

**Chapter 28. Board of Dental Examiners.**

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not underlined.)

**Article 1. Anesthesia and Sedation Permits by Dentist**

**[ADMINISTERING OF ANESTHETIC AGENT].**

12 AAC 28 is amended by adding a new section to read:

**12 AAC 28.005. General provisions.** (a) Before administering moderate sedation, deep sedation or general anesthesia by any means or method, a dentist licensed under AS 08.36 must possess a permit issued by the board. It does not apply to

(1) the administration of local anesthesia;

(2) the administration of nitrous oxide sedation if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide;

(3) the administration of a single dose of oral medication to achieve minimal sedation if

(A) the patient is 13 years of age and older;

(B) the single dose of the administered drug is within the Food and Drug Administration's (FDA) maximum recommended dose as printed in FDA approved labeling for unmonitored home use. Titration is not permitted unless a moderate sedation, deep sedation, or general anesthesia permit is obtained from the board;

(C) the single dose of the administered drug is used in combination with

nitrous oxide or oxygen and does not exceed minimal sedation as defined under 12 AAC 28.990; and

(D) the patient is re-appointed if the intended level of minimal sedation is not achieved;

(4) the administration of moderate sedation, deep sedation, or general anesthesia in a licensed hospital, state-operated hospital, or a facility directly maintained or operated by the federal government.

(b) A dentist licensed under AS 08.36 may be granted a permit to administer moderate sedation, deep sedation, or general anesthesia with documentation of training, education, or competency in the permit category for which the licensee is applying by any one of the following:

(1) initial training or education in the permit category for which the applicant is applying has been completed no more than three years immediately prior to application;

(2) if greater than three years but less than five years since completion of initial training or education, an applicant must

(A) document completion of all continuing education that would have been required for that permit category during that five year period following initial training; or

(B) document completion of a comprehensive review course approved by the board in the permit category to which the applicant is applying;

(3) if greater than five years since completion of initial training/education, immediately prior to application, an applicant may be granted a permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry. Applicant must provide documentation of

completion of at least 25 cases at the requested permit level within the 12 months immediately preceding application; or

(4) demonstration of current competency to the satisfaction of the board that the applicant possesses adequate sedation or anesthesia skill to safely deliver moderate sedation, deep sedation, or general anesthesia services to the public.

(c) A dentist who obtains a permit for moderate sedation, deep sedation, or general anesthesia shall display the permit, along with their current dental license in a conspicuous place where the dentist practices.

(d) Failure to obtain a moderate sedation, deep sedation, or general anesthesia permit subjects the dentist to disciplinary action on grounds specified under AS 08.36.315.

(e) A dentist who obtains a permit to administer any level of sedation must adhere to the safety guidelines required under this subsection. The dentist shall

(1) provide sedation or anesthesia in a dental office or clinic for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA);

(2) only provide patients in ASA risk category Class III moderate sedation, deep sedation, or general anesthesia if

(A) he or she has documented a consultation with their primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

(B) he or she is an oral and maxillofacial surgeon or dental anesthesiologist and has performed an evaluation and documented the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary;

(3) not provide sedation or anesthesia in a dental office or clinic for patients in ASA risk categories of Class IV and V.

(f) Prior to administration of moderate sedation, deep sedation or general anesthesia, the dentist shall discuss the nature and objectives of the anesthesia or sedation planned along with the risks, benefits and alternatives. Informed, written consent shall be obtained from the patient or other responsible party. The written consent shall be maintained in the patient record.

(g) A medical history must be taken before the administration of moderate sedation, deep sedation, or general anesthesia. Patients shall be asked to describe any current treatments, including drugs, impending operations, and pregnancies and to give other information that may be helpful to the person administering the sedation or anesthesia. All current medications and dosages must be recorded. The dentist is not required to make a medical examination of the patient and draw medical diagnostic conclusions; therefore, if the dentist suspects a problem and calls in a physician for an examination and evaluation, the dentist may then rely upon that conclusion and the diagnosis. Questions asked of and answers received from the patient shall be permanently recorded and signed by the patient before the administration of any sedation or anesthesia and this record shall become a permanent part of the patient's treatment record.

(h) When pediatric patients require sedation or anesthesia, no sedating medication shall be prescribed for or administered to a child age 12 and under prior to arriving at the dental office or treatment facility.

(i) If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation. While returning the patient to the intended level of sedation, periodic monitoring of pulse, respiration, blood pressure, and pulse oximetry must be maintained.

(j) A dentist whose office utilizes moderate sedation, deep sedation, or general anesthesia shall have written basic emergency procedures established and maintain a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in patient care shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Healthcare Provider Level.

(k) A minimum of two times per calendar year, the dental office or clinic must log a training exercise. The log must be signed, dated, and include: names and positions of office personnel or practitioners present, proof of their current CPR or ACLS course completion, and a completed checklist provided by the board, or an equivalent, to establish competency in handling procedures, complications, and emergency incidents.

(l) If a dental patient dies or experiences complications that require hospitalization during or immediately after the administration of moderate sedation, deep sedation, or general anesthesia the permittee shall submit a written report of the incident to the board as specified under 12 AAC 28.903.

(m) In a proceeding of the board at which the board must determine the degree of sedation or level of consciousness of a patient, the board will base its findings on

(1) the type and dosage of medication that was administered or is proposed for administration to a patient of that physical and psychological status; and

(2) the degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

12 AAC 28.010 is repealed and readopted to read:

**12 AAC 28.010. Permit requirements for deep sedation and general anesthesia.** (a)

No dentist may administer deep sedation or general anesthesia in a dental office or clinic unless a permit has been issued by the board.

(b) Any dentist currently permitted as of \_\_\_/\_\_\_/\_\_\_ (*fill in effective date of regulations*) the effective date of this revision to provide general anesthesia by this State of Alaska will be grandfathered regarding formal training requirements, but upon renewal of biennial dental license and permit, the dentist must meet the current continuing education requirements in 12 AAC 28.400 – 12 AAC 28.420 and all other applicable requirements under this chapter.

(c) Initial applicants shall meet one or more of the following educational requirements and must offer certified proof to the board that the applicant

(1) is a member of the American Association of Oral and Maxillofacial Surgery;

(2) has fulfilled not less than 36 months of oral surgery advanced education approved by the Council on Dental Education of the American Dental Association; or

(3) has completed a minimum of one year of advanced training in anesthesiology in an accredited program beyond the dental school level.

(d) To obtain or renew a permit under this section, a dentist shall

(1) submit a completed application on a form provided by the board that includes but is not limited to

(A) general information about the applicant;

(B) limitations of practice;

(C) hospital affiliations;

(D) denial, curtailment, revocation, or suspension of hospital privileges;

(E) denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and

(F) denial of licensure by, denial of renewal of licensure by, or disciplinary action by a regulatory body;

(2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the board's statutes and regulations;

(3) submit, on forms provided by the board, a dated and signed affidavit attesting that any dental office or clinic where the dentist will administer deep sedation or general anesthesia meets board regulations outlined in this chapter;

(4) hold a valid license to practice dentistry in this state;

(5) hold a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);

(6) hold and provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation, such as courses in Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals; and

(7) submit an application fee as specified in 12 AAC 02.190.

(e) All offices or facilities in which deep sedation and general anesthesia is administered must adhere to the following protocol:

(1) baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge;

(2) patients shall have continual monitoring of their heart rate, blood pressure, and respiration. In doing so, the permittee must utilize electrocardiographic monitoring, pulse oximetry, and end-tidal carbon dioxide monitoring;

(3) anesthesia records shall be recorded in a timely manner and must include: blood pressure, heart rate, respiration, blood oxygen saturation, drugs administered including dosages, time administered and route of administration, length of procedure, and any complications of anesthesia; when depolarizing medications or volatile anesthetics are administered temperature shall be monitored constantly;

(4) a patient may not be left alone in a room and must be monitored by the sedation provider or a staff member capable of handling procedures, complications, and emergency incidents related to deep sedation and general anesthesia;

(5) a secured intravenous line must be established and maintained throughout the procedure;

(6) the person who administered the deep sedation or general anesthesia, or another licensed practitioner qualified to administer the same level of anesthesia, must remain on the premises of the dental facility until the patient has regained consciousness and is discharged; and

(7) the treatment team for deep sedation and general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental procedure.

(f) All offices in which deep sedation and general anesthesia is administered must comply with the following equipment standards:

(1) an operating area large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient;

(2) an operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support;

(3) a lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure;

(4) suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device that does not depend on power supply from the dental office or clinic must be available;

(5) an oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system;

(6) a recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating area; and

(7) ancillary equipment that must include the following:

(A) laryngoscope complete with adequate selection of blades, spare batteries, and bulb;

(B) endotracheal tubes and appropriate connectors, laryngeal mask airway (LMA) and other appropriate equipment necessary to do an intubation;

(C) oral airways;

(D) tonsillar or pharyngeal suction tip adaptable to all office outlets;

(E) endotracheal tube forceps;

(F) a blood pressure cuff of appropriate size and stethoscope, or equivalent monitoring devices;

(G) adequate equipment to establish an intravenous infusion, including hardware and fluids;

(H) pulse oximeter or equivalent;

(I) end-tidal Carbon Dioxide Monitor;

(J) electrocardiographic monitor; and

(K) defibrillator or automatic external defibrillator (AED) available and in reach within 60 seconds from any area where deep sedation or general anesthesia care is being delivered. Multiple AEDs or defibrillators may be necessary in large facilities.

The AED or defibrillator must be on the same floor.

(g) All offices in which deep sedation or general anesthesia are administered must maintain the following emergency equipment and drugs in the facility and available for immediate use

(1) vasopressor or equivalent;

(2) corticosteroid or equivalent;

(3) bronchodilator;

(4) muscle relaxant;

(5) intravenous medications for treatment of cardiac arrest;

(6) narcotic antagonist;

(7) benzodiazepine antagonist;

- (8) antihistaminic;
- (9) anticholinergic;
- (10) antiarrhythmic;
- (11) coronary artery vasodilator;
- (12) antihypertensive;
- (13) anticonvulsant; and
- (14) dantrium or equivalent if administering general anesthesia via inhalation.

(h) All offices in which deep sedation or general anesthesia is administered must comply with the following discharge requirements:

(1) the patient shall not be discharged until the person who administers the sedation or another practitioner qualified to administer the same level of sedation determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded;

(2) postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number for the dental practice or facility;

(3) patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care; and

(4) a discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(i) To maintain and renew a permit to administer deep sedation or general anesthesia under this chapter, a dentist shall

- (1) participate in eight contact hours of continuing education every renewal

period that relates specifically to advanced airway management. The course shall be a pediatric course if the permit holder is providing anesthesia for patients 12 years of age and under. In addition to airway management, the permit holder shall participate in 12 contact hours of continuing education every renewal period that focuses on one or more of the following:

- (A) general anesthesia;
- (B) conscious sedation;
- (C) physical evaluation;
- (D) medical emergencies;
- (E) monitoring and use of monitoring equipment; or
- (F) pharmacology of drugs and agents used in deep sedation and general

anesthesia;

(2) maintain continuing education records that can be audited, including course titles, instructors, dates attended, sponsors, and number of hours for each course;

(3) provide confirmation of completed coursework within the two years prior to submitting the renewal application from one or more of the following:

- (A) ACLS from the American Heart Association; or
- (B) PALS in a practice treating pediatric patients 12 years of age and

under;

(4) contact hours earned from certification in health care provider basic life support (BLS), advanced cardiac life support (ACLS), and Pediatric Advanced Life Support (PALS) courses may not be used to meet the continuing education requirements for obtaining or renewing a deep sedation and general anesthesia permit, however these continuing education hours may be used to meet the renewal requirement for a dental license; and

(5) complete at least 10 general anesthesia or deep sedation cases per calendar year. (Eff. 4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.36.070

12 AAC 28 is amended by adding a new section to read:

**12 AAC 28.015. Permit requirements for moderate sedation.** (a) No dentist may administer moderate sedation in a dental office or clinic unless a permit has been issued by the board. Additionally, no dentist may administer minimal sedation to a pediatric patient 12 years of age and under unless a permit for moderate sedation has been issued by the board.

(b) The requirement for a moderate sedation permit shall not apply to qualified dentists who hold a current permit under 12 AAC 28.010 to administer deep sedation and general anesthesia.

(c) Any dentist currently permitted as of \_\_\_/\_\_\_/\_\_\_\_ (*fill in effective date of regulations*) the effective date of this revision to provide parenteral sedation by the State of Alaska will be grandfathered regarding formal training requirements, but upon renewal, the dentist must meet the current continuing education requirements in 12 AAC 28.400 – 12 AAC 28.420 and all other applicable requirements under this chapter.

(d) A dentist that holds a moderate sedation permit shall not administer or employ any agents or techniques which have a narrow margin for maintaining consciousness and are conclusively presumed to produce deep sedation or general anesthesia. These agents include, but are not limited to, ketamine, propofol, brexival, and sodium pentothal.

(e) To obtain or renew a permit under this section, a dentist shall

(1) submit a completed application on a form provided by the board that includes but is not limited to:

- (A) general information about the applicant;
- (B) limitations of practice;
- (C) hospital affiliations;
- (D) denial, curtailment, revocation, or suspension of hospital privileges;
- (E) denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
- (F) denial of licensure by, denial of renewal of licensure by, or disciplinary action by a regulatory body;

(2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the board's statutes and regulations;

(3) submit, on forms provided by the board, a dated and signed affidavit attesting that any dental office or clinic where the dentist will administer moderate sedation meets board regulations outlined in this chapter;

(4) hold a valid license to practice dentistry in this state;

(5) hold a current permit to prescribe and administer controlled substances in this state issued by the DEA;

(6) hold and provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation, such as courses in ACLS for Health Professionals or PALS for Health Professionals; and

(7) submit an application fee as specified in 12 AAC 02.190.

(f) Initial applicants shall offer certified proof to the board that the applicant has completed training while enrolled at an accredited dental program or while enrolled in post-doctoral university or teaching hospital program for moderate sedation according to guidelines published by the American Dental Association, *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*, in effect at the time the training occurred; or has completed

(1) a board approved continuing education course in advanced adult sedation if the dentist will be providing sedation to patients 13 years of age and older. The course shall consist of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in moderate sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association, *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*, in effect at the time training occurred; or

(2) a board approved continuing education course in advanced pediatric sedation if the dentist will be providing sedation to patients 12 years of age and under. The course shall consist of 60 hours of didactic instruction plus the management of at least 20 pediatric patients 12 years of age and under per participant, demonstrating competency and clinical experience in moderate sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association, *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*, in effect at the time training occurred.

(g) All offices or facilities in which moderate sedation is administered must adhere to the following protocol:

(1) baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge;

(2) patients shall have continual monitoring of their heart rate, blood pressure, and respiration. In doing so, the permittee must utilize electrocardiographic monitoring, pulse oximetry, and end-tidal carbon dioxide monitoring;

(3) sedation records shall be recorded in a timely manner and must include: blood pressure, heart rate, respiration, blood oxygen saturation, drugs administered including dosages, time administered and route of administration, length of procedure, and any complications of sedation;

(4) a patient may not be left alone in a room and must be monitored by the sedation provider or a staff member capable of handling procedures, complications, and emergency incidents;

(5) an intravenous infusion shall be maintained during the administration of a parenteral agent and throughout the procedure;

(6) the treatment team for moderate sedation shall consist of the operating dentist and a second person to assist, monitor and observe the patient. Both shall be in the operatory with the patient throughout the dental procedure; and

(7) monitoring of the patient under moderate sedation, including direct, visual observation of the patient by a member of the team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, when the patient arrives at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is

responsive and is discharged.

(h) All offices and facilities in which moderate sedation is administered must comply with the following equipment standards:

(1) an operating area of size and design to permit access of emergency equipment and personnel and to permit effective emergency management;

(2) an operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support;

(3) a lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure;

(4) suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device that does not depend on power supply from the dental office or clinic must be available;

(5) an oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system;

(6) oral and nasal airways of various sizes;

(7) laryngeal mask airways (LMA);

(8) a blood pressure cuff of appropriate size and stethoscope, or equivalent monitoring devices;

(9) pulse oximeter;

(10) end-tidal carbon dioxide monitor;

(11) defibrillator or AED available and in reach

within 60 seconds from any area where moderate sedation care is being delivered. Multiple AEDs or defibrillators may be necessary in large facilities. The AED or defibrillator must be on the same floor; and

(12) a recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating area.

(i) All offices and facilities in which moderate sedation is administered must maintain the following emergency equipment and drugs in the facility and available for immediate use:

(1) intravenous set-up as necessary for specific procedures, including hardware and fluids;

(2) sterile needles, syringes, tourniquets and tape;

(3) narcotic antagonist;

(4) corticosteroid;

(5) bronchodilator;

(6) epinephrine;

(7) atropine;

(8) antiarrhythmic;

(9) antihistamine;

(10) nitroglycerine;

(11) antiemetic;

(12) benzodiazepine antagonist;

(13) 50 percent dextrose; and

(14) muscle relaxant.

(j) All offices or facilities in which moderate sedation is administered must comply with the following discharge requirements:

(1) the patient shall not be discharged until the person who administers the sedation or another practitioner qualified to administer the same level of sedation determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded;

(2) postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number of the dental office or facility;

(3) patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care; and

(4) a discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(k) To maintain and renew a permit to administer moderate sedation under this chapter a dentist shall

(1) participate in eight contact hours of continuing education every renewal period that relates specifically to advanced airway management. The course shall be a pediatric course if the permit holder is providing anesthesia for patients 12 years of age and under. In addition to airway management, the permit holder shall participate in 12 contact hours of continuing education every renewal period that focuses on one or more of the following:

(A) venipuncture;

(B) intravenous sedation;

(C) enteral sedation;

(D) physiology;

(E) pharmacology;

(F) nitrous oxide analgesia; or

(G) patient evaluation, patient monitoring or medical emergencies;

(2) maintain records that can be audited, including course titles, instructors, dates attended, sponsors, and number of hours for each course;

(3) provide confirmation of completed coursework within the two years prior to submitting the renewal application from one or more of the following:

(A) ACLS from the American Heart Association; or

(B) PALS in a practice treating pediatric patients 12 years of age and under;

(4) contact hours earned from certification in health care provider basic life support (BLS), ACLS, and PALS courses may not be used to meet the continuing education requirements for obtaining or renewing a moderate sedation permit, however these continuing education hours may be used to meet the renewal requirement for a dental license; and

(5) complete at least 10 moderate sedation cases per calendar year.

(Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

**Editor's note:** A copy of the American Dental Association, Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry mentioned in 12 AAC 28.015(f), can be obtained from the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678.

12 AAC 28.030 is amended to read:

**12 AAC 28.030. Other than permit holders. (a)** In addition to a dentist holding a valid permit **under 12 AAC 28.010 and 12 AAC 28.015** for the administration of **moderate sedation, deep sedation, or** [AN ANESTHETIC AGENT OR AGENTS FOR THE PURPOSE OF INDUCING] general anesthesia, [AS PROVIDED IN 12 AAC 28.010, THE FOLLOWING PERSONS MAY ADMINISTER AN ANESTHETIC AGENT:] **a certified registered nurse anesthetist (CRNA) or physician anesthesiologist may provide those services in a dental office or facility upon meeting the following requirements under this section:**

(1) **the** [A] registered nurse **is** certified by the Association of Nurse Anesthetists **(CRNA) and maintains a current license in Alaska** [WHO WHILE IN A DENTAL OFFICE ADMINISTERS THE ANESTHETIC AGENT UNDER THE DIRECT SUPERVISION OF A DENTIST HOLDING A VALID PERMIT UNDER 12 AAC 28.010];

(2) **the physician** [A BOARD-ELIGIBLE] anesthesiologist **is board certified or board eligible and maintains a current license in Alaska** [WHO WHILE IN A DENTAL OFFICE ADMINISTERS THE ANESTHETIC AGENT WHILE UNDER THE DIRECT SUPERVISION OF A DENTIST HOLDING A VALID PERMIT UNDER 12 AAC 28.010];

(3) repealed 6/24/2012.

12 AAC 28.030 is amended by adding new subsections to read:

(b) The dentist employing or collaborating with a CRNA or physician anesthesiologist must establish a written agreement to guarantee that when moderate sedation, deep sedation, or general anesthesia is provided, all facility, equipment, monitoring and training requirements, for all personnel, as established by the board in this chapter have been met. The dentist and the

CRNA or physician anesthesiologist may agree upon and arrange for the provision of items such as facility, equipment, monitoring and training requirements to be met by either party, provided the delineation of such responsibilities is written into the agreement. The written agreement shall be made available to the board upon request and clearly state that

(1) the CRNA or physician anesthesiologist is exclusively responsible for the pre, intra, and post-operative anesthetic management of the patient; and

(2) the CRNA or physician anesthesiologist is required to inform the dentist of any complications within 24 hours. If the dental patient dies or experiences complications that require hospitalization or emergency room care during or immediately following dental treatment the dentist shall submit a report to the board as required under 12 AAC 28.903.

(c) The dentist employing or collaborating with the CRNA or physician anesthesiologist must

(1) hold a valid license to practice dentistry in this state;

(2) hold a current permit to prescribe and administer controlled substances in this state issued by the DEA;

(3) provide all dental treatment and ensure that the CRNA or physician anesthesiologist remains in the dental office or clinic until any patient receiving anesthesia or sedation services is discharged;

(4) obtain sedation and/or anesthesia records provided by the CRNA or physician anesthesiologist and maintain this record as a permanent part of the patient's treatment record; and

(5) notify the board at the initiation of a written agreement, on a form provided by

the board. Subsequent notification must be completed and/or updated accurately during dental license renewal or upon request. (Eff. 4/10/70, Register 34; am 6/24/2012, Register 202; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.36.070 AS 08.36.247

12 AAC 28.040 is repealed:

**12 AAC 28.040. Written consent.** Repealed. (Eff. 4/10/70, Register 34; am 12/15/2013, Register 208; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

12 AAC 28.050 is repealed:

**12 AAC 28.050. Medical history.** Repealed. (Eff. 4/10/70, Register 34; am 12/15/2013, Register 208; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

12 AAC 28.060 is repealed:

**12 AAC 28.060. Requirements for administering general anesthetic.** Repealed. (Eff. 4/10/70, Register 34; am 6/24/2012, Register 202; am 12/15/2013, Register 208; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

12 AAC 28 is amended by adding a new section to read:

**12 AAC 28.065. Expiration and renewal of permits.** (a) A permit to administer deep sedation and general anesthesia will

- (1) expire on the date the dentist's license expires;
- (2) be renewed when the dentist's license to practice is renewed, if all

requirements have been met under 12 AAC 28.010; and

(3) be renewed if the permitted dentist demonstrates continued compliance with this chapter.

(b) A permit to administer moderate sedation will

(1) expire on the date the dentist's license expires;

(2) be renewed when the dentist's license to practice is renewed, if all

requirements have been met under 12 AAC 28.015; and

(3) be renewed if the permitted dentist demonstrates continued compliance with this chapter. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

12 AAC 28.070 is amended to read:

**12 AAC 28.070. Suspension or revocation of permit.** A permit to administer **moderate sedation, deep sedation, or** [A] general **anesthesia** [ANESTHETIC FOR THE PURPOSE OF INDUCING SURGICAL ANESTHESIA] shall automatically become revoked upon the suspension or revocation of the holder's license to practice dentistry in the state. (Eff. 4/10/70, Register 34; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** **AS 08.36.070** [AS 08.36.070(a)] AS 08.36.320

12 AAC 28 is amended by adding a new section to read:

**12 AAC 28.075. On-site inspections.** (a) Upon issuance of a moderate sedation, deep sedation, or general anesthesia permit and during the term of the permit or by using the services of a physician anesthesiologist or CRNA, a licensee consents to in-office evaluations by the

board to assess competence and compliance.

(b) The board may, at its discretion, require an on-site inspection to determine if the standards set out in 12 AAC 28.005 – 12 AAC 28.075 have been met.

(c) The dentist shall be notified in writing by the board if an on-site inspection is required and will be provided with information about how the board conducts an on-site inspection.

Licensee shall cooperate in scheduling the inspection which shall be held no sooner than 30 days after the date of the notice or no later than 90 days after the date of the notice.

(d) The inspection shall be carried out by a board member or its designated representative that has experience in the administration of the method of delivery of sedation or anesthesia used by the dentist or anesthesia provider being evaluated.

(e) Inspections will be conducted according to the general guidelines described in the Anesthesia Evaluation Manual, Eighth Edition, Copyright 2012, published by the American Association of Oral and Maxillofacial Surgeons, and may include the evaluation of equipment, medications, patient records, documentation of personnel training, and other items as determined necessary by the board or its representatives.

(f) If, after an inspection, the board finds that the equipment, facilities, or personnel training are inadequate to assure safe use of sedation or anesthesia, the board will notify the dentist in writing and make arrangements for conducting a second inspection. If, after the second inspection, the board finds that the equipment, facilities or trained personnel are still inadequate, the board will deny issuance of a permit, immediately suspend a permit, or order the dentist to immediately cease any sedation or anesthesia services provided by a physician anesthesiologist or CRNA.

(g) If a dentist maintains membership in the American Association of Oral and

Maxillofacial Surgeons (AAOMS) and receives notification from the board that an on-site inspection is required, the dentist may choose to submit reports which result from the periodic office examinations required by AAOMS. However, the board may require its own inspection if concerns or a complaint have been brought to the board. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.36.070

**Editor's note:** A copy of the Anesthesia Evaluation Manual, Eight Edition, Copyright 2012, published by the American Association of Oral and Maxillofacial Surgeons mentioned in 12 AAC 28.075(e), can be obtained from the American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678.

12 AAC 28.350 is amended to read:

**12 AAC 28.350. Local anesthesia certification [EXPIRATION AND RENEWAL OF CERTIFICATION].** (a) A certification to administer local anesthetic agents **shall automatically become revoked upon the suspension or revocation of the holder's license to practice dental hygiene in the state** [EXPIRES ON THE DATE THE DENTAL HYGIENIST'S LICENSE EXPIRES OR IS REVOKED OR SUSPENDED].

(b) A certification to administer local anesthetic agents will **remain active as long as the holder's dental hygiene license is active and in good standing** [BE RENEWED WHEN THE DENTAL HYGIENIST'S LICENSE TO PRACTICE IS RENEWED].

**(c) A dental hygienist certified by the board to provide local anesthesia shall receive notification from the board upon initial certification and thereafter have proof of certification noted on their dental hygiene license.** (Eff. 5/31/81, Register 78; am

\_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** **AS 08.32.110** [AS 08.32.110(b)]

**Article 6. Parenteral Sedation.**

**Section**

600. **Repealed** [ADMINISTRATION OF PARENTERAL SEDATION]

610. **Repealed** [PARENTERAL SEDATION PERMIT]

620. **Repealed** [EDUCATION, TRAINING, AND CERTIFICATION REQUIREMENTS]

630. **Repealed** [EQUIPMENT, FACILITIES, AND STAFF STANDARDS]

640. **Repealed** [MANDATORY REPORTING]

12 AAC 28.600 is repealed:

**12 AAC 28.600. Administration of parenteral sedation.** Repealed. (Eff. 4/13/91, Register 118; am 6/24/2012, Register 202; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

12 AAC 28.610 is repealed:

**12 AAC 28.610. Parenteral sedation permit.** Repealed. (Eff. 4/13/91, Register 118; am 12/5/2009, Register 192; readopt 12/15/2013, Register 208; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

12 AAC 28.620 is repealed:

**12 AAC 28.620. Education, training, and certification requirements.** Repealed. (Eff. 4/13/91, Register 118; am 4/18/2002, Register 162; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

12 AAC 28.630 is repealed:

**12 AAC 28.630. Equipment, facilities, and staff standards.** Repealed. (Eff. 4/13/91, Register 118; am 6/24/2012, Register 202; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

12 AAC 28.640 is repealed:

**12 AAC 28.640. Mandatory reporting.** Repealed. (Eff. 4/13/91, Register 118; am 11/10/2001, Register 160; readopt 12/15/2013, Register 208; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

12 AAC 28 is amended by adding a new article to read:

**Article 7. Nitrous Oxide Sedation by Dental Hygienists.**

**Publisher’s note:** Please adjust subsequent article numbers to reflect change due to addition of new Article 7.

**Section**

650. Application to administer nitrous oxide sedation

655. Approval of course of instruction

660. Requirements for course of instruction in nitrous oxide sedation

665. Nitrous oxide sedation certification

670. Registry

**12 AAC 28.650. Application to administer nitrous oxide sedation.** (a) The board will issue a certification to administer nitrous oxide sedation under direct or indirect supervision to a dental hygienist licensed in this state if the hygienist

- (1) submits a completed, notarized application on the form provided by the department;
- (2) pays applicable fee required in 12 AAC 02.190; and
- (3) provides written verification of successful completion of an accredited college or university course of instruction in the administration of nitrous oxide, approved by the board under 12 AAC 28.655 – 12 AAC 28.660. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

**12 AAC 28.655. Approval of course of instruction.** (a) The board may, upon its own motion or upon the request of any interested person, approve a course of instruction upon receipt of

- (1) the name of the college or university sponsoring the course;
- (2) the name of the accredited program and faculty member presenting the course;
- (3) a course outline which verifies inclusion of the subjects and procedures required by 12 AAC 28.660; and
- (4) an explanation of the evaluation procedures used to determine successful completion of the course. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

**12 AAC 28.660. Requirements for course of instruction in nitrous oxide sedation.** (a) A course of instruction for administering nitrous oxide, provided by an organization accredited by the Commission on Dental Accreditation of the American Dental Association, must contain a minimum of three hours of clinical and three hours of didactic instruction.

(b) A course of instruction approved by the board must contain

(1) a minimum of three hours of clinical instruction sufficient to establish the hygienists' ability to

(A) inspect, operate, and decontaminate nitrous oxide delivery and scavenging systems;

(B) properly induce nitrous oxide sedation; and

(C) recognize and counteract complications;

(2) a minimum of three hours of didactic instruction including

(A) sedation techniques;

(B) physiology of respiration and pharmacology of nitrous oxide;

(C) nitrous oxide machines;

(D) induction techniques; and

(E) complications and their management;

(3) procedures for determining whether the hygienist has acquired the necessary knowledge and proficiency to administer nitrous oxide sedation. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.36.070

**12 AAC 28.665. Nitrous oxide sedation certification.** (a) A certification to administer nitrous oxide sedation shall automatically become revoked upon the suspension or revocation of the holder's license to practice dental hygiene in the state.

(b) A certification to administer nitrous oxide sedation will remain active as long as the holder's dental hygiene license is active and in good standing.

(c) A dental hygienist certified by the board in nitrous oxide sedation shall receive notification from the board upon initial certification and thereafter have proof of certification noted on their dental hygiene license. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.36.070

**12 AAC 28.670. Registry.** (a) The board shall maintain a registry of all board approved courses of instruction and all dental hygienists certified to administer nitrous oxide sedation. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.36.070

12 AAC 28.720 is repealed:

**12 AAC 28.720. Administration of nitrous oxide.** Repealed. (Eff. 6/17/98, Register 146; am 1/28/2000, Register 153; repealed \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

12 AAC 28 is amended by adding a new section to read:

**12 AAC 28.903. Mandatory reporting.** (a) If a dental patient dies or experiences complications that require hospitalization or emergency room care during or immediately after dental treatment, the dentist providing treatment that day shall submit a written or electronic report of the incident to the board within 48 hours after obtaining knowledge of the death or hospitalization. The report must include

- (1) name, age, and address of the patient;
- (2) name of the dentist and other personnel or providers present during the

incident;

(3) address of the facility or office where the incident took place;

(4) the medical history of the patient;

(5) if used, the description of the type of sedation and/or anesthetic that was used or being utilized at the time of the incident and the dosages of drugs administered to the patient;

(6) a narrative description of the incident including approximate times and evolution of symptoms; and

(7) any additional information that the department requests and that is relevant to investigating the incident.

(b) Within two weeks after the receipt of a report required under (a) and (b) of this section, the board investigator shall review the report, consult with a member of the board who is a dentist licensed under AS 08.36, and make a recommendation in writing as to whether further investigation by the board or the board's investigator should be made. The department shall make a report of any recommendations under this subsection at the next board meeting. If a recommendation by the department is that further investigation is not warranted, the department shall make only a summary report. The board may accept the recommendation or request the department to make further investigations.

(c) If a permittee fails to report an incident in accordance with (a) and (b) of this section, the board may suspend the appropriate permit and/or license and may subject the dentist to other disciplinary actions. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.01.075            AS 08.36.070            AS 08.36.315  
AS 08.01.087

12 AAC 28.990(a) is repealed and readopted to read:

**12 AAC 28.990. Definitions.** (a) In this chapter

(1) "administer local anesthetic agents" means the administration of local anesthetic agents by injection, both infiltration and block, limited to the oral cavity, for the purposes of pain control;

(2) "American Association of Dental Examiners Clearinghouse for Board Actions" means the American Association of Dental Examiners information source described in AS 08.36.110(a)(1)(F);

(3) "board" means the Board of Dental Examiners;

(4) "coronal polishing" means removal of supragingival plaque and stains from teeth without calculus, including the removal of soft deposits, such as materia alba, plaque, and stains from the anatomical crowns of the teeth;

(5) "deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained;

(6) "department" means the Department of Commerce, Community, and Economic Development;

(7) "general anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed

spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired;

(8) "minimal sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected;

(9) "moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained;

(10) "nitrous oxide sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command;

(11) "parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract, i.e. intramuscular, intravenous, intranasal, submucosal, subcutaneous, intraosseous, or sublingual;

(12) "radiological equipment" means a control panel and associated radiological tubeheads capable of exposing a dental patient to x-rays;

(13) "restorative function" means under the direct supervision of a licensed dentist, to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

Register \_\_\_\_\_, \_\_\_\_\_ 2016 **PROFESSIONAL REGULATIONS**

(Eff. 5/31/81, Register 78; am 4/13/91, Register 118; am 11/7/99, Register 152; am 3/30/2001, Register 157; am 1/15/2003, Register 165; am 7/25/2010, Register 195; am 3/18/2011, Register 197; am 12/15/2013, Register 208; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.32.085            AS 08.36.342            AS 08.36.346  
                 AS 08.36.070            AS 08.36.344