attachments, as well as access to a defibrillator in case the child needs resuscitation. The clinical setting must permit access for emergency services and the transfer of the child, if necessary. Irrespective of the setting, the sedation team should have access to an intensive care setting.

The recovery facility may either be a dedicated recovery area or a treatment area that is used as such. Children must be continually monitored in the recovery area until they have completely recovered from the effects of the sedation. The recovery area must be equipped to facilitate the management of any sedation-related adverse events.

All providers of procedural sedation services for paediatric patients are responsible to ensure that the sedation facility in which care is delivered, is appropriate for the needs and safety of the SPs, paediatric patients and staff, and that it is in line with guidelines and standards of care. *Appendix 2: Practice appraisal protocol for paediatric sedation* serves as a benchmark for SPs to determine whether the location they work in fulfils the requirements as set out in the guidelines.

The SP, together with the owner of the premises, must also ensure that the premises are inspected and accredited by an independent, recognised sedation authority. The focus of the review should be on the procedures, sedation techniques and processes used. Records of the audit process and outcomes must be retained and made available for inspection. Regular audits should be considered a core requirement for sedation providers involved in patient care. It is recommended that SOSPOSA, or equivalent body, be contacted for accreditation and evaluation of the sedation facility.

Last but not least, is it imperative that all team members are sensitive to the need for maintaining a child-friendly environment. It may be necessary to make adjustments for the specific needs of paediatric patients.

4. Valid informed consent to sedation and analgesia for medical or dental procedures

Valid informed consent (Appendix 3) is a complex process. The General Dental Council (GDC), UK, provides valuable principles and standards for the dental team regarding consent for dental procedures.[6] It should be documented that appropriate consent was obtained from the patient, or a responsible person (parent/caregiver), according to local and international requirements.

Before the process can be completed, information about the sedation and procedure must be provided in a clear and understandable way. This should happen at an appropriate time in order for the patient/parent/caregiver to be able to digest the information and formulate questions. The discussion should, therefore, if possible, not occur immediately before the procedure or even on the day of the procedure. Informed consent must never be obtained

after the administration of sedative and analgesic drugs. The nature of the procedure to be performed may also not be changed after sedative and/or analgesic drugs have been administered to the patient.

Patients/parents/caregivers must understand the risks of sedation before consenting. Therefore, an explanation of the procedure, the proposed sedation technique and the risks and benefits of the proposed technique should be given. Patients/parents/caregivers must be aware of the possibility that the sedation may fail and that the procedure may have to be abandoned or performed under GA at a later date.

Alternatives to sedation (e.g. GA or local/regional anaesthesia) should also be discussed. Behavioural management techniques as an alternative to sedation, if relevant, should be discussed to ensure that the most suitable form of treatment is selected.

Consent must be obtained for both the procedure and the sedation. It is the responsibility of the SP to ensure that the patient/parent/caregiver understands the consequences of the decisions they are about to make. If the child is not legally competent to give consent (e.g. underage or a child with special needs), it will have to be obtained from someone with parental responsibility (i.e. the mother or father, or legal caregiver).

A more difficult question to answer is *when* can a child give consent for a procedure. According to the Medical Protection Society (MPS), a child of 12 years or older may consent to medical treatment. For surgical treatment, a child of 12 years or older may consent with a parent or guardian's assent. The child must, however, have the maturity to understand the implications of the procedure.

As cited in the *Southern African Journal of Anaesthesia and Analgesia,*[7] children can give consent in the following situations: (i) for medical treatment, if they are older than 12 years of age, and if they have the maturity and capacity "to understand the benefits, risks, social and other implications of the treatment" – this is independent of parents' consent; or (ii) for surgical procedures, if they are 12 years of age and assisted by their parent or legal guardian (Form 34, or Form 35 if the child's parents themselves are aged 18 years and younger).

The planned usage of suppositories or rectal medication must also be explained carefully to the parents and consent be obtained ahead of time.

5. Patient assessment

Appropriate selection of children for sedation is the first step to safe sedation practice. It is generally accepted that adults, through their lived experience, have the necessary coping skills to ensure safe and successful sedation. However, children of different age groups, and even children within the same age group, have different coping skills. The procedure to be