitute)
- vi. Acetylsalicylic acid (ASA)
- vii. Oral glucose source (insta - glucose™ or accepted substitute)
- viii. Parenteral dextrose
- ix. Flumazenil (if benzodiazepine is administered)
- x. Naloxone (if opioid is administered)
- xi. Parenteral vasopressor (ephedrine or accepted substitute)
- xii. Parenteral corticosteroid
- xiii. Parenteral atropine
- xiv. Normal saline solution for perfusion
- xv. Succinylcholine
- xvi. Parenteral antihypertensive (beta-blocker or accepted substitute)
- xvii. Parenteral amiodarone
- xviii. Dantrolene (if triggering agents for malignant hyperthermia are used)

#### **b. PERSONNEL**

- i. For facilities providing procedures for ambulatory adults (ASA classification I - II), a minimum of two personnel with current ACLS certification must be in the facility during procedures involving deep conscious or general anaesthesia.
- ii. For facilities providing procedures for children (ASA classification I - II), a minimum of two personnel with current PALS certification must be in the facility during procedures involving deep conscious or general anaesthesia.
- iii. Registered dental assistants participating in the dental procedures must proof of current HCP certification.

- c. **DOCUMENTS (must be available at request of Registrar)**
  - i. Policy and procedure manual
  - ii. If not included in your manual, please provide the following documents/reports:
    - **GENERAL**
      1. Emergency response plan
      2. ACLS, PALS or HCP training for all applicable personnel
      3. Accidental exposure plan
      4. Harassment policy
      5. Written outline of duties and responsibilities of director
      6. Outline of facility administration with organization chart
      7. Names of directors and owners of facility including corporations
      8. Job descriptions – including duties and responsibilities for all personnel
      9. Substance abuse awareness and prevention protocols for staff
      10. Room ventilation report (if gases other than oxygen or air are used)
      11. Service logbook for periodic atmospheric testing (if gases other than oxygen or air are used)
    - **INFECTION CONTROL**
      1. Infection control protocols
      2. Service logbook for sterilization with spore test reports
    - **DRUGS**
      1. Available drug list
      2. Written inspection protocol for emergency drugs quantity and viability (unexpired) maintenance
      3. Protocols to secure, store and control in-office drugs to protect against abuse
      4. Service logbook to monitor use of drugs stored in-office
    - **PATIENT SAFETY PROTOCOLS – PRE AND POST**
      1. Medical emergency plan
      2. Pre-operative instruction sheet
      3. Pre-operative checklist
      4. Pre-operative assessment
      5. Medical history and physical assessment
        - a. includes blood pressure, height, weight, medications, pre-existing conditions
      6. Postoperative instruction sheet
      7. Discharge criteria
    - **EQUIPMENT SERVICE**
      1. Service logbook for sedation equipment
      2. Service logbook for general anaesthesia equipment (if applicable)
      3. Service logbook for recovery room monitors
      4. Service logbook for crash cart inventory and automatic external defibrillator check
- d. **FACILITY CERTIFICATION**
  - i. Facility where deep sedation or general anaesthesia is performed must be audited and certified by the MDA every six years. No member may perform or allow others to perform deep sedation or general anaesthesia in an uncertified facility.
  - ii. A facility permit shall be withheld if payment of the appropriate fees is not made prior to the audit (SCHEDULE A).
- e. **ARMAMENTARIUM – EQUIPMENT**
  - i. Pocket masks (age appropriate sizes)
  - ii. Reservoir mask
  - iii. Syringes (1-3ml in size) with 23 gauge, 1.5 inch needle
  - iv. Electronic Sphygmomanometer with fail safe mechanism
  - v. Bag valve mask (Ambu bag or accepted substitute)
  - vi. Oropharyngeal suction device (Yankauer or accepted substitute)
  - vii. Appropriate sizes and quantity of masks and airways
  - viii. An appropriate scavenging system if gases other than oxygen or air are used.
  - ix. Pulse oximeter
  - x. Tracheotomy or cricothyrotomy apparatus
  - xi. Endotracheal intubation apparatus or acceptable substitute (combi tube, laryngeal mask airway)
  - xii. Magill forceps
  - xiii. Automated external defibrillator

- xiv. Laryngoscope with an adequate selection of blades, spare batteries and bulbs
- xv. Electrocardiograph
- xvi. Fail - safe low pressure alarm
- xvii. Portable battery powered auxiliary systems for suction and light
- xviii. Capnometer with fail safe alarm
- xix. Thermometer
- xx. Anaesthetic machine (if appropriate)

## 2. INITIAL QUALIFICATIONS/TRAINING

### NEW REGISTRANTS

- a. Ambulatory patients over 16 years of age (ASA classification I - II) - a member may apply for registration to administer deep sedation or general anaesthesia. A member administering deep sedation or general anaesthesia may not concurrently provide dental services. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 24 month post graduate training in an accredited programme with evaluated and competency attested experiences in deep sedation or general anaesthesia in the last five years;
  - ii. performed a minimum of 20 supervised cases of deep sedation or general anaesthesia; and
  - iii. current ACLS certification status.
- b. For children between 5-16 years of age (ASA classification I - II) - a member may apply for registration to administer deep sedation or general anaesthesia. A member administering deep sedation or general anaesthesia may not concurrently provide dental services. The applicant must submit evidence satisfactory to the Registrar:
  - i. completed a minimum 24 month post graduate training in an accredited programme with evaluated and competency attested experiences with children using deep sedation and general anaesthesia in the last five years;
  - ii. performed a minimum of 20 supervised cases of deep sedation and general anaesthesia on children between 5-16 years of age; and
  - iii. current PALS certification status.

## 3. CONTINUING COMPETENCE

### ALL MEMBERS

- a. Must record in the patient chart all deep sedation/general anaesthesia used during dental services contemporaneous with their performance.
- b. Must maintain a separate contemporaneous log of all deep sedation/general anaesthesia used during dental services. Log must be available at request of Registrar.
- c. For ambulatory patients over 16 years of age (ASA classification I - II) - a member must:
  - i. perform 5 cases of deep sedation or general anaesthesia in practice per year;
  - ii. maintain ACLS certification status; and
  - iii. completed a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to deep sedation or general anaesthesia every 6 years; or
  - iv. participate in a MDA recognized deep sedation or general anaesthesia study group. Members must attend at least 3 study club meetings per year to maintain certification as part of this option.
- d. For children between 5-16 years of age (ASA classification I - II) - a member must:
  - i. perform 5 cases of deep sedation or general anaesthesia for children 5-16 years of age in practice per year;
  - ii. maintain PALS certification status; and
  - iii. complete a DRA recognized course of study with a minimum of 6 hours of didactic instruction specific to deep sedation or general anaesthesia for children every 6 years; or
  - iv. participate in a MDA recognized deep sedation or general anaesthesia study group. Members must participate in 3 hours of study club meetings per year to maintain certification as part of this option.
- e. Evidence satisfactory to the Registrar of continuing competency must be available on MDA request.

## 4. REPORTING OBLIGATIONS

### ALL MEMBERS

- a. Must report any adverse reactions or incidences - during or after use of deep sedation or general anaesthesia - requiring use of emergency kit; use of basic or advanced life support techniques; contact of emergency services; and/or referral to hospital - to the Registrar within 15 days of the incident (SCHEDULE C).

#### **SECTION VII - MEMBER MARKETING OF PHARMACOLOGIC BEHAVIOUR MANAGEMENT SERVICES**

1. Any member marketing of pharmacologic behaviour management services shall include information about the relevant risks associated with the type of services and non-pharmacologic options.

#### **SECTION VIII - SURVEY OF MEMBER PHARMACOLOGICAL BEHAVIOUR MANAGEMENT PRACTICES**

1. The Board may survey the pharmacological behaviour management practices of members.
2. Members shall complete the survey accurately and return the survey to the MDA by the designated date.
3. A failure to complete and return the survey shall amount to professional misconduct and referred for peer review

#### **SECTION IX - REGISTRY OF MEMBERS AUTHORIZED TO MANAGE BEHAVIOUR PHARMACOLOGICALLY**

1. The Registrar shall include on the public registry of a member if he or she is registered to provide dental services utilizing one or more of the following pharmacologic behaviour management services in a format approved by the Registrar:
  - a. inhalation sedation for adults;
  - b. inhalation sedation for children;
  - c. parenteral moderate conscious sedation;
  - d. multiple modality conscious sedation involving parenteral techniques; and/or
  - e. deep conscious or general anaesthesia.
2. A member shall be registered to provide dental services utilizing one or more of the pharmacologic behaviour management services listed in subsection IX(1) if:
  - a. is on the current public registry; or
  - b. completed and signed application in the form approved by the Board;
  - c. evidence satisfactory to the Registrar of identity and current legal name;
  - d. evidence satisfactory to the Registrar the member meets the registration requirements set out in this bylaw;
  - e. payment of applicable registration and permit fees (SCHEDULE A - FEES);
  - f. payment of any other outstanding fine, fee, debt or levy owed by the applicant to the MDA; and
  - g. any other information that in the opinion of the Registrar is required to review the registration application of a member.
3. A member shall have his or her name removed from this registry if in the opinion of the Registrar;
  - a. the member submits a written notice of cancellation of the permit in a form approved by the Board;
  - b. there is evidence the member is utilizing pharmacologic behaviour management modalities outside of an approved facility;
  - c. there is evidence the member is utilizing pharmacologic behaviour management modalities beyond the conditions provided in this bylaw;
  - d. the member fails to renew on or before February 28<sup>th</sup> of each year;
  - e. the member fails to meet the continuing competency requirements set out in this bylaw; or
  - f. any other situation where there is evidence the member presents a potential risk to patients or the public in the utilizing of these modalities.

#### **SECTION X - ANNUAL RENEWAL**

1. Unless it is otherwise expressly specified, members on this registry must renew this registration on or before February 28<sup>th</sup> of each year.
2. On or before the 31<sup>st</sup> of January, members on this registry shall receive notification to renew his or her pharmacologic behaviour management registration.
3. Subject to any restrictions, conditions or limitations required by the Registrar, a member shall have his or her registration on this registry renewed if he or she submits to the Registrar on or before February 28<sup>th</sup> of each year:
  - a. completed and signed renewal application in the form approved by the Board;
  - b. evidence satisfactory to the Registrar of compliance with the continuing competency requirements for each registry he or she is entered;
  - c. evidence satisfactory to the Registrar the member is not subject to an investigation related to drug use or behaviour management;
  - d. payment of applicable permit renewal fees (SCHEDULE A);
  - e. payment of any other outstanding fine, fee, debt or levy owed by the member to the MDA; and
  - f. any other information that in the opinion of the Registrar is required to review the renewal application of a member.

**SECTION XI - APPEAL OF AN UNFAVOURABLE DECISION BY THE REGISTRAR**

1. A member may appeal an unfavourable decision by the Registrar to the Extensions and Exemptions Subcommittee (the Subcommittee) of the MDA Continuing Competency Committee.
  - a. An applicant has thirty days from written notification of the decision to send an appeal submission to the Chairperson of the Continuing Competency Committee (Chairperson) along with a non-refundable appeal fee (SCHEDULE A).
  - b. The Chairperson shall refer the matter to the Subcommittee within thirty days of receiving the appeal submission.
  - c. No member or employee of the MDA involved in the initial review of the application shall participate in the appeal of the Registrar's decision.
  - d. The Subcommittee shall schedule the appeal review within sixty days of referral by the Chairperson.
  - e. The Subcommittee shall provide the applicant written notice of the date, time and place of the review.
  - f. In reviewing the decision appeal, the Subcommittee shall consider only the following:
    - i. original application and supporting documentation;
    - ii. Registrar's written decision and reasons for decision;
    - iii. applicant written appeal submission and supporting documents; and
    - iv. Registrar's written response to appeal submission.
  - g. The Subcommittee may make the following determinations:
    - i. confirm the Registrar's decision;
    - ii. vary the Registrar's decision with a decision the Subcommittee determines appropriate; or
    - iii. refer the matter back to the Registrar for further consideration with direction.
  - h. The Subcommittee shall provide the Registrar and the member a written decision and reason for decision within thirty days of making the decision.
  - i. The Registrar shall implement any decision of the Subcommittee within a reasonable time period dependent on the nature of the decision.

**SECTION XII - NOTIFICATION OF CHANGE**

1. A member shall notify the Registrar in a form approved by the Board of any change in name, contact information or location providing pharmacologic behaviour management services within fifteen days of the change.
2. A failure to provide notification of a change in location providing pharmacologic behaviour management services in the time provided shall result in the cancellation of the permit.

Bylaws 27-09 and 27-08A of the Manitoba Dental Association are hereby repealed.

DONE and PASSED by the Board of Directors of the Manitoba Dental Association at Winnipeg, in Manitoba this 04<sup>th</sup> day of June 2016.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

This by-law will become effective on the 15<sup>th</sup> day of December, 2016, unless 10 members request on or before the 14<sup>th</sup> day of December 2016 in writing, its ratification at a general meeting of the Association pursuant to ss. 43(2) of *The Dental Association Act*.

Attached: Schedules A, B and C.

**SCHEDULE A - FEES**

<b>Member registration application fee</b>	<b>\$ 150.00</b>
<b>Member annual fee (per modality)</b>	<b>\$ 50.00</b>
<b>Facility permit registration fee</b>	<b>\$ 150.00</b>
<b>Facility audit - Nitrous oxide inhalation sedation</b>	<b>\$ 600.00</b>
<b>Facility audit - Moderate conscious parenteral sedation</b>	<b>\$ 700.00</b>
<b>Facility audit - Deep conscious/General anaesthesia</b>	<b>\$1200.00</b>
<b>Appeal fee</b>	<b>\$ 500.00</b>

**NOTE: ALL FEES ARE NON-REFUNDABLE.**



MAXIMUM RECOMMENDED DRUG AND DOSAGES FOR ANXIOLYTIC PURPOSES<sup>1</sup> IN AMBULATORY ADULTS

NONPRESCRIPTION DRUGS	
Diphenhydramine (Benadryl)	25-50 mg
Promethazine (Phenergan)	25-50 mg

PRESCRIPTION DRUGS	
<b>BENZODIAZEPINES</b>	
Triazolam (Halcion)	0.125-0.5mg
Lorazepam (Ativan)	0.25-2mg
Diazepam (Valium)	2-10 mg
Midazolam (Versed)	0.15-0.2 mg/kg

PRESCRIPTION DRUGS	
<b>BARBITURATES</b>	
Chloral Hydrate	25-50 mg/kg

<sup>1</sup> The dosage described is the maximum dosage and may not be suitable for all patients. Members must use their clinical judgement in determining the appropriate dosage based on the individual patient – age, weight and medical history.

**ADVERSE INCIDENT REPORT FORM**

**MANITOBA DENTAL ASSOCIATION**

**ADVERSE REACTION REPORT**

Manitoba Dental Association Bylaw for pharmacological behaviour management requires that a dentist must file this report for any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in: a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body system(s); or anxiolysis unintentionally becoming conscious sedation or general anesthesia when the member is not listed for administering conscious sedation or general anesthesia. It is NOT necessary to report incidents such as nausea, a single episode of emesis, or mild allergic reaction. **This report must be submitted to the MDA Registrar within fifteen business days of the incident by the dentist even when another licensed health care professional who, under contract or employment with the dentist, was the actual person administering the analgesia or pharmacological or non-pharmacological method. A member who fails to comply with reporting of incidents is subject to disciplinary proceedings.** You may duplicate this form.

**LICENSEE/REGISTRANT INFORMATION**

Name (please print): \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Zip: \_\_\_\_\_

I. REACTION INFORMATION						
PATIENT ID/INITIALS (in confidence)	AGE (yrs)	SEX	REACTION ONSET			<b>CHECK ALL APPROPRIATE</b> <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> REACTION TREATED WITH RX DRUG <input type="checkbox"/> RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION <input type="checkbox"/> RESULTED IN PERMANENT DISABILITY <input type="checkbox"/> NONE OF THE ABOVE
			MO	DA	YR	
DESCRIBE REACTION(S)						
RELEVANT TESTS/LABORATORY DATA						
II. SUSPECT DRUG(S) INFORMATION						
SUSPECT DRUG(S) (indicate manufacturer and lot # )					DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
DOSE	ROUTE OF ADMINISTRATION					
INDICATION(S) FOR USE					DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
DATE OF ADMINISTRATION (From/To)	DURATION OF ADMINISTRATION					
III. CONCOMITANT DRUGS AND HISTORY						
CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (Exclude those used to treat reaction)						
OTHER RELEVANT HISTORY (e.g. diagnosis, allergies, pregnancy with LMP, etc.)						
IV. SIGNATURE						
SIGNED:			DATE:			