MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND
TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Anaesthetic technicians and safe procedural sedation

Procedural sedation standard for anaesthetic technicians

Version	Date	Approved by
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Introduction

1. The anaesthetic technician scope of practice allows for flexible work practices including involvement with the sedation of patients. Anaesthetic technicians provide support to the prescribing practitioner and collaborate and work alongside other health professionals during perioperative, interventional and investigative procedures involving sedation.

2. This statement has been developed by the Medical Sciences Council (Council) to provide information about the use of sedating agents by anaesthetic technicians. The statement outlines the Council's expectations of anaesthetic technicians when working with patients requiring procedural sedation.

3. All anaesthetic technicians are responsible and accountable for their own practice.

Background

4. Anaesthetic technicians use their clinical knowledge, skills, and judgement to perform a variety of functions to support the provision of high quality and safe perioperative care.

5. The sedation of patients carries risks, and appropriately educated and competent anaesthetic technicians are well placed to support safe sedation practices within the bounds of the anaesthetic technician scope of practice and their own knowledge, skills and expertise.

6. Anaesthetic technicians may practise in operating departments, radiology, intensive care, emergency departments, and any other areas where procedural sedation is administered.

7. All sedation carried out must be in accordance with this standard, the Medical Sciences Council's Competence Standards for Anaesthetic Technicians (2024), the Code of Ethical Conduct and other relevant standards, including local and other relevant policies, procedures, standing orders and guidance.

Scope

8. This standard applies to anaesthetic technicians who are providing procedural sedation to people in the absence of an anaesthetist. Anaesthetic technicians providing procedural sedation in these circumstances must be endorsed to do so by the Council.

Education and competence

9. Practitioners who intend to provide procedural sedation in the absence of an anaesthetist must have completed appropriate education and have demonstrated competence to do so. The Council maintains a list of practitioners who have met these requirements either by:

    a. Completion of a Council approved education programme
    b. Recognition of relevant prior experience and education (time-limited pathway).

10. Practitioners who have been approved by the Council have an endorsement listed on their scope of practice and practising certificate.

11. Practitioners who are undertaking a new graduate, international or return to practise recertification programmes or are under Council-imposed supervision for competence reasons cannot provide sedation without an anaesthetist being present.

Prescribing and administering sedation

12. Anaesthetic technicians cannot prescribe medicines used for general anaesthesia or sedation. Medicines for procedural sedation must be prescribed by an authorised prescriber as described in the Medicines Act 1981 and Medicines Regulations 1984.

13. The prescriber of the medicine retains responsibility for the prescription of the medicine, including correct medication, dosage, route of administration, timing and person, regardless of who administers the medicine.

14. The anaesthetic technician administering the medicine takes responsibility for checking of the medication prior to administration - including correct medicine, person, route, dose, and timing, in accordance with local policy.

Types of sedation

15. In the absence of an anaesthetist the procedural sedation administered by an anaesthetic technician is limited to the provision of minimal levels of conscious sedation. This is a level of sedation where patients can respond purposefully to verbal commands or tactile stimulation.

Safety

16. In the administration of sedation, the prescribing practitioner, or an appropriately qualified medical practitioner, must be available to provide immediate assistance.

17. Sedation must occur with the appropriate level of supervision and support available for the level of sedation, and in accordance with the competence level of the practitioner administering/providing sedation.

18. Sedation should never be performed alone and must be undertaken with the appropriate supervision and support.

19. People who are considered to be at higher risk during procedural sedation should be referred to an anaesthetist. These include -

    a. children under the age of 12 years
    b. people with an ASA[1] rating of more than two (2).

20. Anaesthetic technicians must adhere to the Council's position on one-on-one care of a patient when providing sedation. 2025-Mar-Allocating-AT-Resources.pdf

Requirements for anaesthetic technicians involved in sedation

21. Anaesthetic technicians providing sedation must be endorsed to do so by the Council. They must be working within their level of competence, education, and experience. Anaesthetic technicians providing sedation must identify the limits of their practice and actively seek advice or refer to another health professional or service when this occurs.

22. Relevant internal approvals for the administration of sedation must be in place from the place of work. These include, but are not limited to, the completion of appropriate education and credentialling.

Pre-sedation assessment

23. Prior to the administration of sedation, the anaesthetic technician must -

    a. ensure a thorough patient evaluation has occurred, including medical history, allergies, and previous sedation experiences

[1] American Society of Anaesthetists physical status classification system

b. confirm assessment of risk factors such as airway complications, cardiovascular conditions, age, and medication interactions
c. discuss with an anaesthetist the appropriateness of sedation for patients identified as higher risk
d. confirm and document informed consent from the patient or their legal representative
e. prepare the equipment, monitoring and other requirements appropriate for the patient and level of sedation.

Sedation administration

24. At the time of administration, the anaesthetic technician must -

    a. administer sedation only under the supervision of an appropriately qualified medical practitioner
    b. confirm the appropriateness of the medicine being administered and ensure the correct medicine checks are completed
    c. ensure the correctness of the medicine dosage calculations, based on the patient's weight, age, and health status
    d. complete any documentation requirements for the administration of medicines.

25. The anaesthetic technician must not administer sedation if there are any incomplete questions or concerns identified.

Intra-sedation monitoring

26. While the patient is under sedation the anaesthetic technician must -

    a. maintain continuous patient monitoring to detect signs of over-sedation or adverse reactions
    b. be prepared to manage airway emergencies in conjunction with the prescribing practitioner - these include suctioning and oxygen supplementation
    c. ensure adequate support is available to escalate any emergency including access to reversal agents and emergency resuscitation equipment.

Post-sedation care

27. After the sedation has ended the anaesthetic technician must -

    a. monitor the patient's recovery until they meet discharge or handover criteria - this includes the patient having stable vital signs and being fully conscious
    b. provide post-sedation care and instructions, including activity restrictions and follow-up care, in conjunction with the procedural team
    c. document all sedation procedures, patient responses, and any complications encountered - where an anaesthetic technician has administered medicines under a verbal order, the prescription must be signed by the prescriber - procedures for standing orders must also be followed.

References

- Medical Sciences Council: Competence standards for anaesthetic technicians (2025)
- Medical Sciences Council: Scope of practice for anaesthetic technicians (2025)
- Medical Sciences Council: Allocating anaesthetic technician resources (2025)
- ANZCA: (PSO7) Guideline on pre-anaesthesia consultation and patient preparation
- ANZCA: (PG09) Procedural sedation (2023)
- ANZCA: (PS19) Position statement on monitored care by an anaesthetist
- ANZCA: (PG51(A)) Guideline for the safe management and use of medications during anaesthesia
- ANZCA: (PG18) Guideline on monitoring during anaesthesia
- Medicines Act 1981
- Medicines Regulations 1984
- Standing Order Guidelines | Ministry of Health NZ

Definitions

Appropriately qualified prescribing practitioner

A health practitioner who may prescribe anaesthetic or sedating medicines within their scope of practice. This may include an anaesthetist, intensive care specialist, other medical practitioner or dentist.

Health providers

People who provide healthcare to others, both registered and unregistered.

Sedation

Sedation is a state of reduced awareness where a person's responsiveness to external stimuli is limited. The goal of sedation is to provide patient comfort and cooperation during a procedure without the complete loss of consciousness associated with anaesthesia.

Sedation levels[2]

Minimal: A drug-induced state of diminished anxiety, during which patients are conscious and respond purposefully to verbal commands or light tactile stimulation.

[2] From ANZCA: (PG09) Guideline on procedural sedation

Moderate: A drug-induced state of depressed consciousness during which patients retain the ability to respond purposefully to verbal commands and tactile stimulation.

Deep: A drug-induced state of depressed consciousness during which patients are not easily roused and may respond only to noxious stimulation.

General anaesthesia: A drug-induced state of unconsciousness characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of ventilation and disturbance of circulatory reflexes.