BCCOHP | British Columbia College of Oral Health Professionals

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Expectations for clinical and ethical practice

Addendum to Deep Sedation Services in Dentistry

Applies to Dentists

There are three main ways that the BC College of Oral Health Professionals protects the public:

Disclaimer: This document was developed by the former College of Dental Surgeons of BC before the amalgamation of BC's four oral health regulatory colleges in 2022 and the introduction of BCCOHP's *Professional Standards for the Oral Health Team* (Professional Standards), effective June 30, 2025. The Professional Standards define the minimum expectations for professional and ethical conduct, performance, and behaviour for regulated oral health professionals in BC.

While BCCOHP is in the process of rescinding and replacing all legacy practice resources with unified standards, this document remains applicable.

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CDSBC | College of Dental Surgeons of British Columbia

Memo

TO: Non-Hospital Facilities Authorized to Provide Deep Sedation

FROM: Sedation & GA Services Committee

DATE: 21 March 2016

SUBJECT: **Addendum to Deep Sedation Guidelines**

The College's guidelines on Deep Sedation Services in Dentistry (Non-Hospital Facilities) contain standards of practice in relation to inducing deep sedation while providing dental services in British Columbia. Since the implementation of these guidelines, the Sedation and General Anaesthetic Services Committee has identified several modifications, updates and/or clarifications to these guidelines as being necessary in order to ensure they are consistent with, or exceed, best practice recommendations, and that they are based on current medical/dental literature.

In this regard, the following addendum was approved by the College Board on 19 February 2016 as recommended by the Sedation & GA Services Committee.

Attached: Addendum

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Deep Sedation Services in Dentistry
(Non-Hospital Facilities)

Addendum
(2016)

ACLS Currency	Dentists administering deep sedation must maintain current ACLS certification or appropriate equivalent. An online certification or re-certification course is not acceptable without a hands on component. The course must be renewed every 2 years and must follow current Heart & Stroke Foundation (HSF)/American Heart Association (AHA) Guidelines.
PALS	Dentists administering deep sedation to children must maintain current PALS certification. An online certification or re-certification course is not acceptable without a hands on component. The course must be renewed every 2 years and must follow current HSF/AHA Guidelines.
Deep Sedation Team	The deep sedation team members must maintain current certification in BLS for health care providers (CPR-HCP). An online certification or re-certification course is not acceptable without a hands on component. The course must be renewed every 2 years and must follow current HSF/AHA Guidelines.
Anesthesia performed by registrants of the College of Physicians & Surgeons of BC (CPSBC)	Only anesthesiologists certified by the Royal College of Physicians and Surgeons of Canada or general practitioners who hold credentials and privileges in a hospital setting to provide general anesthesia are qualified to provide anesthesia or sedation in dental facilities. The owner of a deep sedation facility must provide a Certificate of Professional Conduct (CPC) from the CPSBC with initial application and with tri-annual inspection for any anesthetists they wish to work in their facility. GP anesthetists must also provide the owner with proof of hospital privileges. Owners must also attest on their annual self-assessment that they have ensured any anesthetist working in their facility is still qualified by enquiring about registration status and any complaint/registration/discipline/privilege issues that may have arisen in the previous year.

Mock Emergency Drills	Must be conducted with all staff at least every 6 months. A log book must be kept indicating names of participants and situations covered.
AED It is acceptable to have an AED as the defibrillator in the facility. The AED does not have to be capable of synchronous cardioversion.	If a facility uses an AED it must be checked as follows: Daily visual check Yearly inspection by a biomedical engineer or technologist If a facility uses a manual-function defibrillator it must be checked as follows: Daily visual check Weekly performance check Biomedical inspection 2 X per year Records of testing and maintenance must be kept in an appropriate logbook.
Atropine/Epinephrine	Facilities must have at least 6 ampoules of atropine and epinephrine available at all times.
NPO Status	The most current Canadian Anesthesiologists' Society (CAS) policy should be followed concerning the minimum time interval from last oral intake to induction of anesthesia.
Standards for Multi-use Vials	The Centers for Disease Control (CDC) guidelines and drug monograph should be followed. Vials must be dated with first puncture and discarded after 28 days unless the manufacturer indicates a shorter time.
Date on Certificate	The date on authorization certificates will reflect the date of approval not the date of inspection.
Back up suction units	The only acceptable backup suction is a battery operated unit.
Pediatric Supplies	Facilities treating pediatric patients must have pediatric specific emergency guidelines and pediatric emergency armamentarium.
OMAAP	This is now called DAANCE (Dental Anesthesia Assistant National Certification Examination).