

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control Department or Agency Board of Dental Examiners
Rule No. 270-X-2-.17
Rule Title: Criteria For On-Site Inspection For The Use of General Anesthesia And Parenteral Sedation

New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? YES, minimal

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? YES

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Service Agency.

Signature of certifying officer [Signature]
Date 11/17/17

REC'D & FILED

(DATE FILED)
(STAMP)

NOV 17 2017

BOARD OF DENTAL EXAMINERS OF ALABAMA

NOTICE OF INTENDED ACTION

AGENCY NAME: Board of Dental Examiners of Alabama

RULE NO. & TITLE: 270-X-2-.17, Criteria For On-Site Inspection For The Use of General Anesthesia and Parenteral Sedation

INTENDED ACTION: Amend Rule

SUBSTANCE OF PROPOSED ACTION: The Board of Dental Examiners is proposing to amend Rule 270-X-2-.17 which sets forth the requirements for inspections of facilities prior to the issuance of a General Anesthesia or Parenteral Sedation Permit and for subsequent re-inspections of those facilities. Specifically, the Board seeks to clarify and streamline the requirements as previously written in the rule and to remove unnecessary language from the rule. Additionally, the Board seeks to add the requirement of capnography monitoring of respiration for procedures performed in dental clinics under general anesthesia and/or parenteral sedation, where feasible to do so. The amended rule would also require teams of no less than two qualified examiners be appointed by the Board and present at each inspection.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Interested persons may present their views in writing to the Executive Director of the Board of Dental Examiners of Alabama at any time until and including January 12, 2018, or by personally appearing at the Board of Dental Examiners of Alabama Board Meeting to be held at 5346 Stadium Trace Pkwy., Suite 112, Hoover, Alabama, at 8:30 a.m., Friday, January 12, 2018.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
January 12, 2018

CONTACT PERSON AT AGENCY: J. Matthew Hart
Executive Director
Board of Dental Examiners
5346 Stadium Trace Pkwy., Ste. 112
Hoover, AL 35244
205/985-7267



J. Matthew Hart
Executive Director

ECONOMIC IMPACT STATEMENT FOR APA RULE
(Section 41-22-23(f))

Control No. _____ Department or Agency Board of Dental Examiners

Rule No: Rule 270-X-2-.17

Rule Title: Criteria For On-Site Inspection For The Use of
General Anesthesia and Parenteral Sedation

_____ New Amend _____ Repeal _____ Adopt by Reference

_____ This rule has no economic impact.

This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE:
Protection of the health and safety of the public, including the improved monitoring of a patient's respiratory system when administered general anesthesia or parenteral sedation in a dental facility.

2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE, EFFICIENT, AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND ACHIEVING THE STATED PURPOSE:
Potential added costs include the purchase of a capnograph and associated monitoring equipment by dentists providing general anesthesia and/or parenteral sedation procedures. The perceived benefit is enhanced monitoring of a patient's respiratory system while under anesthesia/sedation. Capnography has been adopted by the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, and the American Society of Anesthesiologists as a standard for general anesthesia and/or parenteral sedation.

3. EFFECT OF THIS RULE ON COMPETITION:
If adopted, the amendment to the rule is expected to have a minimal effect on competition because the additional monitoring would be required of all dentists performing procedures under general anesthesia and/or parenteral sedation. The only perceived effect on competition would be the potential for those dentists who do not wish to incur the additional costs of purchasing a capnograph and associated equipment to discontinue providing general anesthesia and/or parenteral sedation procedures in their clinics.
4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:
N/A
5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:
N/A
6. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:
Individual dentists and/or practices providing general anesthesia and/or parenteral sedation would be responsible for the costs associated with purchasing and installing the capnograph and associated equipment. Board funds would be used to ensure compliance with and enforcement of the proposed rule through inspections.
7. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:
The economic impact is expected to be minimal as the cost of the equipment is not substantial when compared to costs of dental equipment in general.
8. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:
Uncertainties are not anticipated because the use of capnography in these procedures is now the national standard in both the dental and medical fields. Benefits are perceived to be substantial because the addition of

this monitoring equipment will allow for much safer procedures to be performed by alerting the dentist and staff to potential complications earlier.

9. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:

No environmental impact is anticipated. Impact on public health is perceived to be substantial because the additional monitoring allows for greater safety in procedures performed and will enable the dentist to respond more rapidly to potential complications.

10. DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:

No environmental impact is anticipated. Public health could be substantially jeopardized due to procedures being performed under general anesthesia and/or parenteral sedation with inferior monitoring conditions and below the national standards.

**Additional pages may be used if needed.

Board of Dental Examiners of Alabama
Proposed Amendments to
Administrative Rule 270-X-2-.17
Criteria For On-Site Inspection For The Use
Of General Anesthesia And Parenteral
Sedation

~~(1)~~ This rule contains the procedures, criteria, and information which the inspecting team shall observe, gather, or use in determining whether a dentist's facilities, equipment, and personnel have satisfied the requirements imposed by law and this rule for the issuance of a general anesthesia or a parenteral sedation permit. This determination shall be made based upon the following procedures, criteria, and information.

(a) ~~Clinical Use of Parenteral Sedation and/or General Anesthesia and/or Parenteral Sedation. Two (2) Three(3)~~ procedures utilizing ~~Parenteral Sedation and/or General Anesthesia general anesthesia and/or parenteral sedation~~ should be observed. ~~At least two (2) procedures should be performed.~~ This portion of the evaluation should not exceed two (2) hours. No evaluation can be considered complete unless this part is included.

(b) Simulated Emergencies.

~~1. The evaluators and the dental team should not just talk about the emergency situations and how they should be managed. The dentist and his team must perform an actual demonstration of their method for managing the following situations~~ The examiners will simulate the emergency situations listed below. The permittee and office staff should be competent in managing all of these emergencies:

- (i) Laryngospasm
- (ii) Bronchospasm
- (iii) Emesis and aspiration of vomitus
- (iv) Management of foreign bodies in the airway
- (v) Angina pectoris

- (vi) Myocardial infarction
- (vii) Cardiopulmonary resuscitation
- (viii) Hypotension
- (ix) Hypertensive crisis
- (x) Acute allergic reaction
- (xi) Hyperventilation syndrome
- (xii) Convulsion of unknown etiology
- (xiii) Syncope

~~2. The simulated emergency procedures are to be demonstrated in the operatory with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated.~~

(c) Office Equipment, Records, and Emergency Medications.

1. All office equipment and records related to patient care should be available for inspection by the ~~visiting doctors~~ examiners.

2. Specific attention ~~should~~ shall be directed to the following areas:

- (i) The oxygen and supplement gas-delivery system; —backup system
- (ii) Provision for suction and backup system
- (iii) Auxiliary lighting system
- (iv) The gas storage facilities
- (v) Suitability of the operatory
- (vi) Patient transportation equipment (if used)
- (vii) Recovery area
- (viii) Sterilization areas
- (ix) Preparation of medications
- (x) Completeness of emergency anesthetic equipment and medications
- (xi) Completeness of office patient-care records

(xii) Monitoring equipment

(d) Outline of Information that ~~Should~~ shall be Obtained and Recorded in the Patient's Record. The information ~~should~~ shall provide a ~~database~~ resource that aids in treatment planning and selection of the anesthetic/ and/or sedation and furnish needed data ~~in the event that~~ if an unexpected physiologic change occurs during the course of surgical/ and/or operative procedure. ~~Patients are reassured and apprehension reduced by the knowledge that surgery/operative procedure is being managed carefully by a competent team with a sincere interest in their problem. The need to develop a database to substantiate the choice of therapy selected is essential.~~ A written record of this evaluation is a requirement for proper patient care. This section sets forth the ~~core~~ of material that should be obtained and recorded. ~~This should serve as a reference to the knowledgeable dentist as he/she reviews his/her own standards for patient evaluation.~~

1. Vital Statistics. ~~Vital statistics are the most basic information in the office record. They~~ These should shall minimally include:

- (i) Patient's full name
- (ii) Address - home and work
- (iii) Telephone - home and work
- (iv) Date of birth
- (v) ~~Sex~~ Gender
- (vi) Marital status (name of spouse)
- (vii) Occupation
- (viii) Name of parent or guardian, if patient is a minor

2. Patient Evaluation (Medical History).

(i) The patient's chief complaint, followed by history of the present illness or a statement about the patient's problem, should be recorded. The history ~~should~~ shall fulfill two basic requirements:

(I) It must elicit the core medical information which will enable the dentist to identify the ~~peer~~ risk status of the patient.

(II) It ~~should~~ shall provide written evidence that the process of patient evaluation did occur and that the treatment was logical.

(ii) The following core questions ~~should~~ shall be on any medical history:

(I) Are you now or have you ever been under a physician's care during the past five years?

(II) Are you currently under a doctor's orders or taking any medication?

(III) Do you have any allergies or are you sensitive to any ~~drugs such as penicillin, Novocain, aspirin, or codeine?~~

(IV) ~~Do you bleed excessively after a cut, wound, or surgery?~~
Are you currently taking any blood-thinners or other medications that cause you to bleed excessively?

(V) Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?

(VI) Have you ever had any breathing difficulty such as asthma, emphysema, chronic cough, pneumonia, tuberculosis, or any other lung disorders?

(VII) Have you ever had any of the following illnesses?

Heart problems

Stroke

Rheumatic fever

Hepatitis or liver disease

Kidney disease

High blood pressure

Diabetes

Anemia

(iii) The Core Physical Examination. Vital signs include blood pressure, pulse rate, and respiratory rate. Preoperative blood pressure and pulse rate measurements ~~should~~ shall be made and documented ~~on~~ in the patient's record. ~~Temperature should be taken and recorded when one suspects it is elevated and could affect the treatment plan.~~

~~(iv) Laboratory Data. Laboratory studies such as complete blood count, blood chemistries, and urinalysis are not a routine part of the preoperative outpatient evaluation in the dental office. These tests may be requested by the dentist for specific problems, and shall be made part of the patient's record.~~

~~(iv) Summary of Additional Data that ~~Should~~ Shall be in the Office Patient's Record:~~

~~(I) A written medical history containing the vital statistics and core medical information.~~

~~(II) An examination chart with Documentation of the proposed procedure clearly indicated, as well as documentation that likely complications were discussed with the patient. and the probable complications written on that record or on the informed consent.~~

~~(III) A written formal consent for the proposed procedure.~~

~~(VIII) When indicated, adequate radiographs ~~should~~ shall be available and ~~should~~ shall delineate clearly the areas to be treated.~~

~~(IV) A record of the anesthesia/ and/or sedation ~~must~~ shall be made. This may be combined with the operative record or it may be a separate form. In either event, ~~the~~ anesthetic and other agents and amounts given ~~must~~ shall be indicated. Preoperative, intraoperative and post-operative vital signs ~~should~~ shall be recorded and any unusual reactions or complications ~~should~~ shall be documented. Starting and ending times for anesthesia ~~should~~ shall be recorded. The persons members of the surgical/operative team present during the procedure ~~should~~ shall be noted.~~

~~(V) A record of prescriptions given ~~should~~ shall be included. A duplicate copy of the prescription is preferred. A separate note on the operative record indicating the above information is satisfactory if duplicate prescriptions are not being used.~~

~~(e) Office Facilities and Equipment. This section deals with the physical requirements for conducting office anesthesia/sedation.~~

~~1. The fundamental physical requirements for the anesthesia/ and/or sedation facility are:~~

~~(i) The Operating Room/Operatory—The operatory ~~should~~ shall be large enough to adequately accommodate the patient on a table or in a dental chair and permit the anesthesia/ and/or sedation~~

team, consisting of the dentist and two or three trained assistants, to move freely about the patient.

(ii) The Operating Table or Dental Chair ~~The most important features of the~~ The table or chair ~~are that it~~ shall permits the patient to be positioned so the anesthesia team can maintain the airway, allows quick alteration of patient position in an emergency, provides a firm platform for the management of cardiopulmonary resuscitation, and provides easy access to the patient's oral cavity.

(iii) Lighting Systems.

(I) Room lighting ~~must~~ shall be adequate to permit evaluation of the patient's skin and mucosal color.

(II) ~~There shall be provisions~~ Provision for auxiliary lighting ~~should the power fail in the operator.~~ in the event of power failure in the operator is most important. Backup lighting ~~should~~ shall be battery powered and of sufficient intensity to permit completion of any procedure ~~under way~~ underway at the time of general power failure.

(iv) Suction Equipment.

(I) Aspiration ~~may~~ shall be provided either by a portable suction unit or by a central suction installation. It is important to provide for auxiliary suction ~~in the event~~ should the pump or electrical power fails.

(II) ~~If electrical power should fail, suction can be provided by a unit functioning on the Venturi principle. A simple, water-powered laboratory suction device that attaches to a convenient water supply or a unit that creates suction by the flow of oxygen may be installed. Sources of light and suction not dependent on electrical current are important. Multiple suction tips, including tonsil suction tips, should~~ shall be available.

(v) Oxygen and Supplemental Gas-Delivery System.

(I) ~~The fundamental requirement is a unit~~ An oxygen and supplemental gas-delivery system capable of delivering metered oxygen and/or gas under positive pressure shall be required.

(II) Gas outlets for remote delivery systems ~~must~~ shall be coded to prevent accidental administration of the wrong gas. Fail-safe mechanisms on anesthetic machines are mandatory.

(vi) Patient Recovery.

(I) Patients ~~should~~ shall be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital-sign and airway observations.

(II) ~~The major requirement for the recovery area is that the staff must be able to observe a~~ A patient recovering from a general anesthetic or sedation procedure shall be monitored in the recovery area. This recovery area shall include sufficient room to treat any emergency situation. ~~and that there must be room to treat any emergency situation. It is mandatory that~~ ~~the~~ The recovery area can shall be equipped to provide oxygen under positive pressure, have adequate lighting, access to suction, and the presence of have electrical outlets for connecting cardiac monitoring and defibrillating equipment.

(vii) ~~Drug and Instrument Preparation/Sterilization and Storage-~~ Area- ~~An adequate outpatient facility should~~ shall contain an ~~sterilization~~ sterilization area conducive to the sterile preparation and storage of drugs used in anesthesia/ and/or sedation. There should be provisions for refrigeration to store ~~such drugs as succinylcholine, certain drugs, certain antibiotics, and anesthetic agents.~~ The sterilization drug preparation area should include a secure storage site for narcotics and other dangerous drugs.

(viii) Gas Storage Area.

(I) Defined Permissible Categories

I. ~~May be gas~~ Gas may be stored in a central location used by one or multiple practitioners within the same building.

II. ~~May by gas~~ Gas may be stored in the individual operatory.

III. ~~May be~~ There shall be reserve tanks of gas not connected for immediate use.

(II) Requirements

I. All gas storage ~~must~~ shall be maintained according to local building, fire and safety codes.

II. Gas stored in a central location ~~must~~ shall have a central low-pressure alarm, which shall be easily heard in the treatment area where the dentist is located procedure is being performed. In lieu of a central alarm, a daily gas log may be maintained and checked by the dentist.

(f) Monitoring.

~~1. Anesthetics/sedatives may directly or indirectly alter the metabolic, electrolyte, or hemodynamic parameters in various tissues and organ systems. The quantitative and qualitative changes produced are directly dependent on various factors such as the pharmacologic properties of the agents, autonomic response, concentration, mode of administration, tissue perfusion, and metabolism and excretion of the agent (biotransformation).~~

~~2₁. The various methods and physiologic parameters used in monitoring patients should shall be designed to immediately detect immediately the changes produced either by dental stimulation or the anesthetics or sedatives employed. This information allows for alteration of the anesthetic management to minimize or prevent any adverse reactions induced by the stress of the procedure, anesthesia, or preexisting systemic disease.~~

~~3₂. Acceptable anesthetic practice dictates that aAll patients must shall be monitored when anesthetics/ and/or sedation are employed. The accuracy and reliability of the data obtained from monitoring will make possible early recognition of problems and their proper treatment. Thus the doctor must obtain, evaluate, and interpret all the available preoperative information and establish a diagnosis prior to treatment. He/she must be The doctor shall continually alert in observing observe the patient's status and in making a make moment-to-moment assessments of the patient's condition so he/she can make the necessary adjustments may be made.~~

~~4. Strict reliance on measuring a single physiologic parameter not only may be misleading, but also potentially hazardous. For example, the diagnosis of acute myocardial infarction by electrocardiography cannot always be made immediately, but may be delayed 12 to 18 hours or may not even be possible. Alteration in the ECG tracing may be very subtle. Thus vital signs, symptoms, and clinical judgment are of paramount importance in establishing the diagnosis. As a rule, no single symptom may be diagnostic of a particular condition, but rather the "total patient" must be evaluated in respect to the various signs and symptoms.~~

~~5. The primary step in total patient monitoring begins with a review of the past and most recent medical history. The~~

~~importance of the medical history cannot be overemphasized because many of the potential hazards and pitfalls of anesthesia and surgery can be circumvented when the dentist has evaluated thoroughly the patient's medical status and its relevance to the proposed anesthesia and treatment.~~

~~6. The classic vital signs of blood pressure, cardiac rate and rhythm, and respiratory exchange are the standard physiologic parameters to be used in monitoring the patient, baseline determinations are imperative.~~

~~7. A monitor can be defined as one who or that which watches and warns. Monitoring methods may be either mechanical (e.g., E.C.G., B.P.) or non mechanical (visual observations). Mechanical monitors have disadvantages but serve as adjuncts to alert the practitioner to any change in the patient's status. The non mechanical methods of monitoring involve close observation of the patient. Is the patient breathing? What is the character of the respiratory pattern, i.e., depth, rate, rhythm? Is the respiratory exchange unobstructed? What is the patient's color? What is the color of the blood? These observations will give some information as to the adequacy or deficiency of the "oxygen carrier system" which is comprised of the blood components, the respiratory system, and heart action. The degree of autonomic tone and perfusion may be inferred by observing the patient's color and temperature. The patient with increased sympathetic tone and marked peripheral vasoconstriction as a result of stress, decreased blood pressure, or decreased cardiac rate will have pallor and coolness of the extremities. These signs and symptoms will not necessarily pinpoint the exact etiology but, when coupled with mechanical methods of monitoring (i.e., blood pressure, pulse, or electrocardioscope), will help establish the diagnosis and facilitate treatment.~~

~~83. It is mandatory that some method of mMechanical monitoring shall be used with every patient. Blood pressure, cardiac rate, and oxygen saturation, end tidal CO₂ (capnography), and electrocardiogram (EKG) are the vital signs that are required to be most frequently monitored during the pre-anesthetic/ and/or pre-sedation and intra-and-postoperative intervals. EKG monitoring is suggested in all patients and mandated in all ASA Class 2 or higher patients. If any unforeseen reaction should occur with alteration or depression of the vital signs, the~~

~~magnitude of the baseline shift may be determined and appropriate therapy begun.~~

~~9. An example of the importance of the magnitude of the baseline shift of vital signs can best be illustrated by the patient with hypertensive cardiovascular disease. If the individual with a resting blood pressure of 170/90 suffers a drop in systemic pressure to 120/70, he may greatly compromise his cerebral and coronary perfusion even though a blood pressure of 120/80 is regarded as very acceptable in the normotensive individual.~~

(g) Required Monitoring of Respiration.

~~1. Pre tracheal stethoscope least expensive means of continuously monitoring rate and volume of ventilation.~~

~~2. Electronically enhanced pre tracheal stethoscope with speaker.~~

~~3. 1. Oximetry. Oximeter using a peripheral (finger, ear, or toe) transmitted wave-form monitor.~~

~~2. Capnography. Capnograph to monitor and measure the concentration or partial pressure of carbon dioxide in the respiratory gases, as well as, the competency of the airway for gas exchange. The dentist shall monitor ventilation and/or breathing by monitoring end tidal carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment.~~

(h) Required Monitoring of Heart Rate.

~~1. Pre-cordial stethoscope least expensive means of continuously monitoring heart rate, rhythm and heart sounds or pulse oximeter.~~

~~2. Pulse monitor inexpensive electrical pickup of peripheral pulse recorded digitally.~~

~~3. Plethysmograph electrical pickup of peripheral pulse. The pulse wave form is displayed on an oscilloscope (indication of stroke volume and cardiac output). The heart rate and rhythm are recorded as well.~~

~~4. 2. Electrocardioscope Electrocardiogram (ECG) (EKG) Electrical activity of heart is picked up, usually centrally, and recorded graphically on an oscilloscope. The heart rate and rhythm are also evident.~~

(i) Required Monitoring of Blood Pressure. ~~(systolic Systolic pressure, diastolic pressure, mean arterial pressure, and heart rate are must be recorded).~~

1. Sphygmomanometer and stethoscope ~~least expensive way to monitor blood pressure or an automatic equivalent.~~

2. ~~Numerous manufacturers produce equipment to do this automatically. The machine can be set to monitor as frequently as you choose. Several manufacturers have recorders for this information. The continuous record during the procedure can be part of your anesthetic record.~~

~~(j) Oximetry.~~

1. ~~Oximeter using a peripheral (finger, ear or toe) electrical pickup. The oxygen saturation of the arterial hemoglobin is measured and recorded. In addition, most equipment records the quality and rate of peripheral pulse. This technique is noninvasive. Its accuracy has been established by comparison with invasive arterial oxygen saturation studies. Oximetry provides not only evidence of peripheral perfusion, but also it indicates that the blood is sufficiently saturated with oxygen to provide for adequate cellular respiration.~~

~~(k) (i) Personnel.~~

1. For ~~conscious sedation~~ the administration of parenteral sedation, the ~~practitioner responsible for treatment of the patient and/or administration of the drugs must be appropriately trained in the use of this modality. The minimum number of people involved should be two at least two (2) individuals, each appropriately trained, are required to be present throughout the procedure, i.e., consisting of the dentist doctor or other licensed professional and an assistant trained to monitor appropriate physiologic variables.~~

2. For ~~deep sedation or~~ the administration of general anesthesia, at least three (3) individuals, each appropriately trained, are required to be present throughout the procedure. ~~One is consisting of the operating dentist doctor who directs the deep sedation or general anesthesia. The second is a person whose responsibilities are observation and monitoring of the patient and a. If this person is an appropriately trained professional, he or she may direct the deep sedation or general anesthesia. The third person who assists the operating dentist.~~

~~(l)~~ (k) The Board shall appoint examiners for the purpose of conducting the on-site inspections of dental facilities, equipment, and personnel. Any on-site inspection shall be conducted by a team of ~~three~~ no less than two (2) examiners.

1. All examiners appointed by the Board for the purpose of inspecting applicants for a parenteral sedation permit shall be dentists who are authorized to administer parenteral sedation or general anesthesia.

2. All examiners appointed by the Board for the purpose of inspecting applicants for a general anesthesia permit shall be dentists who are authorized to administer general anesthesia.

3. The examiners shall receive as compensation and expenses while in the performance of their duties the same amount paid to members of the Board and under the same terms and conditions.

(l) Upon receipt of an initial application for the administration of general anesthesia or parenteral sedation, a preliminary facility evaluation of the applicant's facility will be conducted by examiners appointed by the Board. This preliminary facility evaluation will fully assess the safety of the facility, the presence of emergency equipment, the presence of necessary drugs, and the credentials of the individuals who will participate in the procedures. Subsequent to a satisfactory preliminary facility evaluation, a temporary permit for the administration of general anesthesia or parenteral sedation shall be issued. This temporary permit shall be valid for no more than ninety (90) days, until a subsequent evaluation which fully examines the criteria set forth in this rule is conducted by examiners appointed by the Board.

(m) If upon an initial application for the issuance of a permit for the administration of general anesthesia or parenteral sedation, the primary office of a dentist(s) has received a satisfactory on-site inspection and the dentist (s) also applies for the issuance of a permit to administer ~~G~~general ~~A~~anesthesia or ~~P~~parenteral sedation at a secondary office (s) or location(s), any on-site inspection thereof shall be limited only to the dental facility and equipment, provided that the same personnel satisfactorily evaluated at the primary office(s) of the dentist (s) will be engaged or involved in the administration of general anesthesia or parenteral sedation at the said secondary office(s) or location(s). If upon a request for renewal by a dentist(s) of a permit to administer general

anesthesia or parenteral sedation at both his primary and secondary office(s) or location(s), the Board of Dental Examiners of Alabama determines that an on-site inspection of these office(s) or location(s) is required, the same procedure as outlined above in relation to the initial application for these permits shall be utilized.

(n) The examining team shall submit to the Board the report of their on-site inspection within fourteen (14) days from the date of said inspection. If the results of the initial evaluation are deemed unsatisfactory, the anesthesia certificate is immediately suspended and the applicant must reapply by submitting another application and fee to the Board.

AUTHOR:

James S. Ward Board of Dental Examiners of Alabama

STATUTORY AUTHORITY:

Code of Ala. 1975, §§ 34-9-43(10), 34-9-60(2) (a) (4), 34-9-60(2) (b), 34-9-63(1) (b) (c), 34-9-65(b).

HISTORY:

Filed May 23, 1986. **Amended:** Filed March 8, 1988. **Amended:** Filed December 20, 1993. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed November 17, 2017.