MANITOBA DENTAL ASSOCIATION

THE
BYLAW FOR
PHARMACOLOGICAL
BEHAVIOUR
MANAGEMENT

MANITOBA DENTAL ASSOCIATION
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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.

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

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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

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).

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)
xx. Magill forceps
xii. Automated external defibrillator
xiii. Laryngoscope with adequate selection of blades, spare batteries and bulbs

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 advanced life support certification status:
      1. either ACLS or PALS for patients between 12 and 16 years of age.
      2. ACLS for patients over 16 years of age.
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 advance life support certification status:
      1. either ACLS or PALS for patients between 8 and 12 years of age.
      2. PALS for patients between 5 and 8 years of age.

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 advanced life support certification status:
         1. either ACLS or PALS for patients between 12 and 16 years of age.
         2. ACLS for patients over 16 years of age; 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 current advance life support certification status:
         1. either ACLS or PALS for patients between 8 and 12 years of age.
         2. PALS for patients between 5 and 8 years of age; 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).
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.

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
      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. 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

- **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).

- **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 advanced life support certification status:
        1. either ACLS or PALS for patients between 12 and 16 years of age.
        2. ACLS for patients over 16 years of age.

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 advance life support certification status:
        1. either ACLS or PALS for patients between 8 and 12 years of age.
        2. PALS for patients between 5 and 8 years of age.

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 advanced life support certification status:
       1. either ACLS or PALS for patients between 12 and 16 years of age.
       2. ACLS for patients over 16 years of age; 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) using parenteral agents in multiple modality conscious sedation - a member must:
   i. perform 5 cases of parenteral conscious sedation for children 5-12 years of age in practice per year;
   ii. maintain current advance life support certification status:
       1. either ACLS or PALS for patients between 8 and 12 years of age.
       2. PALS for patients between 5 and 8 years of age; 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 (ephrine 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 12 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 advance life support certification status:
       1. either ACLS or PALS for patients between 12 and 16 years of age.
       2. ACLS for patients over 16 years of age.

b. For children between 5-12 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 advance life support certification status:
       1. either ACLS or PALS for patients between 8 and 12 years of age.
       2. PALS for patients between 5 and 8 years of age.

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 12 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 advance life support certification status:
       1. either ACLS or PALS for patients between 12 and 16 years of age.
       2. ACLS for patients over 16 years of age; 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 advance life support certification status:
       1. either ACLS or PALS for patients between 8 and 12 years of age.
       2. PALS for patients between 5 and 8 years of age; 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 28th 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 28th of each year.
2. On or before the 31st 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 28th 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 26th day of January 2017.

President                                               Secretary

This by-law will become effective on the 30th day of April, 2017, unless 10 members request on or before the 29th day of April 2017 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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Member registration application fee</td>
<td>$150.00</td>
</tr>
<tr>
<td>Member annual fee (per modality)</td>
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<tr>
<td>Facility permit registration fee</td>
<td>$150.00</td>
</tr>
<tr>
<td>Facility audit - Nitrous oxide inhalation sedation</td>
<td>$600.00</td>
</tr>
<tr>
<td>Facility audit - Moderate conscious parenteral sedation</td>
<td>$700.00</td>
</tr>
<tr>
<td>Facility audit - Deep conscious/General anaesthesia</td>
<td>$1200.00</td>
</tr>
<tr>
<td>Appeal fee</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

**NOTE:** ALL FEES ARE NON-REFUNDABLE.
### MAXIMUM RECOMMENDED DRUG AND DOSAGES FOR ANXIOLYTIC PURPOSES in ambulatory adults

#### NONPRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenhydramine (Benadryl)</td>
<td>25-50 mg</td>
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<tr>
<td>Promethazine (Phenergan)</td>
<td>25-50 mg</td>
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#### PRESCRIPTION DRUGS

**BENZODIAZEPINES**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triazolam (Halcion)</td>
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<tr>
<td>Lorazepam (Ativan)</td>
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<tr>
<td>Diazepam (Valium)</td>
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</tr>
<tr>
<td>Midazolam (Versed)</td>
<td>0.15-0.2 mg/kg</td>
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</table>

**BARBITURATES**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloral Hydrate</td>
<td>25-50 mg/kg</td>
</tr>
</tbody>
</table>

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¹ 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:  _________________________

## REACTION INFORMATION

<table>
<thead>
<tr>
<th>PATIENT ID/INITIALS (in confidence)</th>
<th>AGE (yrs)</th>
<th>SEX</th>
<th>REACTION ONSET</th>
<th>CHECK ALL APPROPRIATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
<td>□ PATIENT DIED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ REACTION TREATED WITH RX DRUG</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ RESULTED IN PERMANENT DISABILITY</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>□ NONE OF THE ABOVE</td>
</tr>
</tbody>
</table>

DESCRIBE REACTION(S)

RELEVANT TESTS/LABORATORY DATA

## SUSPECT DRUG(S) INFORMATION

SUSPECT DRUG(S) (indicate manufacturer and lot # )

DID REACTION ABATE AFTER STOPPING DRUG?

YES  NO  N/A

DOSE

ROUTE OF ADMINISTRATION

INDICATION(S) FOR USE

DID REACTION REAPPEAR AFTER REINTRODUCTION?

YES  NO  N/A

DATE OF ADMINISTRATION (*From/To*)

DURATION OF ADMINISTRATION

## 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.)

## SIGNATURE

SIGNED:                                                                                                                 DATE: