Policy on Minimizing Occupational Health Hazards Associated with Nitrous Oxide

Purpose
The American Academy of Pediatric Dentistry (AAPD) recommends recognizes that exposure to ambient nitrous oxide (N₂O) be minimized to reduce occupational hazards for dental personnel and encourages practitioners to take all precautions to minimize associated risks.

Methods
This policy was originally developed by the Clinical Affairs Committee and adopted in 1987. This document is a revision of the previous version, revised in 2008-2013. The policy is based on a systematic literature search of the PubMed® electronic database using the terms: nitrous oxide, occupational exposure, AND dentistry; fields: all; limits: within the last 10 years, English. Sixteen articles met these criteria; three additional papers from the previous policy statement were reviewed and added to the references. Guidelines and recommendations from the National Institute for Occupational Safety and Health (NIOSH) also were reviewed. The update used electronic database and hand searches of the articles in the medical and the dental literature using the following parameters: Terms: nitrous oxide, occupational exposure, AND dentistry. Fields: all; Limits: within the last 10 years, English. Additionally, guidelines and recommendations from the National Institute for Occupational Safety and Health (NIOSH) were reviewed. Expert opinions and best current practices were relied upon when sufficient scientific data were not available.

Background
Effects of occupational exposure to ambient N₂O are uncertain, especially since the introduction of methods to scavenge N₂O and ventilate operatories. Studies that linked increased general health problems and reproductive difficulties among dental personnel to chronic exposure to significant levels of ambient N₂O have been challenged. As of 2008, there were no definitive studies linking general health
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problems and reproductive difficulties among dental personnel to chronic exposure to scavenged ambient N$_2$O. A maximum safe level of ambient N$_2$O in the dental environment has not been determined.

Reduction of ambient N$_2$O through system maintenance, scavenging, ventilation, use of the minimal effective dose, and patient management is important to maintaining the lowest practical levels in the dental environment. Frequent and regular inspection and maintenance of the N$_2$O delivery system, together with the use of a scavenging system, can reduce ambient N$_2$O significantly. Using a well-fitted mask and an appropriate amount of suction via the scavenging system will minimize leakage, reducing ambient N$_2$O levels. The use of a double-mask patient delivery system has also been shown to be more effective than a single-mask system in the removal of waste nitrous oxide. The combined use of the double mask system and scavenging systems with a high evacuation rate have been demonstrated to decrease occupational exposure to nitrous. NIOSH has recommended that the exhaust ventilation of N$_2$O from the patient’s mask be maintained at an air flow rate of 45 L/min and vented outside the building away from fresh air intakes. However, scavenging at this rate has been shown to reduce the level of pyschosedation achieved with N$_2$O inhalation. Where possible, outdoor air should be used for dental operatory ventilation. Supply and exhaust vents should be well separated to allow good mixing and prevent short-circuiting. Female dental staff frequently exposed to nitrous oxide (3 or more days a week) have been found to have no elevated risk of spontaneous abortion in offices using appropriate scavenging systems.

Patient selection is an important consideration in reducing ambient N$_2$O levels. Patients who are unwilling or unable to tolerate the nasal hood and those with medical conditions (e.g., obstructive respiratory diseases, emotional disturbances, drug dependencies) that contraindicate the use of N$_2$O should be managed by other behavior guidance techniques. In the dental environment, patient behaviors such as talking, crying, and moving have been shown to result in significant increases in baseline ambient N$_2$O levels despite the use of the mask-type scavenging systems. Utilization of appropriate nitrous concentration levels should also be considered in relation to procedure difficulty. Nitrous can be discontinued once adequate anesthesia is achieved, or decreased levels can be maintained during easier procedures and increased for stimulating procedures. Furthermore, the use of scavenging systems alone cannot lower the ambient N$_2$O levels to the recommended standards. Use of supplemental measures, such as a high-volume dental aspirator suction placed in proximity to the dental operative site, has been shown to reduce ambient N$_2$O levels significantly. During the first three to five minutes after terminating N$_2$O administration, a significant amount of the gas is exhaled by the patient. Once N$_2$O...
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Administration is discontinued, administering 100 percent oxygen to the patient for at least five minutes allows oxygen to replace the N\textsubscript{2}O in the gas delivery system\textsuperscript{2,3}. This post-procedural oxygenation also decreases the risk of diffusion hypoxia to the patient. Diligent use of the above practices in the pediatric dental environment has allowed for the reduction of ambient N\textsubscript{2}O to the levels recommended by NIOSH\textsuperscript{21,22}. Measurement of N\textsubscript{2}O levels in the dental operatory can be helpful in determining the type and extent of remediation necessary to decrease occupational exposure.

Policy statement
The AAPD encourages dentists and dental auxiliaries to maintain the lowest practical levels of N\textsubscript{2}O in the dental environment while using N\textsubscript{2}O. Adherence to the recommendations below can help minimize occupational exposure to N\textsubscript{2}O.

- Educate dental personnel on minimizing occupational exposure to and potential abuse of nitrous oxide.
- Use scavenging systems that remove N\textsubscript{2}O during patient’s exhalation.
- Ensure that exhaust systems adequately vent scavenged air and gases to the outside of the building and away from fresh air intake vents.
- Use, where possible, outdoor air for dental operatory ventilation.
- Implement careful, regular inspection, and maintenance of the nitrous oxide/oxygen delivery equipment.
- Carefully consider patient selection criteria (i.e., indications and contraindications) prior to administering N\textsubscript{2}O.
- Select a properly-fitted mask size for each patient.
- During administration, visually monitor the patient and titrate the flow/percentage to the minimal effective dose of N\textsubscript{2}O.
- Encourage patients to minimize talking and mouth breathing during N\textsubscript{2}O administration.
- Use rubber dam and high volume dental evacuator suction when possible during N\textsubscript{2}O administration.
- Administer 100 percent oxygen to the patient for at least five minutes after terminating nitrous oxide use to replace the N\textsubscript{2}O in the gas delivery system.
References


11. Freilich MM, Alexander L, Sandor GKB, Judd P. Effectiveness of 2 Scavenger Mask Systems for Reducing Exposure to Nitrous Oxide in a Hospital-Based Pediatric Dental Clinic: A Pilot Study. JCDA 2007;73(7):615-615d

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