

ARTICLE 3

Dental Sedation Act

Editor's Note

2014 Act No. 222, Section 1, provides as follows:

"SECTION 1. This act must be known and may be cited as the 'Dental Sedation Act' ".

SECTION 40-15-400. Permits; applications; fees.

(A) For purposes of this section, "current" means the certification course has been taken within two years. Other life support certifications approved by the board may be accepted.

(B)(1) A permit is not required for local anesthesia, nitrous oxide/oxygen, minimal sedation, or any combination thereof, where the patient has a depressed level of consciousness but is able to independently and continually maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation.

(2) A dentist who is not administering anesthesia, but is providing anesthesia in his dental office, must conform to the requirements of this chapter except subsections (C)(1), (D)(1), (E)(1), and (E)(2) of this section.

(3) The administration of sedation or anesthesia, or both, in a dentist's office by a licensed physician shall be administered pursuant to Chapter 47, Title 40. The administration of sedation or anesthesia, or both, in the dentist's office by a licensed Certified Registered Nurse Anesthetist shall be administered pursuant to Chapter 33, Title 40.

(C) To provide moderate enteral sedation, a dentist must first submit an application with an initial fee to the board with documentation of:

(1) completion of predoctoral, postdoctoral, or continuing education conscious sedation training in an accredited program to include twenty-four hours of didactic instruction and ten cases commensurate with each intended route of administration; and

(2) applicable life support training, which must be:

(a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

(b) pediatric advanced life support (PALS) certification that is current if treating only children.

(D) To provide moderate parenteral sedation, a dentist must first submit an application with an initial fee to the board with documentation of:

(1) completion of predoctoral, postdoctoral, or continuing education conscious sedation training in an accredited program to include sixty hours of didactic instruction and twenty cases commensurate with each intended route of administration; and

(2) applicable life support training, which must be:

(a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

(b) pediatric advanced life support (PALS) certification that is current if treating only children.

(E) To provide deep sedation/general anesthesia, a dentist must first submit an application with an initial fee to the board with documentation of:

(1) completion of one year of advanced training in anesthesiology and related academic subjects or complete an oral and maxillofacial surgery residency program, or be a Diplomate of the American Board of Oral and Maxillofacial

Surgery; provided, however, that the training must include sixty hours of didactic instruction and twenty cases commensurate with each intended route of administration;

(2) sixty hours of pediatric didactic training and twenty cases commensurate with each intended route of administration for children under thirteen years of age in order to provide pediatric deep sedation/general anesthesia; and

(3) applicable life support training, which must be:

(a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

(b) pediatric advanced life support (PALS) certification that is current if treating only children.

(F) To provide deep sedation/general anesthesia, the applicant may pursue an advanced education route by means of various residencies, a specific oral and maxillofacial surgery residency, or may become a Diplomate of the American Board of Oral and Maxillofacial Surgery.

(G) Permit fees must be remitted biennially with the dental license renewal. These fees initially must be determined by the board pursuant to Section 40-1-50(D).

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

SECTION 40-15-410. Requirements for sedation permit.

(A) The applicant for a sedation permit must submit verification to the board that the applicant's facilities meet the requirements of this section.

(B) The board must determine the qualifications of a facility inspector and biennially inspect each facility. All costs and expenses of the board and department incurred in performing these inspections must be paid exclusively with revenue from permit fees received pursuant to Section 40-15-400(G). The department may not conduct these inspections until sufficient funding from the receipt of these fees exist.

(C) To offer minimal sedation, a facility must have available:

(1) with respect to equipment:

(a) a positive-pressure oxygen delivery system suitable for the patient being treated;

(b) when inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated, and also must have either:

(i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

(ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm; and

(c) an appropriate scavenging system must be available if gases other than oxygen or air are used; and

(2) with respect to preoperative preparation:

(a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;

(b) the availability of an adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;

(c) baseline vital signs must be obtained unless the patient's behavior prohibits the determination;

(d) a focused physical evaluation must be performed as considered appropriate;

- (e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed; and
- (f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver.

(D)(1) In a facility offering minimal sedation under this chapter:

(a) a qualified dentist or an appropriately trained individual, at the discretion of the dentist, must continuously assess the patient's level of consciousness and remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

- (i) continuous evaluation of the color of mucosa, skin, or blood;
 - (ii) required oxygen saturation by pulse oximetry;
 - (iii) continuous observation of chest excursions by the dentist, an appropriately trained individual, or both;
 - (iv) continuous verification of respiration by the dentist, an appropriately trained individual, or both;
 - (v) preoperative, intraoperative, and postoperative evaluation of blood pressure and heart rate as necessary, unless the patient is unable to tolerate the monitoring;
 - (vi) maintenance of an appropriate sedative record, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters;
 - (vii) immediate availability of oxygen and suction equipment if a separate recovery area is used;
 - (viii) monitoring of the patient during recovery by a qualified dentist or appropriately trained clinical staff until the patient is ready for discharge by the dentist;
 - (ix) determination and documentation by the qualified dentist of the patient's satisfactory level of consciousness, oxygenation, ventilation, and circulation before discharge;
 - (x) provision of postoperative verbal and written instructions to the patient, parent, escort, guardian, or caregiver; and
 - (xi) cessation of the dental procedure if a patient enters a deeper level of sedation than the dentist is qualified to provide, until the patient returns to the intended level of sedation;
- (b) a qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis, and treatment of emergencies related to the administration of minimal sedation and providing the equipment and protocols for patient rescue; and

(c) for children under thirteen years of age, the board supports the American Dental Association's stance that supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures".

(E) To offer moderate sedation, a facility must have available:

(1) with respect to equipment:

- (a) a positive-pressure oxygen delivery system suitable for the patient being treated;
- (b) when inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated, and also must have either:
 - (i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

- (ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm;
 - (c) an appropriate scavenging system must be available if gases other than oxygen or air are used; and
 - (d) equipment necessary to establish intravenous access; and
- (2) with respect to preoperative preparation:
- (a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;
 - (b) the availability of an adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;
 - (c) baseline vital signs must be obtained unless the patient's behavior prohibits the determination;
 - (d) a focused physical evaluation must be performed as considered appropriate;
 - (e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed; and
 - (f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver.
- (F)(1) In a facility offering moderate sedation under this chapter:
- (a) a qualified dentist or an appropriately trained individual, at the discretion of the dentist, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:
 - (i) continuous assessment of level of consciousness, such as responsiveness to verbal commands;
 - (ii) continuous evaluation of color of mucosa, skin, or blood and oxygen saturation by pulse oximetry;
 - (iii) continuous observation by the dentist of chest excursions and ventilation monitoring, which can be accomplished by auscultation of breath sounds, monitoring end-tidal CO₂, or by verbal communication with the patient;
 - (iv) continuous evaluation of blood pressure and heart rate if tolerable by the patient and if noted in the time-oriented anesthesia record;
 - (v) continuous EKG monitoring for patients with significant cardiovascular disease;
 - (vi) maintenance of an appropriate time-oriented anesthetic record, including the names of all drugs, dosages, and their administration times, including local anesthetics, dosages, and monitored physiological parameters;
 - (vii) continuous documentation of pulse oximetry, heart rate, respiratory rate, blood pressure, and level of consciousness; and
 - (viii) cessation of the dental procedure if a patient enters a deeper level of sedation than the dentist is qualified to provide, until the patient returns to the intended level of sedation;
 - (2) a qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, and providing the equipment, drugs, and protocol for patient rescue; and
 - (3) for children under thirteen years of age, the board supports the American Dental Association's stance that supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic

Procedures".

(G) To offer deep sedation/general anesthesia, a facility must have:

(1) with respect to equipment:

(a) a positive-pressure oxygen delivery system suitable for the patient being treated;

(b) when inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment also must have either:

(i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

(ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm;

(c) an appropriated scavenging system must be available if gases other than oxygen or air are used;

(d) equipment necessary to establish intravenous access;

(e) equipment and drugs necessary to provide advanced airway management;

(f) advanced cardiac life support and reversal agents, if applicable;

(g) a capnograph must be used and an inspired agent analysis monitor should be considered if volatile anesthetic agents are used;

(h) resuscitation medications and an appropriate defibrillator must be immediately available;

(i) EKG for deep sedation/general anesthesia; and

(j) a chair or operating table that allows for CPR to be performed on the patient; and

(2) with respect to preoperative preparation:

(a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;

(b) availability of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;

(c) baseline vital signs must be obtained unless the patient's behavior prohibits the determination;

(d) a focused physical evaluation must be performed as considered appropriate;

(e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed;

(f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver; and

(g) an intravenous line, which is secured throughout the procedure, must be established except as provided in subsection (l).

(H) In a facility offering deep sedation/general anesthesia under this chapter:

(1) a dentist or an appropriately trained individual, in the discretion of the dentist, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

- (a) continuous evaluation of color of mucosa, skin, or blood and oxygen saturation by pulse oximetry;
- (b) continuous monitoring and evaluation of:
 - (i) end-tidal CO₂ for an intubated patient; and
 - (ii) breath sounds by means of auscultation, end-tidal CO₂, or both for a nonintubated patient;
- (c) continuous monitoring and evaluation of respiration rate;
- (d) continuous evaluation of heart rate and rhythm by means of EKG throughout the procedure, as well as pulse rate by means of pulse oximetry and blood pressure;
- (e) ready availability of a device capable of measuring body temperature during the administration of deep sedation/general anesthesia;
- (f) availability and use of equipment to continuously monitor body temperature whenever triggering agents associated with malignant hyperthermia are administered;
- (g) maintenance of an appropriate time-oriented anesthetic record, including the names of all drugs, dosages, and their administration times, including local anesthetics and monitored physiological parameters; and
- (h) continuous recording of:
 - (i) pulse oximetry and end-tidal CO₂ measurements, if taken;
 - (ii) heart rate;
 - (iii) respiratory rate; and
 - (iv) blood pressure;
- (2) when a mental or physical challenge precludes a dental patient from having a comprehensive physical examination or appropriate laboratory tests before undergoing deep sedation/general anesthesia, the dentist responsible for administering that anesthesia should document the reasons preventing the recommended preoperative management; and
- (3) use of deep sedation/general anesthesia without establishing an indwelling intravenous line may be warranted in selected circumstances, including very brief procedures or the establishment of intravenous access after deep sedation/general anesthesia has been induced because of poor patient cooperation.
- (I) A facility inspection is not required for the administration of anesthesia at those hospitals, dental schools, and other dental settings approved by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Dental Accreditation.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

SECTION 40-15-420. Staff must be certified in cardiopulmonary resuscitation and the basic life support level; training; continuing education.

(A) All dental staff who provide direct, hands-on patient care must be certified in cardiopulmonary resuscitation and the basic life support level by a board-approved training course. The certification must have been received in the immediately preceding two years.

(B) The operating dentist shall provide training for staff with hands-on patient care commensurate with the level and mode of sedation administered. This training must be documented and available for inspection by the department upon request.

(C) The dentist must include four hours in pharmacology, anesthesia, emergency medicine, or sedation every two years as part of the continuing educational requirements of this chapter.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

SECTION 40-15-430. Presence of trained personnel required; recovery and discharge.

(A) For minimal sedation and moderate sedation, at least one person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

(B) For deep sedation/general anesthesia, at least two support personnel adequately trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist. If the same individual administering the deep sedation/general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.

(C) During recovery and discharge the dentist must determine and document whether the patient:

(1) has stable vital signs, is mentally alert, and has stable levels of oxygenation, ventilation, circulation, and temperature;

(2) has a minimum of one adequately trained support personnel who must be present with the patient;

(3) is fully recovered from anesthetic drugs before discharged to the care of a responsible adult available to provide assisted care to the patient;

(4) support personnel assists the patient into the vehicle transporting him from the facility; and

(5) written postoperative instructions are given to and are reviewed with the patient and the adult responsible for the patient.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

SECTION 40-15-440. Written notification of changes.

A dentist shall give written notice to the board at least thirty days before he may relocate, add to, or significantly change a facility where procedures under this chapter are performed.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

SECTION 40-15-450. Patient records; health records.

(A) A dentist shall:

(1) maintain timely, legible, accurate, and complete patient records; and

(2) timely provide these records to the patient, another dentist, or a designated medical professional in response to a lawful request for the records by the patient or his legal representative or designee.

(B) A dental practice must have a procedure for initiating and maintaining a health record for every patient evaluated or treated. For procedures requiring patient consent, there must be an informed consent documented in the patient record.

(C) The health record of a patient required under subsection (B) must include appropriate information to:

(1) identify the patient, support the diagnosis, and justify the treatment;

(2) identify the procedure code or suitable narrative description of the procedure; and

(3) document the outcome and required follow-up care.

(D) If moderate sedation or deep sedation/general anesthesia is provided, the health record of a patient also must include documentation of:

(1) patient weight;

(2) type of anesthesia used;

(3) type and dosage of drugs administered, if any;

(4) fluid administered, if any;

(5) a record of vital signs monitoring;

(6) patient level of consciousness during the procedure;

(7) duration of the procedure;

(8) complications related to the procedure or anesthesia, if any; and

(9) time-oriented anesthesia record.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.