NEVADA STATE BOARD of DENTAL EXAMINERS

Anesthesia Committee

and Sub-Committee

Teleconference Meeting

Tuesday November 9, 2021

6:00 p.m.

PUBLIC BOOK

Agenda Item 4 (a):
NRS 631.265; NAC 631.224

NRS 631.265 Permit to administer or supervise administration of general anesthesia, minimal sedation, moderate sedation or deep sedation; regulations.

1. No licensed dentist or person who holds a restricted license issued pursuant to NRS 631.275 may administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients unless the dentist or person has been issued a permit authorizing him or her to do so by the Board.

2. The Board may issue a permit authorizing a licensed dentist or person who holds a restricted license issued pursuant to NRS 631.275 to administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients under such standards, conditions and other requirements as the Board shall by regulation prescribe.

(Added to NRS by 1983, 278; A 1989, 1740; 2001, 2692; 2015, 3876)

NAC 631.224 Employment of certified registered nurse anesthetist to administer anesthesia or sedation; restrictions on allowing persons to administer treatment. (NRS 631.190, 631.265)

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of NAC 631.2211 to 631.2256, inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation or moderate sedation to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation or moderate sedation to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center for which a permit is held as required by NRS 449.442.

2. Except as otherwise provided in NAC 631.2236, a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation or moderate sedation to his or her patients unless the treatment is rendered within a facility for which a permit is held as required by NRS 449.442.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-7-85; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

Agenda Item 4 (a) (2):
NAC 631.2211 to NAC 631.2256

ADMINISTRATION OF GENERAL ANESTHESIA, MODERATE SEDATION OR DEEP SEDATION

NAC 631.2211 Scope; restrictions on administration of oral medication. (NRS 631.190, 631.265)

1. NAC 631.2213 to 631.2256, inclusive, do not apply to the administration of:

(a) Local anesthesia;

(b) Nitrous oxide-oxygen analgesia, 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; and

(c) Oral medication that is administered to a patient to relieve anxiety in the patient, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation or moderate sedation.

2. Any oral medication administered as described in paragraph (c) of subsection 1 must not be combined with the administration of any other method of sedation, including, without limitation, nitrous oxide-oxygen analgesia. A single dosage of a single sedative agent administered must be appropriate for anxiolysis. The dosage of enteral drugs must not be more than the maximum recommended dosage that can be prescribed for unmonitored home use.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2212 Board to determine degree of sedation. (NRS 631.190, 631.265) 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 the patient; and

2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.2213 Permit required; qualifications of applicants. (NRS 631.190, 631.265)

1. Except as otherwise set forth in NAC 631.2211 to 631.2256, inclusive, no dentist may:

(a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a general anesthesia permit; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;

(b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or

(c) Use moderate sedation for dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.

2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to NRS 631.345 and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a moderate sedation permit to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Advanced Cardiac Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation to patients 12 years of age or younger, and the successful administration as the operator of moderate sedation to not less than 25 patients who are 12 years of age or younger; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Pediatric Advanced Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(c) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association or a course providing similar instruction that is approved by the Board, and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address **http://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/ADA_Sedation_Teaching_Guidelines.pdf?la=en**; or

(2) The completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology which has been approved by the Commission on Dental Accreditation of the American Dental Association.

3. A holder of a general anesthesia permit may administer general anesthesia, deep sedation or moderate sedation to a patient of any age.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2217 Review of holder of permit; renewal of permit. (NRS 631.190, 631.265)

1. The holder of a general anesthesia permit or moderate sedation permit is subject to review by the Board at any time.

2. Each general anesthesia permit and moderate sedation permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2219 Inspection and evaluation; renewal of permit; reevaluation of credentials. (NRS 631.190, 631.265)

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia permit or moderate sedation permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits and moderate sedation permits annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2221 Inspections and evaluations: Qualifications of inspectors and evaluators; authorized participation by members of Board. (NRS 631.190, 631.265)

1. When an inspection or evaluation is required to issue or renew a general anesthesia permit or moderate sedation permit, the Board may designate two or more persons, each of whom holds a general anesthesia permit or moderate sedation permit and has practiced general anesthesia, deep sedation or moderate sedation, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation or moderate sedation, as applicable. At least one member of the inspection or evaluation team must have had substantial

experience in the administration of the type of anesthesia or sedation contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2223 Inspections and evaluations: General requirements. (NRS 631.190, 631.265) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation or moderate sedation is to be administered and, except as otherwise required in NAC 631.2236, must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2225 Inspections and evaluations: Minimum standards for simulated emergencies. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit or moderate sedation permit must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;

2. Bronchospasm;

3. Emesis and aspiration of foreign material under anesthesia;

4. Angina pectoris;

5. Myocardial infarction;

6. Hypotension;

7. Hypertension;

8. Cardiac arrest;

9. Allergic reaction;

10. Convulsions;

11. Hypoglycemia;

12. Asthma;

13. Respiratory depression;

14. Overdose from local anesthesia;

15. Hyperventilation syndrome; and

16. Syncope.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2227 Inspections and evaluations: Minimum standards for physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion;

(i) A pulse oximeter; and

(j) A capnography monitor.

➥ Except as otherwise provided in subsection 8, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e), (g) and (j).

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;

(b) Pediatric blood pressure cuffs;

(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;

(d) Appropriately sized endotracheal tubes and appropriate connectors;

(e) An electrocardioscope and defibrilator;

(f) Pediatric pads for use with an electrocardioscope and defibrillator; and

(g) Small oral and nasal airways.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2229 Inspections and evaluations: Minimum standards for records of patients. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history, records of physical evaluation and American Society of Anesthesiologists acuity classification.

2. Records of the administration of anesthesia must include:

(a) The patient's vital signs;

(b) The names of the drugs and the amounts and times administered;

(c) The length of the procedure; and

(d) Any complications of anesthesia.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2231 Inspections and evaluations: Maintenance of emergency drugs. (NRS 631.190, 631.265)

1. Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

(a) Vasopressor;

(b) Corticosteroid;

(c) Bronchodilator;

(d) Muscle relaxant;

(e) Intravenous medication for the treatment of cardiopulmonary arrest;

(f) Appropriate drug antagonist;

(g) Antihistaminic;

(h) Anticholinergic;

(i) Antiarrhythmic;

(j) Coronary artery vasodilator;

(k) Anti-hypertensive; and

(l) Anti-convulsive.

2. In addition to the requirements of subsection 1, if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

(a) Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector;

(b) Adenosine;

(c) Aminodarone;

(d) Magnesium sulfate; and

(e) Procainamide.

3. Except as otherwise provided in subsection 2, a dentist's office that is inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to maintain the emergency drugs described in paragraphs (d), (e), (i) and (k) of subsection 1.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. (NRS 631.190, 631.265)

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.

2. If the dentist meets the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.

3. If the dentist does not meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2231, inclusive, for an original evaluation.

6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of NRS 233B.127, if an inspection or evaluation of a dentist or his or her office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of

summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2236 Certificate of site approval: Application; inspection; report of determination of inspector; issuance of certificate for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. (NRS 631.190, 631.265)

1. A dentist who is licensed in this State may employ a dentist who is licensed in this State and who holds a general anesthesia permit or moderate sedation permit to administer general anesthesia, deep sedation or moderate sedation, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to NRS 631.345; and

(c) Written documentation which demonstrates that the dentist who is to be employed to administer the general anesthesia, deep sedation or moderate sedation holds an appropriate permit issued by the Board to administer such anesthesia or sedation.

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231. The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of NAC 631.2227, 631.2229 and 631.2231 and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. If the office of the applicant does not meet the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall issue a written notice to the licensed dentist who owns the dental practice conducted at the office that identifies the reasons the office failed the inspection.

7. A dentist who has received a notice of failure from the Executive Director pursuant to subsection 6:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation at his or her office until the Board has issued a certificate of site approval for the office; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation.

8. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2227, 631.2229 and 631.2231 for an original inspection.

9. Pursuant to subsection 3 of NRS 233B.127, if an evaluation or inspection of a dentist's office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist who owns the dental practice conducted at the office and the licenses of any or all of the other licensees employed at the office pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

10. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the certificate.

11. The Board may reinspect the office of the holder of a certificate of site approval at any time.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000; A by R231-03, 5-25-2004; R158-08, 12-17-2008; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2237 Written consent and medical history of patient required before administration of anesthetic or sedation. (NRS 631.190, 631.265)

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or moderate sedation, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or moderate sedation. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person

administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or moderate sedation, and this record must be a permanent part of the patient's record of treatment.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel. (NRS 631.190, 631.265)

1. A dentist using general anesthesia, deep sedation or moderate sedation shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation or moderate sedation shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association or a course providing similar instruction approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.224 Employment of certified registered nurse anesthetist to administer anesthesia or sedation; restrictions on allowing persons to administer treatment. (NRS 631.190, 631.265)

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of NAC 631.2211 to 631.2256, inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation or moderate sedation to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation or moderate sedation to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center for which a permit is held as required by NRS 449.442.

2. Except as otherwise provided in NAC 631.2236, a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation or moderate sedation to his or her patients unless the treatment is rendered within a facility for which a permit is held as required by NRS 449.442.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-7-85; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2241 Submission of report of injuries to patients; revocation of permit authorized for failure to report. (NRS 631.190, 631.265) Each holder of a general anesthesia permit, moderate sedation permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility for which a permit is held as required by NRS 449.442 and which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation or moderate sedation. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2254 Temporary permits. (NRS 631.190, 631.265)

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to NAC 631.2213.

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in NAC 631.2235.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2256 Continuing education required. (NRS 631.190, 631.265, 631.342) Every 2 years, the holder of a general anesthesia permit or moderate sedation permit must complete at least 6 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by NAC 631.173.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 4 (b):
NAC 631.2227 & NAC 631.2231

NAC 631.2227 Inspections and evaluations: Minimum standards for physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion;

(i) A pulse oximeter; and

(j) A capnography monitor.

➥ Except as otherwise provided in subsection 8, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e), (g) and (j).

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;

(b) Pediatric blood pressure cuffs;

(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;

(d) Appropriately sized endotracheal tubes and appropriate connectors;

(e) An electrocardioscope and defibrilator;

(f) Pediatric pads for use with an electrocardioscope and defibrillator; and

(g) Small oral and nasal airways.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2231 Inspections and evaluations: Maintenance of emergency drugs. (NRS 631.190, 631.265)

1. Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

(a) Vasopressor;

(b) Corticosteroid;

(c) Bronchodilator;

(d) Muscle relaxant;

(e) Intravenous medication for the treatment of cardiopulmonary arrest;

(f) Appropriate drug antagonist;

(g) Antihistaminic;

(h) Anticholinergic;

(i) Antiarrhythmic;

(j) Coronary artery vasodilator;

(k) Anti-hypertensive; and

(l) Anti-convulsive.

2. In addition to the requirements of subsection 1, if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

(a) Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector;

(b) Adenosine;

(c) Aminodarone;

(d) Magnesium sulfate; and

(e) Procainamide.

3. Except as otherwise provided in subsection 2, a dentist's office that is inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to maintain the emergency drugs described in paragraphs (d), (e), (i) and (k) of subsection 1.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 4 (c):
NRS 631.265 & NAC 631.2211 – NAC 631.2256

NRS 631.265 Permit to administer or supervise administration of general anesthesia, minimal sedation, moderate sedation or deep sedation; regulations.

1. No licensed dentist or person who holds a restricted license issued pursuant to NRS 631.275 may administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients unless the dentist or person has been issued a permit authorizing him or her to do so by the Board.

2. The Board may issue a permit authorizing a licensed dentist or person who holds a restricted license issued pursuant to NRS 631.275 to administer or supervise directly the administration of general anesthesia, minimal sedation, moderate sedation or deep sedation to dental patients under such standards, conditions and other requirements as the Board shall by regulation prescribe.

(Added to NRS by 1983, 278; A 1989, 1740; 2001, 2692; 2015, 3876)

ADMINISTRATION OF GENERAL ANESTHESIA, MODERATE SEDATION OR DEEP SEDATION

NAC 631.2211 Scope; restrictions on administration of oral medication. (NRS 631.190, 631.265)

1. NAC 631.2213 to 631.2256, inclusive, do not apply to the administration of:

(a) Local anesthesia;

(b) Nitrous oxide-oxygen analgesia, 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; and

(c) Oral medication that is administered to a patient to relieve anxiety in the patient, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation or moderate sedation.

2. Any oral medication administered as described in paragraph (c) of subsection 1 must not be combined with the administration of any other method of sedation, including, without limitation, nitrous oxide-oxygen analgesia. A single dosage of a single sedative agent administered must be appropriate for anxiolysis. The dosage of enteral drugs must not be more than the maximum recommended dosage that can be prescribed for unmonitored home use.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2212 Board to determine degree of sedation. (NRS 631.190, 631.265) 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 the patient; and

2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.2213 Permit required; qualifications of applicants. (NRS 631.190, 631.265)

1. Except as otherwise set forth in NAC 631.2211 to 631.2256, inclusive, no dentist may:

(a) Use general anesthesia or deep sedation for dental patients, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a general anesthesia permit; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit to administer general anesthesia to his or her patients, and obtains a certificate of site approval for each location at which general anesthesia, deep sedation or moderate sedation is administered to his or her patients;

(b) Use moderate sedation for dental patients who are 13 years of age or older, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (a) of subsection 2 to administer moderate sedation to his or her patients who are 13 years of age or older, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 13 years of age or older; or

(c) Use moderate sedation for dental patients who are 12 years of age or younger, except in a facility for which a permit is held as required by NRS 449.442, unless he or she first:

(1) Obtains a moderate sedation permit pursuant to paragraph (b) of subsection 2; or

(2) Employs a dentist who is licensed in this State and who holds a general anesthesia permit or a moderate sedation permit pursuant to paragraph (b) of subsection 2 to administer moderate sedation to his or her patients who are 12 years of age or younger, and obtains a certificate of site approval for each location at which moderate sedation is administered to his or her patients who are 12 years of age or younger.

2. To obtain a general anesthesia permit or moderate sedation permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to NRS 631.345 and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a moderate sedation permit to administer moderate sedation to a patient 13 years of age or older, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation, and the successful administration as the operator of moderate sedation to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Advanced Cardiac Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(b) For a moderate sedation permit to administer moderate sedation to a patient 12 years of age or younger, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of moderate sedation to patients 12 years of age or younger, and the successful administration as the operator of moderate sedation to not less than 25 patients who are 12 years of age or younger; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of moderate sedation that is equivalent to the education and training described in subparagraph (1) and:

(I) Valid certification in Pediatric Advanced Life Support by the American Heart Association; or

(II) The completion of a course approved by the Board that provides instruction on medical emergencies and airway management.

(c) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association or a course providing similar instruction that is approved by the Board, and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address **http://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/ADA_Sedation_Teaching_Guidelines.pdf?la=en**; or

(2) The completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology which has been approved by the Commission on Dental Accreditation of the American Dental Association.

3. A holder of a general anesthesia permit may administer general anesthesia, deep sedation or moderate sedation to a patient of any age.

(Added to NAC by Bd. of Dental Exam’rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2217 Review of holder of permit; renewal of permit. (NRS 631.190, 631.265)

1. The holder of a general anesthesia permit or moderate sedation permit is subject to review by the Board at any time.

2. Each general anesthesia permit and moderate sedation permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit.

(Added to NAC by Bd. of Dental Exam’rs, eff. 10-21-83; A by R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2219 Inspection and evaluation; renewal of permit; reevaluation of credentials. (NRS 631.190, 631.265)

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia permit or moderate sedation permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits and moderate sedation permits annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

(Added to NAC by Bd. of Dental Exam’rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R158-08, 12-17-2008; R004-17, 5-16-2018)

NAC 631.2221 Inspections and evaluations: Qualifications of inspectors and evaluators; authorized participation by members of Board. (NRS 631.190, 631.265)

1. When an inspection or evaluation is required to issue or renew a general anesthesia permit or moderate sedation permit, the Board may designate two or more persons, each of whom holds a general anesthesia permit or moderate sedation permit and has practiced general anesthesia, deep sedation or moderate sedation, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation or moderate sedation, as applicable. At least one member of the inspection or evaluation team must have had substantial

experience in the administration of the type of anesthesia or sedation contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2223 Inspections and evaluations: General requirements. (NRS 631.190, 631.265) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation or moderate sedation is to be administered and, except as otherwise required in NAC 631.2236, must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2225 Inspections and evaluations: Minimum standards for simulated emergencies. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit or moderate sedation permit must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;

2. Bronchospasm;

3. Emesis and aspiration of foreign material under anesthesia;

4. Angina pectoris;

5. Myocardial infarction;

6. Hypotension;

7. Hypertension;

8. Cardiac arrest;

9. Allergic reaction;

10. Convulsions;

11. Hypoglycemia;

12. Asthma;

13. Respiratory depression;

14. Overdose from local anesthesia;

15. Hyperventilation syndrome; and

16. Syncope.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2227 Inspections and evaluations: Minimum standards for physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion;

(i) A pulse oximeter; and

(j) A capnography monitor.

➥ Except as otherwise provided in subsection 8, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e), (g) and (j).

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;

(b) Pediatric blood pressure cuffs;

(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;

(d) Appropriately sized endotracheal tubes and appropriate connectors;

(e) An electrocardioscope and defibrilator;

(f) Pediatric pads for use with an electrocardioscope and defibrillator; and

(g) Small oral and nasal airways.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2229 Inspections and evaluations: Minimum standards for records of patients. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history, records of physical evaluation and American Society of Anesthesiologists acuity classification.

2. Records of the administration of anesthesia must include:

(a) The patient's vital signs;

(b) The names of the drugs and the amounts and times administered;

(c) The length of the procedure; and

(d) Any complications of anesthesia.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2231 Inspections and evaluations: Maintenance of emergency drugs. (NRS 631.190, 631.265)

1. Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, moderate sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

(a) Vasopressor;

(b) Corticosteroid;

(c) Bronchodilator;

(d) Muscle relaxant;

(e) Intravenous medication for the treatment of cardiopulmonary arrest;

(f) Appropriate drug antagonist;

(g) Antihistaminic;

(h) Anticholinergic;

(i) Antiarrhythmic;

(j) Coronary artery vasodilator;

(k) Anti-hypertensive; and

(l) Anti-convulsive.

2. In addition to the requirements of subsection 1, if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

(a) Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector;

(b) Adenosine;

(c) Aminodarone;

(d) Magnesium sulfate; and

(e) Procainamide.

3. Except as otherwise provided in subsection 2, a dentist's office that is inspected or evaluated for the issuance or renewal of a moderate sedation permit is not required to maintain the emergency drugs described in paragraphs (d), (e), (i) and (k) of subsection 1.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. (NRS 631.190, 631.265)

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.

2. If the dentist meets the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.

3. If the dentist does not meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2231, inclusive, for an original evaluation.

6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of NRS 233B.127, if an inspection or evaluation of a dentist or his or her office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of

summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2236 Certificate of site approval: Application; inspection; report of determination of inspector; issuance of certificate for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. (NRS 631.190, 631.265)

1. A dentist who is licensed in this State may employ a dentist who is licensed in this State and who holds a general anesthesia permit or moderate sedation permit to administer general anesthesia, deep sedation or moderate sedation, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to NRS 631.345; and

(c) Written documentation which demonstrates that the dentist who is to be employed to administer the general anesthesia, deep sedation or moderate sedation holds an appropriate permit issued by the Board to administer such anesthesia or sedation.

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231. The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of NAC 631.2227, 631.2229 and 631.2231 and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. If the office of the applicant does not meet the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall issue a written notice to the licensed dentist who owns the dental practice conducted at the office that identifies the reasons the office failed the inspection.

7. A dentist who has received a notice of failure from the Executive Director pursuant to subsection 6:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation at his or her office until the Board has issued a certificate of site approval for the office; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation.

8. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2227, 631.2229 and 631.2231 for an original inspection.

9. Pursuant to subsection 3 of NRS 233B.127, if an evaluation or inspection of a dentist's office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist who owns the dental practice conducted at the office and the licenses of any or all of the other licensees employed at the office pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

10. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the certificate.

11. The Board may reinspect the office of the holder of a certificate of site approval at any time.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000; A by R231-03, 5-25-2004; R158-08, 12-17-2008; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2237 Written consent and medical history of patient required before administration of anesthetic or sedation. (NRS 631.190, 631.265)

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or moderate sedation, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or moderate sedation. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person

administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or moderate sedation, and this record must be a permanent part of the patient's record of treatment.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel. (NRS 631.190, 631.265)

1. A dentist using general anesthesia, deep sedation or moderate sedation shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation or moderate sedation shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association or a course providing similar instruction approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.224 Employment of certified registered nurse anesthetist to administer anesthesia or sedation; restrictions on allowing persons to administer treatment. (NRS 631.190, 631.265)

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of NAC 631.2211 to 631.2256, inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation or moderate sedation to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation or moderate sedation to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center for which a permit is held as required by NRS 449.442.

2. Except as otherwise provided in NAC 631.2236, a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation or moderate sedation to his or her patients unless the treatment is rendered within a facility for which a permit is held as required by NRS 449.442.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-7-85; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2241 Submission of report of injuries to patients; revocation of permit authorized for failure to report. (NRS 631.190, 631.265) Each holder of a general anesthesia permit, moderate sedation permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility for which a permit is held as required by NRS 449.442 and which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation or moderate sedation. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009; R004-17, 5-16-2018)

NAC 631.2254 Temporary permits. (NRS 631.190, 631.265)

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to NAC 631.2213.

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in NAC 631.2235.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NAC 631.2256 Continuing education required. (NRS 631.190, 631.265, 631.342) Every 2 years, the holder of a general anesthesia permit or moderate sedation permit must complete at least 6 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by NAC 631.173.

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Meeting Minutes
Relevant Portions of Board Meeting and Workshop - September 14, 2018 (for Reference)

NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S. Rainbow Boulevard, Suite A1
Las Vegas, NV 89118

Video Conferencing was available for this meeting at the Nevada State Board of Medical Examiners Office Conference Room located at: 9600 Gateway Drive; Reno, NV 89521

PUBLIC MEETING

Friday, September 14, 2018
9:24 a.m.

Board Meeting Minutes

Please Note: The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. The public was welcomed to attend the meeting at the Board office located at 6010 S. Rainbow Blvd, Suite A1; Las Vegas, Nevada 89118; or in the Conference room of the Nevada State Board of Medical Examiners office located at 9600 Gateway; Reno, NV 89521 (when applicable).

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the public record.

Asterisks (*) denote items on which the Board may take action.
Action by the Board on an item may be to approve, deny, amend, or table.

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1. Call to Order, roll call, and establish quorum

Dr. Blasco called the meeting to order and Mrs. Shaffer-Kugel conducted the following roll call:

Dr. Timothy Pinther ("Dr. Pinther") ----------PRESENT
Dr. Byron Blasco ("Dr. Blasco") ----------PRESENT
Dr. Jason Champagne ("Dr. Champagne") -----PRESENT
Dr. Gregory Pisani ("Dr. Pisani") ----------EXCUSED
Dr. Brendan Johnson ("Dr. Johnson") ----------PRESENT
Dr. R. Michael Sanders ("Dr. Sanders") ----------PRESENT
Dr. Ali Shahrestani ("Dr. Shahrestani") ----------PRESENT
Ms. M Sharon Gabriel ("Ms. Gabriel") ----------PRESENT
Ms. Betty Pate ("Ms. Pate") ----------PRESENT
Ms. Yvonne Bethea ("Ms. Bethea") ----------PRESENT
Ms. Nikki Harris ("Ms. Harris") ----------PRESENT

Others Present: Melanie Bernstein Chapman, Board General Counsel; Sophia Long, Esquire, Deputy Attorney General/Board Co-Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: Robert Talley, NDA; Felipe M. Paleracio, LVDA; Nam Phan, DMD; Geralyn Glassbrook, Anthem Pediatric Dentistry ("APD"); Veronica Castro, APD; Deborha Staten, DMD; John Staten; Deborah Osborn, RDH, Keeping the Smiles; Rick Dragon, NDA; Jason Doucette, NDA/NNDS; Ken Vaughn, DDS; Andrea Vaughn; Kellie McGinley, DDS; Lancette VanGuilder, NDHA; Daniel Bouer, Cameraman for LVDA.

2. Public Comment: (Public Comment is limited to three (3) minutes for each individual)

Dr. Kenneth Vaughn commented on a notice of complaint he received that was filed by Tina Tsou, Secretary of the Las Vegas Dental Association ("LVDA"). Dr. Vaughn stated that Ms. Tsou filed her complaint based off a telephone call that she had with a staff member of his office and that her complaint was based off a lie and

that her illegal use of the phone " ... for solicitation to induce coercion and false imperatives," and that she appeared to be in violation of NRS 598 regarding Deceptive Trade Practice – which is written to protect people from phone scammers. Dr. Vaughn demanded that the Board notify the Secretary of State and the Governor's office to investigate Ms. Tsou, her business license, and her illegal use of phone solicitation for financial gain. Dr. Vaughn also demanded for additional information regarding the other 59 complaints that Ms. Tsou alluded to in her complaint against him. Dr. Vaughn added that he believed that the Secretary of State and the Governor's office should investigate the Las Vegas Dental Association ("LVDA"). He stated that in a statement submitted for the record of the Board's January 2017 meeting minutes, the LVDA states their reason for their creation. Dr. Vaughn noted that the very set of principles the LVDA accuses the Board of, are the exact principles that Ms. Tsou, on behalf of the LVDA, is committing. Dr. Vaughn expressed his disappointment in seeing licensees being forced into the ongoing battle between the LVDA and the Dental Board.

Dr. Jason Doucette stated that he represented the NDA. He proposed that due to the dramatic increase of costs to the Board, and the increase in caseloads to the DSO's, that possibly the NDA could add to a future agenda discussion to revisit the new process of dental complaints. Dr. Doucette suggested that, perhaps, the complaints received could be sent to the local peer review committees for review and resolution, and added that the peer reviews have a 90-plus resolution rate. He added that should a complaint need to be reviewed beyond the peer review committee that they could then forward the complaints to the Dental Board for further review. Dr. Doucette stated that this could be a possible avenue for the Board to save on investigation costs, time, and help the board become more regulatory than disciplinary, unless necessary.

Dr. Rick Dragon, President of the NDA, commented that he seconded the comments made by Dr. Doucette. He stated that if this proposal was feasible for the Board and they would like to obtain more information, the Board could possibly place the matter on a future agenda. Dr. Dragon welcomed the Board to reach out to him or Dr. Robert Talley, the Executive Director of the NDA with any questions.

Deborah Osborn, the administrator for "Keeping the Smiles" stated that she was present to answer questions about her request to amend her program to allow dental hygienists with a public health endorsement that participate in her program, to visit patients in their private homes.

Dr. Felipe Paleracio, President of the LVDA, stated that he was submitting a letter requesting the Board to consider terminating the Executive Director, Debra Shaffer-Kugel.

Dr. Nam Phan stated to the Board that he is an independent contractor that travels, and noted that he has gone onto further pursue a career in anesthesia. He stated that mediation is very important when dealing with complaints submitted to the Board regarding licensees, and suggested when the Board should mediate during the complaint process. He added that it would be ideal for the Board and dentists at the center of a complaint to work together to resolve the cases. He stated that he has issues and is only in Nevada one day a month, and has experienced a lot of hardship that required him to move to New York.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

***3. <u>Notice of Public Workshop</u>:** (For Possible Action)

Notice of Public Workshop, Request for Comments and review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and proposed regulation changes and/or amendments pertaining to the following;

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment and
NAC 631.2231 Inspections and evaluations: Emergency drugs

Dr. Blasco directed the Board's attention to Dr. Brendan Johnson. Dr. Johnson stated that there were some issues with Anesthesia regulations that were drafted and approved. He stated that there were some issues pointed out that he believes can be rectified that will help them keep the main task at hand, which was to ensure the safety of the public as it pertained to administration of sedation with anesthesia. Dr. Johnson stated that the Board, perhaps, discuss the next agenda item to allow for Dr. Amanda Okundaye to call-in to the meeting to participate in the discussion of the proposed changes to the regulations.

MOTION: Ms. Pate moved that the Board move on to agenda item (4)(a)(1). Motion seconded by Dr. Champagne. Motion unanimously approved.

***4. Executive Director's Report** (For Possible Action)

***a. Minutes - NRS 631.190** (For Possible Action)

(1) 07/13/2018 – Board Meeting
(2) 08/24/2018 – Budget & Finance Committee
(3) 10/24/2017 – Board Telephone Conference

Dr. Blasco drew the Board's attention to Mrs. Shaffer-Kugel. Mrs. Shaffer-Kugel stated that every Board member present should have had the opportunity to review the proposed draft minutes and inquired if there were any amendments to be made. Ms. Pate noted a typographical error on page 8 of the July 13th draft minutes, as well as on line 203 of the August 24 2018 draft minutes. Dr. Blasco, also, noted that on the August 24th draft minutes, his name was misspelled. With no further amendments or discussion, Dr. Blasco called for a motion.

MOTION: Dr. Sanders moved that the Board adopt the draft minutes of July 13, 2018 with the noted amendments; August 24, 2018 with the noted amendments; and the October 24, 2017. Motion was seconded by Dr. Johnson. With no further discussion, the motion was unanimously approved.

MOTION: Dr. Champagne moved that the Board return to agenda item (3). Motion seconded by Ms. Pate. Board unanimously approved the motion.

***3. Notice of Public Workshop:** (For Possible Action)

Notice of Public Workshop, Request for Comments and review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and proposed regulation changes and/or amendments pertaining to the following:

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment and
NAC 631.2231 Inspections and evaluations: Emergency drugs

Mrs. Shaffer-Kugel stated that she suggested the Board review the regulations for consideration one section at a time. She stated that she would be reviewing the document titled "Current Regulations" for the discussion.

• **NAC 631.2227:**

Mrs. Shaffer-Kugel stated that they were suggesting amending the regulation to be less restrictive since the size of certain appliances may vary from patient-to-patient. The following amendment(s) were proposed:

- Change section (8)(a) "a *pediatric sized* ambo bag" to state "appropriate sized ambo bag"
- Change section (8)(b) "*pediatric* blood pressure cup" to state "appropriate sized blood pressure cup"
- Change section (8)(c) to state "adequate selection of blades for the use of a patient 12 years of age or younger"
- Change section (8)(f) to state "pediatric pads" to state "appropriate sized pads for use..."
- Change section (8)(g) to state "appropriate sized oral and nasal ...."

• **NAC 621.2229:**

Mrs. Shaffer-Kugel stated that there was a suggested change to add a new section. Dr. Okundaye, whom was present via teleconference, suggested the following changes:

- Add a new section, either before or after subsection (1), a section that states "Monitoring consistent with AAPB guidelines"

Mrs. Shaffer-Kugel inquired if this suggested new section was patients 12 years-of-age or younger, or if it was regardless of age. Dr. Okundaye stated that it was regardless of age, but coincides with "having appropriate sized equipment" for moderate sedation providers of 12 years-of-age or younger. She added that this regulation would pertain to those with a pediatric moderate sedation permit, or those with an anesthesia residency. Mrs. Shaffer-Kugel noted to Dr. Okundaye that hence going forward, yes, it would apply to those as stated by her, however, that some dentists that held conscious sedation permits – who were allowed, under that permit, to administer to patients 12 years of age or younger - were grandfathered in. Dr. Okundaye stated that those grandfathered in would, also, have to follow the AAPB guidelines.

Mrs. Shaffer-Kugel reiterated the language for the proposed new section to read as:

- "A dentist who administers moderate sedation into a patient 12 years-of-age or younger, monitoring must be consistent with the AAPB guidelines."

• **NAC 631.2231**:

Mrs. Shaffer-Kugel stated that this regulation was regarding the emergency drugs for offices that are inspected for general anesthesia or moderate sedation. She noted that the issue arose when subsection (2) required a specified list of emergency drugs to have in the office; unlike in subsection (1) where it lists drug categories, only; thus making subsection (2) inconsistent with subsection (1). She added that in being so specific with the drugs, permit holders were having issues with some drugs being on back order, jeopardizing a licensee to be found to be not in compliance with the regulation as written, currently. The following change was recommended:

- Eliminate the entire section and change subsection (3) to (2). This way it will state "except as provided in subsection (1), a dental office inspected for moderate sedation..."

Mrs. Bernstein Chapman suggested that the Board separate the requirements for general anesthesia from the moderate sedation requirements, to avoid ambiguity. Therefore recommending the following:

- Remove "moderate sedation" from subsection (1) so that it only refers to general anesthesia
- In subsection (2), state "Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a *moderate sedation* permit or certificate of site approval must maintain the emergency drugs listed in subsection (1) except the following:
  - (d) Muscle relaxant;
  - (e) Intravenous medication for the treatment of cardiopulmonary arrest;
  - (i) Antiarrhythmic;
  - (k) Anti-hypertensive"

Mrs. Shaffer-Kugel noted that there is oral moderate sedation and IV moderate sedation. Mrs. Bernstein Chapman stated that, currently, subsection (2) did not differentiate from oral moderate sedation and IV moderate sedation. Dr. Johnson explained that whether the sedation is administered orally or intravenously, it ultimately depended on the level of sedation that is administered to the patient. Dr. Okundaye recommended listing moderate sedation prior to listing general anesthesia. She added that they should list the categories needed for moderate sedation, then list the categories needed for general anesthesia under the section for general anesthesia, separately, instead of listing the exempted sections for moderate sedation. Mrs. Bernstein Chapman stated that so long as they regulations are clear on which categories of emergency drugs are required for general anesthesia and for moderate sedation, she did not foresee any potential issues. Based on further discussion, the board appeared to favor the idea of listing the categories exempt for moderate sedation versus relisting the categories needed under each permit type. Mrs. Shaffer-Kugel stated that she would draft the language in both proposed ways, and that the board could determine which format they preferred. The Board agreed to Mrs. Shaffer-Kugel's suggestion to draft both formats of language.

• **NAC 631.2227**:

Mrs. Shaffer-Kugel noted a proposed change that came from public comment, suggesting that all offices with a anesthesia sedation permit to carry a defibrillator. Dr. Johnson stated that a defibrillator should absolutely be required for anyone with an anesthesia permit. Mrs. Shaffer-Kugel suggested the following:

- (j) Capnography monitor; and
- Add new subsection (k) defibrillator

Therefore, a moderate sedation permit holder while exempt from complying with (j), would now be required to comply with subsection (k) to have a defibrillator. Dr. Okundaye and Dr. Johnson were both in agreement with the proposed changed.

Dr. Johnson stated that Mrs. Shaffer-Kugel could draft the new proposed regulation changes and present the proposed language to the Board for review and approval, at the next scheduled board meeting.

Public Comment:

Kelly McGinley, a pediatric dentist in Reno, commented that in her Pediatrics program, they were trained to use a number of drugs, however, some of the drugs listed in the current regulations they did not received training on. She added that if the Board required dentists, herself included, to have drugs on hand that they were not trained to utilize, it would place the dentist in a very uncomfortable situation. Dr. McGinley voiced her support in favor of the proposed changes to remove the list of specific drugs and replacing them with drug categories, instead.

MOTION: Ms. Pate moved that the Board approve the proposed changes to the regulations as discussed, and for Mrs. Shaffer-Kugel to draft the language to be presented at the next board meeting for possible approval. Motion was seconded by Dr. Shahrestani. With no further discussion, the motion was unanimously approved by the Board members present at the meeting.

Agenda Item 4 (a):
Public Comment Book from September 14, 2018 Workshop

NEVADA STATE BOARD of DENTAL EXAMINERS

Workshop: Public Comment

September 14, 2018

9:00 a.m.

PUBLIC BOOK

Public Comment

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd. A, Suite 1

Las Vegas, NV. 89118

August 1, 2018

Dear Angelica Bejar,

This letter serves as my response to the letter I received regarding moderate sedation to patients 12 years of age or younger. Although I agree with the majority of the moderate sedation applications, evaluations and inspections (in accordance with the regulation changes) there are a couple of concerns with regard to:

1) Having an electrocardioscope. I am not an advocate of attaching leads to a child, more specifically removing articles of clothing from young children when a pulse ox and defibrillator would handle most situations.
2) We are finding it very difficult in locating certain medicines. Having called dozens of pharmacies, certain medicines (like procainamide) can only be purchased in bulk and charge an exorbitant amount for extra bottles that will need to be thrown away.

I look forward to your consideration and response to my aforementioned concerns.

Respectfully,

Gary D. Richardson, DDS

S6-49

Public Comment:
Dr. Joshua Saxe

A CHILDRENS DENTIST

MICHAEL D. SAXE D.M.D
Nevada State Board Specialty License #S6-16

JOSHUA L. SAXE D.D.S.
Nevada State Board Specialty License #S6-25

8/14/2018

To: Nevada State Board of Dental Examiners:

Please add the following to the public comment for the Public Workshop to be held on September 14, 2018. The recent regulatory changes adopted by the Board regarding Pediatric Moderate Sedation does not coincide with the sedation guidelines referenced by the American Academy of Pediatric Dentistry. The newly adopted regulation assumes that the training for pediatric moderate sedation is the same as General Anesthesia. As a member of the sedation committee, we worked on these regulations so they would help create a safe environment for children but, unfortunately these new adopted regulations are not the same regs as we worked on. The attached "fix" that I received on July 18, 2018 from Debra Shaffer- Kugel , the executive director should correct most of the issues for pediatric moderate sedation. Please inform the legislature of these necessary changes to the pediatric moderate sedation guidelines as soon as possible. (Please see attached proposed regulation amendment from executive director)

Sincerely,

Joshua Saxe D.D.S.

Pediatric Dentist

AMERICA'S PEDIATRIC DENTISTS

Boca Park Marketplace, 8710 W. Charleston Blvd., Suite 100, Las Vegas, NV 89117 (702) 255-0133 Fax (702) 255-8374
www.achildrensdentist.com

Proposed Regulation Amended
(NAC 631.2227 & NAC 631.2231)

NAC 631.2227-Subsection 8 (After subsection 8)

Except as otherwise provided in subsection 7, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation site permit for the administration of moderate sedation to a patient 12 years of age or younger is not required to have the ancillary equipment described in paragraphs (c), (d), (e) and (f) of subsection 8.

NAC 631.2231 –

4. *Except as otherwise provided in subsection 1, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation site permit for the administration of moderate sedation to a patient 12 years of age or younger is not required to have the emergency drugs described in paragraphs (b), (c), (d) and (e) of subsection 2.*

Public Comment:
Dr. Steven Saxe

Angelica L. Bejar

From: Steven Saxe [redacted]
Sent: Monday, August 13, 2018 11:45 AM
To: Board of Dental Examiners; Sandra Spilsbury
Subject: Incorrect medications

I am forwarding corrections to the new regulations. First Procainamide is not a first line PALS or ACLS Amiodorone is the preference rescue medication. The use of the Epi pen is only for anaphylactic reaction at 1:1000 concentrate. Epinephrine for PALS and ACLS is 1:10,000. I will send the references under a separate email for each drug. Thank you for your prompt attention to this oversight. Thank you

Respectfully submitted

Steven A. Saxe DMD
Sent from my iPhone

Tachycardia

ACLS Training Center™
ACLS Online Since 1998

1 TACHYCARDIA With Pulses and Poor Perfusion
- Assess and support ABCs as needed
- Give oxygen
- Attach monitor/defibrillator

Symptoms Persist

2 Evaluate QRS duration

Narrow QRS (≤0.08 sec) → **3 Evaluate rhythm with 12-lead ECG or monitor**

Wide QRS (>0.08 sec) → **9 Possible Ventricular Tachycardia**

4 Probable Sinus Tachycardia
- Compatible history consistent with known cause
- P waves present/normal
- Variable R-R; constant P-R
- Infants: rate usually <220 bpm
- Children: rate usually <180 bpm

5 Probable Supraventricular Tachycardia
- Compatible history (vague, nonspecific)
- P waves absent/abnormal
- HR not variable
- History of abrupt rate changes
- Infants: rate usually ≥220 bpm
- Children: rate usually ≥180 bpm

10
- **Synchronized cardioversion:** 0.5 to 1 J/kg; if not effective, increase to 2 J/kg
  Sedate if possible but don't delay cardioversion
- May attempt **adenosine** if it does not delay electrical cardioversion

6 Search for and treat cause

7 Consider vagal Maneuvers (No delays)

8
- **If IV access readily available:**
  Give adenosine 0.1 mg/kg (maximum first dose 6 mg) by rapid bolus
  May double first dose and give once (maximum second dose 12 mg)
  or
- Synchronized cardioversion: 0.5 to 1 J/kg; if not effective, increase to 2 J/kg
  Sedate if possible but don't delay cardioversion

11 Expert consultation advised
- Amiodarone 5 mg/kg IV over 20 to 60 minutes
  or
- Procainamide 15 mg/kg IV over 30 to 60 minutes

Do not routinely administer amiodarone and procainamide together

During Evaluation

- Secure, verify airway and vascular access when possible
- Consider expert consultation
- Prepare for cardioversion

Treat possible contributing factors:

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis (coronary or pulmonary)
- Trauma (hypovolemia)

American Heart Association 2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers, November 2015, American Heart Association ISBN 978-1- 61669-397- 8, Pages 82
Pediatric Advanced Life Support Provider Manual, American Heart Association, October 2011, ISBN 978-1- 61669-112- 7, pages 135-139

PRESCRIBING INFORMATION

EPIPEN®

(epinephrine) Auto-Injector 0.3 mg

EpiPen® = one dose of 0.30 mg epinephrine (USP, 1:1000, 0.3 mL)

EPIPEN JR®

(epinephrine) Auto-Injector 0.15 mg

EpiPen Jr® = one dose of 0.15 mg epinephrine (USP, 1:2000, 0.3 mL)

DESCRIPTION

Each EpiPen® Auto-Injector delivers **a single dose** of 0.3 mg epinephrine injection, USP, 1:1000 (0.3 mL) in a sterile solution.

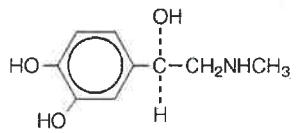
Each EpiPen Jr® Auto-Injector delivers **a single dose** of 0.15 mg epinephrine injection, USP, 1:2000 (0.3 mL) in a sterile solution.

The EpiPen Auto-Injector and EpiPen Jr Auto-Injector (henceforth referred to as EpiPen and EpiPen Jr Auto-Injector) each contain 2 mL epinephrine solution. Approximately 1.7 mL remains in the auto-injector after activation and cannot be used.

Each 0.3 mL in the EpiPen Auto-Injector contains 0.3 mg epinephrine, 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection. The pH range is 2.2-5.0.

Each 0.3 mL in the EpiPen Jr Auto-Injector contains 0.15 mg epinephrine, 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection. The pH range is 2.2-5.0.

Epinephrine is a sympathomimetic catecholamine. Chemically, epinephrine is B-(3, 4-dihydroxyphenyl)-a-methyl-aminoethanol, with the following structure:



Epinephrine solution deteriorates rapidly on exposure to air or light, turning pink from oxidation to adrenochrome and brown from the formation of melanin. Replace EpiPen and EpiPen Jr Auto-Injectors if the epinephrine solution appears discolored.

EpiPen and EpiPen Jr Auto-Injectors do not contain latex.

CLINICAL PHARMACOLOGY

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions (Type I) to insect stings or bites, foods, drugs, and other allergens. It can also be used in the treatment of anaphylaxis of unknown cause (idiopathic anaphylaxis) or exercise-induced anaphylaxis. When given intramuscularly or subcutaneously it has a rapid onset and short duration of action. Epinephrine acts on both alpha and beta adrenergic receptors. Through its action on alpha adrenergic receptors, epinephrine lessens the vasodilation and increased vascular permeability that occurs during anaphylaxis, which can lead to loss of intravascular fluid volume and hypotension. Through its action on beta-adrenergic receptors, epinephrine causes bronchial smooth muscle relaxation that helps alleviate bronchospasm, wheezing and dyspnea that may occur during anaphylaxis. Epinephrine also alleviates pruritus, urticaria, and angioedema and may be effective in relieving gastrointestinal and genitourinary symptoms associated with anaphylaxis because of its relaxer effects on the smooth muscle of the stomach, intestine, uterus, and urinary bladder.

INDICATIONS AND USAGE

EpiPen and EpiPen Jr Auto-Injectors are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitos), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis. EpiPen and EpiPen Jr Auto-Injectors are intended for immediate administration in patients, who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight (see **DOSAGE AND ADMINISTRATION** section).

Such reactions may occur within minutes after exposure and consist of flushing, apprehension, syncope, tachycardia, thready or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, wheezing, dyspnea due to laryngeal spasm, pruritus, rashes, urticaria or angioedema.

EpiPen and EpiPen Jr Auto-Injectors are intended for immediate self-administration as emergency supportive therapy only and are not a substitute for immediate medical care.

CONTRAINDICATIONS

There are no absolute contraindications to the use of epinephrine in a life-threatening situation.

WARNINGS

EpiPen and EpiPen Jr Auto-Injectors should **only** be injected into the anterolateral aspect of the thigh. DO NOT INJECT INTO BUTTOCK. Injection into the buttock may not provide effective treatment of anaphylaxis. Advise the patient to go immediately to the nearest emergency room for further treatment of anaphylaxis.

Since epinephrine is a strong vasoconstrictor, accidental injection into the digits, hands or feet may result in loss of blood flow to the affected area. Treatment should be directed at vasodilation in addition to further treatment of anaphylaxis (see **ADVERSE REACTIONS**). Advise the patient to go immediately to the nearest emergency room and to inform the healthcare provider in the emergency room of the location of the accidental injection.

DO NOT INJECT INTRAVENOUSLY. Large doses or accidental intravenous injection of epinephrine may result in cerebral hemorrhage due to sharp rise in blood pressure. Rapidly acting vasodilators can counteract the marked pressor effects of epinephrine if there is such inadvertent administration.

Epinephrine is the preferred treatment for serious allergic reactions or other emergency situations even though this product contains sodium metabisulfite, a sulfite that may, in other products, cause allergic-type reactions including anaphylactic symptoms or life-threatening or less severe asthmatic episodes in certain susceptible persons. The alternatives to using epinephrine in a life-threatening situation may not be satisfactory. The presence of a sulfite in this product should not deter administration of the drug for treatment of serious allergic or other emergency situations even if the patient is sulfite-sensitive.

Epinephrine should be administered with caution in patients who have heart disease, including patients with cardiac arrhythmias, coronary artery or organic heart disease, or hypertension. In such patients, or in patients who are on drugs that may sensitize the heart to arrhythmias, e.g., digitalis, diuretics, or anti-arrhythmics, epinephrine may precipitate or aggravate angina pectoris as well as produce ventricular arrhythmias. It should be recognized that the presence of these conditions is not a contraindication to epinephrine administration in an acute, life-threatening situation.

Epinephrine is light sensitive and should be stored in the carrier tube provided. Store at 20° to 25°C (68° to 77°F); excursions permitted to 15°C-30°C (59°F-86°F) (See USP Controlled Room Temperature). Do not refrigerate. Protect from light. Before using, check to make sure the solution in the auto-injector is not discolored. Replace the auto-injector if the solution is discolored or contains a precipitate.

PRECAUTIONS

(1) General

EpiPen and EpiPen Jr Auto-Injectors are not intended as a substitute for immediate medical care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. More than two sequential doses of epinephrine should only be administered under direct medical supervision.

Epinephrine is essential for the treatment of anaphylaxis. Patients with a history of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens as well as idiopathic and exercise-induced anaphylaxis should be carefully instructed about the circumstances under which epinephrine should be used. It must be clearly determined that the patient is at risk of future anaphylaxis, since the following risks may be associated with epinephrine administration (see **DOSAGE and ADMINISTRATION**).

Epinephrine should be used with caution in patients who have cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on drugs that may sensitize the heart to arrhythmias, e.g., digitalis, diuretics, quinidine, or other anti-arrhythmics. In such patients, epinephrine may precipitate or aggravate angina pectoris as well as produce ventricular arrhythmias.

The effects of epinephrine may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors.

Some patients may be at greater risk of developing adverse reactions after epinephrine administration. These include: hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, pediatric patients under 30 kg (66 lbs.) body weight using EpiPen Auto-Injector, and pediatric patients under 15 kg (33 lbs.) body weight using EpiPen Jr Auto-Injector.

Despite these concerns, epinephrine is essential for the treatment of anaphylaxis. Therefore, patients with these conditions, and/or any other person who might be in a position to administer EpiPen or EpiPen Jr Auto-Injector to a patient experiencing anaphylaxis should be carefully instructed in regard to the circumstances under which epinephrine should be used.

(2) Information for Patients

Complete patient information, including dosage, direction for proper administration and precautions can be found inside each EpiPen/EpiPen Jr Auto-Injector carton.

(Continued on back)

Epinephrine may produce symptoms and signs that include an increase in heart rate, the sensation of a more forceful heartbeat, palpitations, sweating, nausea and vomiting, difficulty breathing, pallor, dizziness, weakness or shakiness, headache, apprehension, nervousness, or anxiety. These symptoms and signs usually subside rapidly, especially with rest, quiet and recumbency. Patients with hypertension or hyperthyroidism may develop more severe or persistent effects, and patients with coronary artery disease could experience angina. Patients with diabetes may develop increased blood glucose levels following epinephrine administration. Patients with Parkinson's disease may notice a temporary worsening of symptoms.

In case of accidental injection, the patient should be advised to immediately go to the emergency room for treatment. Since the epinephrine in the EpiPen Auto-Injector is a strong vasoconstrictor when injected into the digits, hands or feet, treatment should be directed at vasodilation if there is such an inadvertent administration to these areas (see **ADVERSE REACTIONS**).

The carrier tube is not waterproof.

The blue safety release helps prevent accidental injection and should be kept on until it will be used.

(3) Drug Interactions

Patients who receive epinephrine while concomitantly taking cardiac glycosides or diuretics should be observed carefully for the development of cardiac arrhythmias.

The effects of epinephrine may be potentiated by tricyclic antidepressants, monoamine oxidase inhibitors, levothyroxine sodium, and certain antihistamines, notably chlorpheniramine, tripelennamine and diphenhydramine.

The cardiostimulating and bronchodilating effects of epinephrine are antagonized by beta-adrenergic blocking drugs, such as propranolol. The vasoconstricting and hypertensive effects of epinephrine are antagonized by alpha-adrenergic blocking drugs, such as phentoloamine. Ergot alkaloids may also reverse the pressor effects of epinephrine.

(4) Carcinogenesis, Mutagenesis, Impairment of Fertility

Epinephrine and other catecholamines have been shown to have mutagenic potential *in vitro* and to be an oxidative mutagen in a *WP2* bacterial reverse mutation assay. Epinephrine had a moderate degree of mutagenicity, and was positive in the DNA Repair test with *B. subtilis* (REC) assay, but was not mutagenic in the *Salmonella* bacterial reverse mutation assay.

Studies of epinephrine after repeated exposure in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted. This should not prevent the use of epinephrine under the conditions noted under **INDICATIONS AND USAGE**.

(5) Usage in Pregnancy

Pregnancy Category C: There is no study on the acute effect of epinephrine on pregnancy. Epinephrine has been shown to have developmental effects when administered subcutaneously in rabbits at a dose of 1.2 mg/kg daily for two to three days (approximately 30 times the maximum recommended daily subcutaneous or intramuscular dose on a mg/m^2 basis), in mice at a subcutaneous dose of 1 mg/kg daily for 10 days (approximately 7 times the maximum daily subcutaneous or intramuscular dose on a mg/m^2 basis) and in hamsters at a subcutaneous dose of 0.5 mg/kg daily for 4 days (approximately 5 times the maximum recommended daily subcutaneous or intramuscular dose on a mg/m^2 basis). These effects were not seen in mice at a subcutaneous dose of 0.5 mg/kg daily for 10 days (approximately 3 times the maximum recommended daily subcutaneous or intramuscular dose on a mg/m^2 basis). Although, there are no adequate and well-controlled studies in pregnant women, epinephrine should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus.

It is not known if epinephrine passes into breast milk.

ADVERSE REACTIONS

Adverse reactions to epinephrine include transient, moderate anxiety; apprehensiveness; restlessness; tremor; weakness; dizziness; sweating; palpitations; pallor; nausea and vomiting; headache; and/or respiratory difficulties. These symptoms occur in some persons receiving therapeutic doses of epinephrine, but are more likely to occur in patients with hypertension or hyperthyroidism. Arrhythmias, including fatal ventricular fibrillation, have been reported in patients with underlying cardiac disease or certain drugs (see **PRECAUTIONS, Drug Interactions**). Rapid rises in blood pressure have produced cerebral hemorrhage, particularly in elderly patients with cardiovascular disease. Angina may occur in patients with coronary artery disease. The potential for epinephrine to produce these types of adverse reactions does not contraindicate its use in an acute life-threatening allergic reaction.

Accidental injection into the digits, hands or feet may result in loss of blood flow to the affected area (see **WARNINGS**). Adverse events experienced as a result of accidental injections may include increased heart rate, local reactions including injection site pallor, coldness and hypoaesthesia or injury at the injection site resulting in bruising, bleeding, discoloration, erythema or skeletal injury.

OVERDOSAGE

Epinephrine is rapidly inactivated in the body and treatment following overdose with epinephrine is primarily supportive. If necessary, pressor effects may be counteracted by rapidly acting vasodilators or alpha-adrenergic blocking drugs. If prolonged hypotension follows such measures, it may be necessary to administer another pressor drug.

Overdosage of epinephrine may produce extremely elevated arterial pressure, which may result in cerebrovascular hemorrhage, particularly in elderly patients.

Overdosage may also result in pulmonary edema because of peripheral vascular constriction together with cardiac stimulation. Treatment consists of a rapidly acting alpha-adrenergic blocking drug and/or respiratory support.

Epinephrine overdosage can also cause transient bradycardia followed by tachycardia and these may be accompanied by potentially fatal cardiac arrhythmias. Premature ventricular contractions may appear within one minute after injection and may be followed by multifocal ventricular tachycardia (prefibrillation rhythm). Subsidence of the ventricular effects may be followed by atrial tachycardia and occasionally by atrioventricular block. Treatment of arrhythmias consists of administration of a beta-blocking drug such as propranolol.

Overdosage sometimes results in extreme pallor and coldness of the skin, metabolic acidosis and kidney failure. Suitable corrective measures must be taken in such situations.

DOSAGE AND ADMINISTRATION

EpiPen or EpiPen Jr Auto-Injector prescribers should ensure that the patient or caregiver understands the indications and use of this product. A healthcare provider should review the patient instructions and operation of the EpiPen or EpiPen Jr Auto-Injector, in detail, with the patient or caregiver. Inject EpiPen or EpiPen Jr intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. See detailed Directions for Use on the accompanying Patient Instructions.

Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen Auto-Injector delivers 0.3 mg epinephrine injection (0.3 mL, 1:1000) and is intended for patients who weigh 30 kg or more (approximately 66 pounds or more).

EpiPen Jr Auto-Injector delivers 0.15 mg epinephrine injection (0.3 mL, 1:2000) and is intended for patients who weigh 15 to 30 kg (33 – 66 pounds).

Each EpiPen or EpiPen Jr Auto-Injector contains a single dose of epinephrine. Since the doses of epinephrine delivered from EpiPen or EpiPen Jr Auto-Injector are fixed, consider using other forms of injectable epinephrine if doses lower than 0.15 mg are deemed necessary. The prescriber should carefully assess each patient to determine the most appropriate dose of epinephrine, recognizing the life-threatening nature of the reactions for which this drug is indicated. With severe persistent anaphylaxis, repeat injections with an additional EpiPen Auto-Injector may be necessary.

Patients should be instructed to periodically visually inspect the epinephrine solution for particulate matter and discoloration. If the solution contains particulate matter or develops a pinkish or brown color, the patient should immediately contact their physician for a replacement, since these changes indicate that the effectiveness of the drug product may be decreased.

HOW SUPPLIED

EpiPen Auto-Injectors (epinephrine injections, USP, 1:1000, 0.3 mL) are available in individual cartons, NDC 49502-500-01, and as EpiPen 2-Pak®, NDC 49502-500-02, a pack that contains two EpiPen Auto-Injectors (epinephrine injections, USP, 1:1000, 0.3 mL) and one EpiPen Auto-Injector trainer device.

EpiPen Jr Auto-Injectors (epinephrine injection, USP, 1:2000, 0.3 mL) are available in individual cartons, NDC 49502-501-01, and as EpiPen Jr 2-Pak®, NDC 49502-501-02, a pack that contains two EpiPen Jr Auto-Injectors (epinephrine injections, USP, 1:2000, 0.3 mL) and one EpiPen Auto-Injector trainer device.

EpiPen 2-Pak® and EpiPen Jr 2-Pak® also includes an S-clip to clip two cases together.

Store at 20° to 25°C (68° to 77°F); excursions permitted to 15°C-30°C (59°F-86°F) (See USP Controlled Room Temperature). Do not refrigerate. Protect from light. Contains no latex.

Rx only.

MANUFACTURED FOR Mylan Specialty L.P., Basking Ridge, NJ 07920, USA
by Meridian Medical Technologies, Inc., Columbia, MD 21046, USA, a Pfizer company

EpiPen®, EpiPen Jr®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned affiliate, Mylan Specialty L.P. of Basking Ridge, NJ 07920, USA.

08/12 0001600 03-914-01A

Pediatric Bradycardia

ACLS Training Center™
ACLS Online Since 1998

The Basics

1. If possible and if the patient is stable, treat and identify the cause of the bradycardia
2. Check airway for patency – do whatever is necessary to maintain patency
3. Oxygen – (O_2 Sat less than 94% or shortness of breath)
4. Apply Cardiac monitor
5. Vital Signs
6. IV/IO Access
7. 12 – Lead – if available and patient is stable enough (do not delay care)

Signs of Poor Perfusion?
- Altered Level
- Hypotension
- Shock

N → Support the Basics
- Oxygen
- Monitor Closely
- Consider Cardiology Consult

Y

CPR if HR &<60/min and signs of poor perfusion after oxygenation

Patient Remains in Bradycardia?
- Epinephrine 0.01mg/kg (0.1ml/kg) of 1;10,000
- Atropine (0.02mg/kg) if vagal response or Primary AV Block (Max single Dose 0.5mg)
- Can Repeat Epinephrine every 3-5 minutes if Bradycardia persists

American Heart Association 2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers, November 2015, American Heart Association ISBN 978-1-61669-397-8, Pages 80
Pediatric Advanced Life Support Provider Manual, American Heart Association, October 2011, ISBN 978-1-61669-112-7, pages 113-119

Agenda Item 4 (a) (1):
Public Book Materials from September 14, 2018 Workshop

WORKSHOP

History of Draft Proposed Regulations NAC 631.2227 and NAC 631.2231

History of Draft Proposed Regulation Changes
Anesthesia
NAC 631.2227 and NAC 631.2231

08/06/2014: First Draft of Proposed Regulations

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, minimal or moderate sedation permit*** or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and
(i) A pulse oximeter.

8. When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:

(a) Pediatric Size Ambu Bag and Masks
(b) Pediatric BP Cuffs
(c) Laryngoscope with appropriate size blades
(d) Intubation tubes multiple sizes
(e) Aed with Peds paddles
(f) Braselow Tape
(g) Small Oral Air Ways
(h) Pediatric Bite Block

➥ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***minimal or moderate sedation*** permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e) and (g)

NAC 631.2231 Inspections and evaluations: Emergency drugs. (NRS 631.190, 631.265) Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, minimal or moderate sedation permit*** or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:

(a) Epi Pen Jr
(b) Adenosine
(c) Aminodarone
(d) Magnesium Sulfate
(e) Procainamide

➥ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***minimal or moderate sedation*** permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

07/29/2015: ***Revised*** Proposed Regulations

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, minimal or moderate sedation permit*** or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter.

(j) carnography

8. When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:

(i) Pediatric Size Ambu Bag and Masks
(j) Pediatric BP Cuffs
(k) Laryngoscope with appropriate size blades
(l) Intubation tubes multiple sizes
(m) Aed with Peds paddles
(n) Braselow Tape
(o) Small Oral Air Ways
(p) Pediatric Bite Block

➥ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***minimal or moderate sedation*** permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e) and (g)

NAC 631.2231 Inspections and evaluations: Emergency drugs. (NRS 631.190, 631.265) Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, minimal or moderate sedation permit*** or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

When administering anesthesia or sedation to pediatric patients the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:

(f) Epi Pen Jr
(g) Adenosine
(h) Aminodarone
(i) Magnesium Sulfate
(j) Procainamide

➥ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***minimal or moderate sedation*** permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

04/27/2016: Revised Proposed Regulations:

NAC 631.2227 Inspections and evaluations: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, moderate sedation permit, or pediatric moderate sedation*** or certificate of site for the administration of general anesthesia permit, ***deep sedation, moderate sedation, or pediatric moderate sedation*** approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter.

(j) capnography monitor

8. When administering anesthesia or sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:

(q) Pediatric Size Ambu Bag and Masks
(r) Pediatric BP Cuffs
(s) Laryngoscope with appropriate size blades
(t) Intubation tubes multiple sizes
(u) Aed with Peds paddles
(v) Braselow Tape
(w) Small Oral Air Ways
(x) Pediatric Bite Block

➥ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***moderate sedation, or pediatric moderate sedation*** permit is not required to have the ancillary equipment described in paragraphs *7* (a), (b), (e) and (g***), or (j)***.

NAC 631.2231 Inspections and evaluations: Emergency drugs. (NRS 631.190, 631.265) Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ ***deep sedation, moderate sedation or pediatric moderate sedation permit*** or certificate of site approval for ***deep sedation, moderate sedation or pediatric moderate sedation permit*** must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

2. When administering anesthesia or sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:

(k) Epi Pen Jr
(l) Adenosine
(m)Aminodarone
(n) Magnesium Sulfate
(o) Procainamide

➥ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ ***moderate sedation, or pediatric moderate sedation*** permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

05/18/2016-FINAL REVISED Proposed Regulations

NAC 631.2227 Inspections and evaluations *general anesthesia; deep sedation*: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit ~~conscious sedation permit~~ ***or deep sedation*** or certificate of site for the administration of general anesthesia permit, ***deep sedation*** approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter.

(j) capnography monitor

(h) A pulse oximeter.

8. When administering moderate sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following additional standards with regard to physical facilities and equipment:

(ee) Pediatric size ambu bag and masks
(ff) Pediatric blood pressure cuffs
(gg) Laryngeal Mask Airways
(hh) An defibrillator with Peds pads or AED
(ii) Appropriate oral air ways or nasal airways

NAC 631.2231 Inspections and evaluations; ***general anesthesia and deep sedation*****: Emergency drugs.** (NRS 631.190, 631.265) Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *, deep sedation,* or certificate of site approval for ***general anesthesia or deep sedation permit*** must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

2. When administering general anesthesia or deep sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the additional minimum standards with regard to pediatric emergency drugs:

(p) Pediatric Auto-injector Epinephrine or appropriate dosages of epinepehrine
(q) Adenosine
(r) Aminodarone
(s) Magnesium Sulfate
(t) Procainamide

NEW REGULATION

Inspections and evaluations: moderate sedation or pediatric moderate; Emergency drugs. (NRS 631.190, 631.265) Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit, ~~*conscious sedation permit*~~ *or pediatric moderate sedation, or certificate of site approval for moderate*

8. When administering general anesthesia or deep sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the additional minimum standards with regard to physical facilities and equipment:

(y) Pediatric size ambu bag and masks

(z) Pediatric blood pressure cuffs

(aa) Laryngoscope with appropriate size blades

(bb) Intubation tubes multiple sizes

(cc) An electrocardioscope and defibrillator with Peds pads

(dd) Small oral air ways or nasal airways

New Regulations:

Inspections and evaluations; moderate sedation; pediatric moderate sedation: Physical facilities and equipment. (NRS 631.190, 631.265) A dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation, pediatric moderate sedation permit or certificate of site for the administration of moderate sedation or pediatric moderate sedation approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) Laryngeal Mask Airways

(b) Oral airways;

(c) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets

(d) An endotracheal tube type forcep

(e; A sphygmomanometer and stethoscope;

(f) An defibrillator or AED;

(g) Adequate equipment for the establishment of an intravenous infusion; and/or IO

sedation permit or pediatric moderate sedation must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. *Vasopressor;*
2. *Corticosteroid;*
3. *Bronchodilator;*
4. *Appropriate drug antagonist;*
5. *Antihistaminic;*
6. *Anticholinergic;*
7. *Coronary artery vasodilator;*
8. *Anti-convulsive.*

2. When administering moderate sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following additional standards with regard to pediatric emergency drugs:

(a) Pediatric Auto-injector Epinephrine or appropriate dosages of epinepehrine

Proposed Amended Regulation Language

Proposed Regulation Language
(NAC 631.2227 & NAC 631.2231)

NAC 631.2227-Amend

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope ~~and defibrillator;~~

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter~~; and~~

(j) A capnography monitor***; and***

(k) A defibrillator

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;
(b) Pediatric blood pressure cuffs;
(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;
(d) Appropriately sized endotracheal tubes and appropriate connectors
(e) An electrocardioscope; ~~and defibrillator~~;

(f) Pediatric-pads for use with the electrocardioscope; ~~and defibrillator; and~~
(g) Small oral and nasal airways
(h) A defibrillator; and
(i) Pediatric –pads for use with the defibrillator

[After Section 8) ***A dentist's office inspected or evaluated for the issuance or renewal of a moderate sedation permit for the administration of moderate sedation to a patient 12 years of age or younger is not required to have the ancillary equipment described in paragraphs (c), (d), (e), (f) of subsection 8.***

NAC 631.2231 – Emergency Drugs

2. In addition to the requirements of subsection 1, ~~if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger~~, a dentist's office where sedation or anesthesia is administered to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

(a) ***For the administration of general anesthesia or deep sedation:***
- ~~*(a)*~~ *(1)* Appropriate dosages of epinephrine or pediatric epinephrine auto-injector
- ~~*(b)*~~ (2) Adenosine*;*
- ~~*(c)*~~ (3) Aminodarone;
- ~~*(d)*~~ (4) Magnessium sulfate; and
- ~~*(e)*~~ (5)Procainamide

(b) For the administration of moderate sedation::
- **(1)** ***Appropriate dosages of epinephrine or pediatric epinephrine auto-injector***

Current Regulation Language for
NAC 631.2227
NAC 631.2231

15. Hyperventilation syndrome; and

16. Syncope.

Sec. 12. NAC 631.2227 is hereby amended to read as follows:

631.2227 A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~[conscious]~~ ***moderate*** sedation permit or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

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

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; ~~[and]~~

(i) A pulse oximeter ~~[.]~~ ***; and***

(j) A capnography monitor.

➥ ~~[A]~~ ***Except as otherwise provided in subsection 8, a*** dentist's office inspected or evaluated for the issuance or renewal of a ~~[conscious]~~ ***moderate*** sedation permit is not required to have the ancillary equipment described in paragraphs (a), (b), (e) , ~~[and]~~ (g) ~~[.]~~ ***and (j).***

8. In addition to the requirements of subsection 7, if general anesthesia, deep sedation or moderate sedation is administered at the dentist's office to a patient 12 years of age or younger, the following equipment must be available at the dentist's office:

(a) A pediatric size ambu bag and masks;

(b) Pediatric blood pressure cuffs;

(c) A laryngoscope complete with an adequate selection of blades for use on pediatric patients;

(d) Appropriately sized endotracheal tubes and appropriate connectors;

(e) An electrocardioscope and defibrilator;

(f) Pediatric pads for use with an electrocardioscope and defibrillator; and

(g) Small oral and nasal airways.

Sec. 13. NAC 631.2229 is hereby amended to read as follows:

631.2229 A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~[conscious]~~ *moderate* sedation permit or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history , ~~[and]~~ records of physical evaluation ~~[.]~~ *and American Society of Anesthesiologists acuity classification.*

2. Records of the administration of anesthesia must include:

(a) The patient's ~~[blood pressure and pulse;]~~ *vital signs;*

(b) The names of the drugs and the amounts *and times* administered;

(c) The length of the procedure; and

(d) Any complications of anesthesia.

Sec. 14. NAC 631.2231 is hereby amended to read as follows:

631.2231 *1.* Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~[conscious]~~ ***moderate*** sedation permit or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

~~[1.]~~ *(a)* Vasopressor;

~~[2.]~~ *(b)* Corticosteroid;

~~[3.]~~ *(c)* Bronchodilator;

~~[4.]~~ *(d)* Muscle relaxant;

~~[5.]~~ *(e)* Intravenous medication for the treatment of cardiopulmonary arrest;

~~[6.]~~ *(f)* Appropriate drug antagonist;

~~[7.]~~ *(g)* Antihistaminic;

~~[8.]~~ *(h)* Anticholinergic;

~~[9.]~~ *(i)* Antiarrhythmic;

~~[10.]~~ *(j)* Coronary artery vasodilator;

~~[11.]~~ *(k)* Anti-hypertensive; and

~~[12.]~~ *(l)* Anti-convulsive.

~~[2. A]~~

2. In addition to the requirements of subsection 1, if general anesthesia, deep sedation or moderate sedation is administered at a dentist's office to a patient 12 years of age or younger, the dentist's office must maintain the following emergency drugs:

(a) Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector;

(b) Adenosine;

(c) Aminodarone;

(d) Magnesium sulfate; and

(e) Procainamide.

3. Except as otherwise provided in subsection 2, a dentist's office that is inspected or evaluated for the issuance or renewal of a ~~[conscious]~~ ***moderate*** sedation permit is not required to maintain the emergency drugs described in ~~[subsections 4, 5, 9]~~ ***paragraphs (d), (e), (i)*** and ~~[11.]~~ ***(k) of subsection 1.***

Sec. 15. NAC 631.2235 is hereby amended to read as follows:

631.2235 1. ~~[A dentist whose office]~~ ***The persons performing an inspection or evaluation of a dentist and his or her office for*** the ~~[Board determines has failed the inspection or evaluation is not entitled to have]~~ ***issuance or renewal of*** a general anesthesia permit or ~~[conscious]~~ ***moderate*** sedation permit ~~[issued]~~ ***shall grade the dentist as passing*** or ~~[renewed.]~~ ***failing to meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.***

2. ***If the dentist meets the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.***

3. If the dentist does not meet the requirements set forth in NAC 631.2219 to 631.2231, inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board ~~[may,]~~ ***pursuant to subsection 3:***

Meeting Minutes
Anesthesia Committee and Sub Committee Meeting - April 13, 2021 (for Reference)

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Notice of Agenda & *Combined* Teleconference Meeting of (1) The Anesthesia Committee and (2) The Anesthesia Sub-Committee

Meeting Date & Time

Tuesday, April 13, 2021
6:00 p.m.

This meeting will be held exclusively through teleconference means, in accordance with Emergency Directives issued by Governor Sisolak
Teleconference Number: (669) 900 6833
Teleconference ID#: 967 7932 2759
Teleconference Passcode: 229298

PUBLIC NOTICE:

***** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting*****

Public Comment by pre-submitted email/written form, only, is available after roll call (beginning of meeting); **Live Public Comment by teleconference** is available prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address** nsbde@nsbde.nv.gov**.** Written submissions received by the Board on or before **Monday, April 12, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

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1. **Call to Order**

- Roll call/Quorum 6:02 PM Quorum was established for Committee and Sub-Committee.

Dr. Moore Chairman--PRESENT	Dr. Okundaye--PRESENT
Dr. West----------PRESENT	Dr. Johnson-----EXCUSED
Dr. Thompson----------PRESENT	Dr. Gray----------PRESENT
	Dr. Miller----------PRESENT
	Dr. Saxe----------PRESENT
	Dr. Twesme------PRESENT
	Dr. Kutansky-----EXCUSED

Others Present: Phil Su, General Counsel; Frank DiMaggio; Executive Director.

2. **Public Comment (By pre-submitted email/written form):** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Monday, April 12, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

There were no written public comments.

*3. **Chairman's Report**: D. Kevin Moore, DDS (For Possible Action)

(a) **Request to remove agenda item(s)** (For Possible Action)

No items were removed.

(b) **Approve Agenda** (For Possible Action)

Chairman Moore changed the order to the agenda as follows: (7), (8), (4), (5), (6), (9). The reorder is to give and opportunity for a guest speaker to speak. Dr. West made the motion to approve the agenda as re-ordered. Dr. Thompson seconded the motion, all in favor, motion passed.

Old Business: (For Possible Action)

*4. **Discussion and consideration of possible revision(s) to the current Anesthesia Algorithms for simulated emergencies by the [Anesthesia Sub-Committee and Anesthesia Committee] – NAC 631.2225** (For Possible Action)

Dr. Okundaye stated that she is getting feedback that there is too much information to comprehend. She said in her opinion that there is not too much information and that it is up to date and she feels like the examiners should know this information. She stated that she is open to feedback since she is the one who created those algorithms. She wanted the Boards feedback.
Dr. Saxe made a comment that the scenarios need to be tailored to the permit they are testing for with a possible revamping for who is being tested.
Dr. Okundaye agrees that they should be changed.
Dr. Saxe wanted to know how this could be changed.
Dr. Saxe stated that there needs to be a real life scenario.

***(a) Discussion and recommendations by the [Anesthesia Committee] of the possible revision(s) to the current Anesthesia Algorithms for simulated emergencies to present to the Full Board** (For Possible Action)

This Item was tabled for more information at the next meeting.
Dr. Okundaye said that they will put together other age ranges to change the algorithms.
Dr. Moore asked if there were any more questions.
Dr. West agrees that the algorithms need to be tailored to the scenario that it pertains to.
Dr. Okundaye and Dr. Saxe will get scenarios together for the next meeting.

***5. Reconsideration, Discussion, and Recommendations of possible revision(s) to the Current Anesthesia Evaluation/Inspection Forms by the [Anesthesia Sub-Committee and Anesthesia Committee] – NAC 631.2227 & NAC 631.2231** (For Possible Action) This item was tabled

i) Moderate Sedation
ii) General Anesthesia

Dr. Twesme referred to NRS 631.2227 and is concerned about regulations for pediatrics.
Dr. Miller asked if an AED qualified as defibulator. Dr. Okundaye suggested removing the words "Moderate sedation" from NAC 631.2227(8).
Dr. Moore would like to have changes to the NAC language sent to Mr. Su or Mr. DiMaggio for the next meeting.

***(a) Discussion and recommendation by the [Anesthesia Committee] of the possible revision(s) to the current Anesthesia/Inspection forms to present to the Full Board** (For Possible Action)

This agenda item was tabled.

***6. Discussion and consideration of possible revision(s) to the current Anesthesia Evaluation process by the [Anesthesia Sub-Committee and Anesthesia Committee]- NRS 631.265 & NAC 631.2211 – NAC 631.2256** (For Possible Action)

***(a) Discussion and recommendations by the [Anesthesia Committee] of the possible revision(s) to the current Anesthesia Evaluation process to present to the Full Board** (For Possible Action)

Dr. Miller showed slides from his AADB presentation. He said there a lot more deep sedation dentistry cases because there is a shortage of availability of operating rooms. He spoke about accreditation and standards that are used. He encouraged the Board to look at accreditation.
Dr. Saxe spoke to a Kelly Adkins that is an accreditation specialist and this may be an idea in the future however they are new and it is run by medical doctors. He is concerned that they are new.
Dr. Miller responded that there is always 2 to 3 surveyors that come to offices. He is also concerned about the newness. He feels that this is something that should be on our radar for the future.
Dr. Moore asked how everyone felt about our current process for evaluations.
Dr. Okundaye feels that at the site inspections, there have been doctors that have failed due to lack of know how to dose etc. It is a good idea to get in there as there should be a higher standard of care.
Dr. Saxe had a question what is the percentage of renewals and do we have enough staff to perform the inspections every five years. Maybe the Board should focus on the new people just coming out of school.
Dr. West feels it is a great idea to go out every 5 years. What he likes about our process is that the inspectors are doctors and that when he goes he feels he can teach something. He does not want anything to change.
Dr. Moore said that people have reached out to him asking whether any portion of this process can be virtual. He asked if there can be some calibration of the sedation process.
Dr. Thompson asked if we have to be there physically to watch them administer an IV.
Dr. Thompson thinks that if they have only done a few maybe it is necessary to watch them administer IV sedation in person and if you have done thousands maybe virtual would suffice.
Dr. Okundaye suggested that virtual inspections could be used to inspect drugs and equipment.
Dr. Saxe suggested a random audit.
Dr. Twesme thinks 5 years is a good idea.
Dr. Okundaye said virtual inspections can be done with experienced doctors but not new permittees

Dr. Twesme agreed that virtual inspections should not be done on new permittees.
Dr. Miller agrees that 5 years is good. Dr. Miller does not agree that all inspections should be virtual.
Dr. Moore asked about a pilot program regarding virtual inspections.
Dr. Miller stated that some offices could volunteer to do both in-person inspections and virtual inspections.
Dr. Okundaye said that the NAC for the inspections of an office do not require in-person inspections.
Dr. Moore made a motion to conduct a volunteer pilot program to virtually inspect offices. These volunteer offices will get together to discuss virtual inspections. Dr. West seconded the motion. There was no further discussion. All were in favor. The motion passed.

***7. Discussion by the [Anesthesia Sub-Committee and Anesthesia Committee] if active Nevada licensed MD anesthesiologists and/or Certified Registered Nurse Anesthetists may administer moderate sedation and/or general anesthesia in a dental facility permitted by the Nevada State Dental Board – NRS 631.265 & NAC 631.224** (For Informative Purposes Only)

(1) Michael Almeida, MSN, CRNA, President, Illinois Association of Nurse Anesthetists

Dr. Moore introduced Mr. Almeida and Ms. Jennifer Brown, CRNA.
Mr. Almeida and Dr. Miller participated in a slide show presentation to the AADB called "The CRNA and Safety". Michael Almeida is located in Illinois and is the President of the Illinois Association of Nurse Anesthetist (NA).
Mr. Almeida stated there are about 50,000 CRNA's throughout the country, and administer annually approx. 50 million anesthetics. The education starts with a bachelor's in nursing in an intensive care setting for a minimum of 1 year, and the average is 3.5 years. The approximate length of a CRNA program is 2.5 years. By 2025 all CRNA's will be at the doctoral level. Mr. Almeida went over safety slides, scope of practice laws, safety research and policy brief. NA's have been providing anesthesia in the US for more than 150 years. Mr. Almeida presented a map of State Dental board permits for CRNA. Mr. Almeida went over the legal responsibility. Mr. Almeida went over cost effectiveness.

Jennifer Brown is the President of Nevada Association of Nurse Anesthetists (NVANA).
Ms. Brown stated the board of nursing first adopted regulations establishing standards and authorization functions in 1986 for CRNA's. CRNA's are authorized to administer anesthetic agents to a person under the care of a licensed physician, dentist, or podiatrist. Ms. Brown stated that there are no supervision requirements and there are no state or federal requirements for CRNA's to administer anesthetics, so CRNA's have complete authority to control, administer, and direct anesthesia in the state of Nevada.
Dr. Thompson stated that it is not currently legal to have a CRNA perform anesthesia in a general practice.
Chairman Moore asked if there were any questions for Ms. Brown.
Dr. Thompson asked if the CRNA had to be under supervision of a physician or dentist.
Ms. Brown said that the patient had to be under the care of the physician or dentist. The dentist has to hold a permit for general anesthesia. The dentist is required to supervise the CRNA.
Ms. Brown stated a lot of CRNA's are out of Utah and provide anesthesia to pediatric and outpatient dental patients. Ms. Brown was hoping there could be some language change to the laws and that the board would consider it.
Dr. West asked why the hesitancy to add CRNA services to the table.
Dr. Moore stated that a few Board members with quite a bit of experience may have some input on the historical questions that are being asked.
Dr. Twesme stated that he had gathered information about regulation in every state west of the Mississippi. He believes that CRNA would not be able to deal with an emergency situation such as a tracheotomy and does not feel that the regulations should change; he is opposed to the change.
Jennifer Brown responded that Nurse Anesthetists are trained in dentistry such as pediatrics and understands that experience; she said you have to choose the correct Nurse Anesthetist.
Dr. Twesme asked about Nurse Anesthetist and a Tracheotomy.
Jennifer Brown referred to Mr. Almeida for his opinion.
Mr. Almeida stated that you could poll thousands of anesthesia providers ask them how many have done a tracheotomy and you might have 1 person who says they have done one in their career and it is very rare.
Dr. Okundaye stated that there is no mobile component. She stated there was always a team. There is a physician anesthesiologist or dentist present for backup due to level of education, training or experience. Sharing an airway is different. Malpractice is another component. The CRNA in the North Carolina case

was not held liable but the dentist was held liable. Doctors do not know what questions to ask CRNA's to know how qualified they are. Arizona has had 3 deaths with CRNA's.
Dr. Moore opened the floor for more questions.
Dr. West asked Dr. Okundaye if there is a mobile component when you are trained.
Dr. Okundaye said yes it is written in CODA that there has to be 1 year of training on a mobile unit in a dental practice.
Dr. Gray has been an anesthesia evaluator for a very long time. He feels that he does not have the authority to cerify the skill level of a CRNA. He states that you are generally alone while working and dentistry is unique because you share the airway. He feels there are a lot of downsides and he has reservations.
Dr. Miller, a Pediatric dentist, made a statement that the pediatrics brings a complexity to this issue. There are patient selection issues. He worries that backup won't be there in time of need.
Dr. Thompson would like to know statistics. How many are being underserved? Are their needs being met?
Dr. Saxe wanted to know where the training was done. Have you gone out to an office and done it during your training or have you only done it in a hospital setting?
Jennifer Brown said that she worked in a hospital setting with pediatric dentistry.
Ms. Brown commented that you were always being supervised by an anesthesiologist at the hospital.
Ms. Brown stated that during training that is true but since graduation she has been independent.
Dr. Saxe said that back up was a concern.
Dr. West stated that he understands that pediatrics is a very large part of the CRNA work and did she think a dental component could be added to NA training.
Dr. Okundaye stated that NA's should see a minimum 30 pediatric patients aged 2-12 years ideally 75 to graduate. Dr. Moore said that there needs to be more information. This is an access to care issue. There needs to be some statistics and some specifics of the CRNA training and asked Dr. Okundaye to prepare a comparison for consideration at the next meeting.

///

New Business: (For Possible Action)

***8. Review, consideration, and discussion by the [Anesthesia Sub-Committee and Anesthesia Committee] on Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification requirement pursuant to NAC 631.173, including but not limited to, whether such training can be completed through live and/or on-line training** (For Possible Action)

***(a) Discussion and recommendations by the [Anesthesia Committee] to present to the Full Board on Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification requirement pursuant to NAC 631.173, including but not limited to, whether such training can be completed through live and/or on-line training** (For Possible Action)

Dr. Okundaye stated that there was no information and could not find and exact date when the online training allowance ended. She stated that she would find out when it ended.
Dr. Moore asked if the training was live or online.
Dr. Thompson stated that it is typically hands on training. He also stated that it was only BLS on the prior agenda. The AHA has made the classroom portion interactive online and then you have to go in to do your hands on training. He said it is impossible to do all your training online for certification.
Mr. Su directed everyone to page 98 of the committee book regarding the CPR certification card extension by the AHA during COVID-19.
Dr. Miller said the hands on component is critical.
Dr. Okundaye said that UNLV has a sims lab that has feedback monitors.
Dr. West asked if it was hard to find a live course in Las Vegas. He stated that they did not have an issue where he is.
Dr. Moore made a motion that the Board works on language for the NAC to include a hands on requirement. Dr. West seconded the motion. There was no further discussion. All were in favor. The motion

passed.

***9. Review, discussion, and consideration by the [Anesthesia Sub-Committee and Anesthesia Committee] on the manufacturer's instructions for use on dosage, administering, packaging, and expiration dates for medications and equipment** - **NAC 631.2211 – NAC 631.2256** (For Possible Action)

***(a) Discussion and recommendations by the [Anesthesia Committee] to present to the Full Board regarding the manufacturer's instructions for use on dosage, administering, packaging, and expiration dates for medications and equipment** **NAC 631.2211 – NAC 631.2256** (For Possible Action)

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There were no recommendations made for this agenda item, and no action was taken.

10. Public Comment (Live public comment by teleconference): This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing written messages to the Board office. Written submissions should be received by the Board on or before **Monday, April 12, 2021 by 4:00 p.m.** in order to make copies available to members and the public.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

There were no public comments.

11. Announcements

There will be another Anesthesia Committee/Subcommittee meeting in the next 4-6-8 weeks.

***12. Adjournment** (For Possible Action)

Dr. Thompson made a motion to adjourn the meeting. Dr. West seconded the motion. The meeting was adjourned.

PUBLIC NOTICE POSTING LOCATIONS
Office of the N.S.B.D.E., 6010 S Rainbow Boulevard, #A-1, LV, Nevada
Nevada State Board of Dental Examiners website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

X _____
Frank DiMaggio
Executive Director

Agenda Item 4 (b):
Materials Regarding Revision(s) to Current Anesthesia Evaluation/Inspection Forms (From April 13, 2021 Committee Meeting)

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

☐ **SITE/ADMINISTRATOR EVALUATION** ☐ **SITE ONLY INSPECTION**

Name of Practitioner:	Proposed Dates:	
Location to be Inspected:	Telephone Number:	
Date of Evaluation:	Time of Evaluation:	
	Start Time:	**Finish Time:**

Evaluators

1.
2.
3.

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM:

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.

2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection form independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.

3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.

4. Sign the inspection/evaluation report and return to the Board office within **72 hours** after inspection/evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) ALL operatories used must meet criteria	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?		
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?		
b. Is there a battery powered backup lighting system?		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?		
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?		
b. Is there a backup suction device available which can operate at the time of general power failure?		
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?		
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?		
b. Does recovery area have available adequate suction?		
c. Does recovery area have adequate lighting?		
d. Does recovery area have available adequate electrical outlets?		

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) ALL operatories used must meet criteria (continued)	YES	NO
7. Ancillary Equipment *Must be* in Good Operating Condition?	**YES**	**NO**
a. Are there oral airways?		
b. Is there a tonsilar or pharyngeal type suction tip adaptable to all office *suction* outlets?		
c. Is there a sphygmomanometer and stethoscope?		
d. Is there adequate equipment for the establishment of an intravenous infusion?		
e. Is there a pulse oximeter?		
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?		
g. Endotracheal tubes and appropriate connectors?		
h. An endotracheal tube type forcep?		
i. An electrocardioscope and defibrillator?		
j. A capnography monitor		

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?				
2. Corticosteroid drug available?				
3. Bronchodilator drug available?				
4. Appropriate drug antagonists available?				
5. Antihistaminic drug available?				
6. Anticholinergic drug available?				
7. Coronary artery vasodilator drug available?				
8. Anticonvulsant drug available?				
9. Oxygen available?				
10. Muscle relaxant?				
11. Antiarrhythmic?				
12. Antihypertensive?				
13. Intravenous medication for the treatment of cardiopulmonary arrest?				

SITE INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?		
2. An adequate physical evaluation of the patient?		
3. Includes American Society of Anesthesiologist physical status classification?		
4. Anesthesia records show patient's vital signs?		
5. Anesthesia records listing the drugs administered, amounts administered, and time administered?		
6. Anesthesia records reflecting the length of the procedure?		
7. Anesthesia records reflecting any complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?		

	YES	NO
Is there general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger (if yes, complete section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		
2. Appropriate size blood pressure cuffs		
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger		
4. Appropriately sized endotracheal tubes and appropriate connectors		
5. Appropriate pads for use with an electrocardioscope and defibrillator		
6. Small oral and nasal airways		
ADDITIONAL EMERGENCY DRUGS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection

☐ Pass ☐ Fail ☐ Pass Pending*

If Pass Pending, please list all deficiencies

Comments: _____

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_____ _____

Signature of Evaluator Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION.

EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA / DEEP SEDATION	YES	NO
1. Who administered General Anesthesia? Dentist's Name: _____		
2. Was case demonstrated within the definition of general anesthesia?		
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?		
4. Was the patient monitored while recovering from anesthesia? Monitored by whom:_____ Title:_____		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?		
6. Were personnel competent *and knowledgeable of equipment operation and location*?		
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?		
4. What was the length of the case demonstrated? _____		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?		
2. Bronchospasm?		
3. Emesis and aspiration of foreign material under anesthesia?		
4. Angina pectoris?		
5. Myocardial infarction?		
6. Hypotension?		
7. Hypertension?		
8. Cardiac arrest?		
9. Allergic reaction?		
10. Convulsions?		

SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of: (continued)	YES	NO
11. Hypoglycemia?		
12. Asthma?		
13. Respiratory depression?		
14. Local anesthesia overdose?		
15. Hyperventilation syndrome?		
16. Syncope?		

Evaluator Overall Recommendation of Evaluation

☐ Pass ☐ Fail

Comments: _____

_____

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_____

_____ _____

Signature of Evaluator Date

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MODERATE SEDATION
INSPECTION AND EVALUATION REPORT

☐ ON-SITE/ADMINISTRATOR EVALUATION	☐ SITE ONLY INSPECTION	
Name of Practitioner:	Proposed Dates:	
Location to be Inspected:	Telephone Number:	
Date of Evaluation:	Time of Evaluation/Inspection:	
	Start Time:	Finish Time:

Evaluators

1.
2.
3.

INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM:

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.

2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.

3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.

4. Sign the report and return to the Board office within **72 hours** after evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?		
b. Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?		
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?		
b. Does operating chair or table permit the team to quickly alter the patient's position an emergency?		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?		
b. Is there a battery powered backup lighting system?		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?		
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral and pharyngeal cavities?		
b. Is there a backup suction device available which can operate at the time of General power failure?		
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?		
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?		
b. Does recovery area have available adequate suction?		
c. Does recovery area have adequate lighting?		
d. Does recovery area have available adequate electrical outlets?		
7. Ancillary Equipment *Must be* in Good Operating Condition		
a. Are there oral airways?		
b. Is there a tonsilar or pharyngeal type suction tip adaptable to all office suction outlets?		
c. Is there a sphygmomanometer and stethoscope?		
d. Is there adequate equipment for the establishment of an intravenous infusion?		
e. Is there a pulse oximeter?		

SITE INSPECTION

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?				
2. Corticosteroid drug available?				
3. Bronchodilator drug available?				
4. Appropriate drug antagonists available?				
5. Antihistaminic drug available?				
6. Anticholinergic drug available?				
7. Coronary artery vasodilator drug available?				
8. Anticonvulsant drug available?				
9. Oxygen available?				

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?		
2. An adequate physical evaluation of the patient?		
3. Sedation records show patient's vital signs?		
4. Includes American Society of Anesthesiologists physical status classification?		
5. Sedation records listing the drugs administered, amounts administered, and time administered?		
6. Sedation records reflecting the length of the procedure?		
7. Sedation records reflecting any complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for sedation?		

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger (if yes, complete section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		
2. Appropriate size blood pressure cuffs		
3. Appropriate size oral and nasal airways		
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guide-lines of the American Academy of Pediatric Dentistry		

Evaluator Overall Recommendation of Site Inspection

☐ Pass ☐ Fail ☐ Pass Pending*

If Pass Pending, please list all deficiencies

Comments: _____

_____

_____

_____

_____ _____

Signature of Evaluator Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN <u>EVALUATION OF AN ADMINISTERING PERMIT</u>, CONTINUE TO NEXT SECTION.

EVALUATION

DEMONSTRATION OF MODERATE SEDATION	YES	NO
1. Who administered moderate sedation? Dentist's Name: _____		
2. Was sedation case demonstrated within the definition of moderate sedation?		
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?		
4. Was the patient monitored while recovering from sedation? Monitored by whom: _____		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		
6. Were personnel competent?		
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?		
9. What was the length of the case demonstrated? _____		
SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. Laryngospasm?		
2. Bronchospasm?		
3. Emesis and aspiration of foreign material under anesthesia?		
4. Angina pectoris?		
5. Myocardial infarction?		
6. Hypotension?		
7. Hypertension?		
8. Cardiac arrest?		
9. Allergic reaction?		
10. Convulsions?		
11. Hypoglycemia?		
12. Asthma?		
13. Respiratory depression?		
14. Local anesthesia overdose?		
15. Hyperventilation syndrome?		
16. Syncope?		

Evaluator Overall Recommendation of Evaluation

☐ Pass ☐ Fail

Comments: _____

_____

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_____ _____

Signature of Evaluator Date

Agenda Item 4 (c):
Materials Regarding Revision(s) to Current Anesthesia Evaluation Process (From April 13, 2021 Committee Meeting)

AAAASF ACCREDITATION APPLICATION

Application will not be processed if failed to complete in its entirety

Date:	
Type of Accreditation: Pediatric Dentistry	Facility Class (check one only): ☐ A ☐ B ☐ C-M ☐ C

Specialty Information (to be determined by the Facility/Medical Director)
Please list primary specialty, if more than one, add secondary specialty. **List all specialties as stated on board certification.**

Primary: _____
Secondary: _____
Legal Business Name (not DBA name): _____
Facility/Medical Director: _____
Facility/Medical Director E-mail address: _____
Name of office manager/head nurse: _____

Previously accredited or denied accreditation by any accrediting organization

☐ No ☐ Previously Accredited ☐ Denied Name of Accrediting Organization:

Please Note:

- Previous denial by AAAASF or another accreditation agency does not preclude application for accreditation. Any facility may reapply for accreditation at any time following receipt of a denial notification
- Failure to disclose previous accreditation, denial or revocation thereof may result in denial or loss of AAAASF Accreditation

Alternate Facility Name (if applicable):	Type of Alternate Facility Name: ☐ Doing Business As Name ☐ Other (Specify):

Identify the type of organizational structure (Check one):

☐ Sole Proprietor ☐ Business Corporation ☐ Limited Liability Company ☐ General Partnership
☐ Registered Limited Liability Partnership ☐ Professional Corporation ☐ Professional Limited Liability Company
☐ University Faculty Practice Corporation (501(c)(3), not-for-profit) ☐ Other (Please Specify):

Is the facility entirely physician owned (specify percentage that each physician owns): ☐ Yes ☐ No	Please Note: Changes in facility ownership must be reported to the AAAASF Office within thirty (30) days.

Name(s) of facility owner(s), controlling stockholder and/or beneficial ownership	
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone #:	Telephone #:
License Number:	License Number:
Percent of Business Owned: %	Percent of Business Owned: %
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone #:	Telephone #:
License Number:	License Number:
Percent of Business Owned: %	Percent of Business Owned: %

Facility State License Information: License Not Applicable ☐	
License Number:	State Where Issued:
Effective Date (mm/dd/yyyy):	Expiration/Renewal Date (mm/dd/yyyy):

Facility Location Information:		
Address Line 1:		
Address Line 2:		
City/Town:	State:	Zip:
Telephone Number:	Fax Number:	
Website Address:	E-mail Address:	

Contact Person -We will contact this person if questions arise during the processing of this application:

Contact Name:	E-mail Address:
Telephone Number:	Fax Number:

Physician/Dentist Name:	**Board Certification:**	**State License Number:**
1.		
Email address:		
2.		
Email address:		
3.		
Email address:		
4.		
Email address:		
5.		
Email address:		
6.		
Email address:		
7.		
Email address:		
8.		
Email address:		
9.		
Email address:		
10.		
Email address:		

Additionally, please submit the following documentation along with the completed application either by mail or fax to:

AAAASF Office
7500 Grand Ave, Suite 200
Gurnee, IL 60031
Or
Fax: 847-775-1985

- A floor plan or diagram of the facility clearly labeling rooms, including: Dental Room, Prep area, Clean area, Dirty area, etc. (does not need to be to scale and must clearly identify each room purpose and dimensions)
- Copy of each physician/dentist State Medical License
- Copy of each physician/dentist Board Certificate or letter of admissibility by the certifying board

The following forms also need to be completed.

- Completed HIPAA Business Agreement signed by Medical Director
- Completed Anesthesia Validation Form
- Authorization to Release Form completed and signed by each physician/surgeon
- Facility Identification Form signed by Medical Director
- Staff Identification Form
- Facility Director's Attestation signed by Medical Director

	ANNUAL FEES FOR ACCREDITATION Pediatric Dentistry			
Number of dentists on staff	Class A	Class A	Classes B, C-M, C	Classes B, C-M, C
	Standard Cost	Class A FIRST YEAR DISCOUNT	Standard Cost	Classes B, C-M, C FIRST YEAR DISCOUNT
1-2	$790	$400	$1,160	$586
3-5	$1100	$556	$1,610	$814
6-9	$3490	$1,764	$4,210	$2,128
10 plus	$4910	$2,482	$6,210	$3234

- *10% discount offered for AAPD members after the first year*

Survey Fees for Pediatric Dentistry Accreditation

$2,100 Survey Fee for any size facility or any class.
Facilities may request an expedited survey for an additional $500 (ask for details).
All credentials must be submitted and processed prior to survey.

Annual Fee (see schedule above): $ _____ + $2,100 Survey Fee = Total amount of payment: $ _____

Payment by credit card
Submit your application via email to info@aaaasf.org or via fax to 847-775-1985. You may pay with a credit card over the phone by calling the accounting department directly at 888-545-5222.

Check type of credit card: Visa MasterCard American Express

Name on card: Card #:

Billing zip code: Three-digit code: Exp. Date: Signature:

OR

Payment by check
Submit completed application with supporting documentation and check made out to AAAASF.

AAAASF Office
7500 Grand Ave, Suite 200
Gurnee, IL 60031

Fee and refund policy:
The first-year accreditation annual fee plus initial survey fee is due with each accreditation application. Additional fees will apply if special survey requests are made or for those facilities located outside the continental USA. After an application has been submitted and processed, AAAASF will refund 50% of the annual fee and 100% of the survey fee if the facility has not been surveyed. If the facility was surveyed, only 50% of the annual fee will be refunded. If the accreditation process is not completed within one year of the received date, a new application and appropriate fee is required. No refunds will be issued if the application expires. Upon receiving accreditation and once an anniversary date is established, the facility will be invoiced 6 months prior to the anniversary date. Fees must be paid by the due date on the invoice for the accreditation process to begin. Otherwise, late fees will be applied and other penalties will follow.

American Association for Accreditation of Ambulatory Surgery Facilities

7500 Grand Ave, Suite 200
Gurnee, Illinois 60031

Toll Free: 1-888-545-5222
Phone: 847-775-1970
Fax: 847-775-1985
reception@aaaasf.org
www.aaaasf.org

Anesthesia Validation Form

Date:	Click or tap to enter a date.	Facility ID:	[Facility ID]
Facility Name:	[Company]	Medical Director name:	Click or tap here to enter text.

Facilities seeking initial survey must have performed at least ten (10) cases.

To complete the application process, the facility's Medical Director must provide confirmation of 10 cases with anesthesia within the class for which the facility is applying (except for local). Of these 10 cases, at least 2 must be of the highest level of anesthesia in that class.

The facility must complete this Anesthesia Validation form demonstrating that the facility has performed the requisite cases. Submission of this form constitutes an attestation on behalf of the facility that the above criteria have been met.

Surgical date:	Click or tap to enter a date.	Operating Surgeon:	Click or tap here to enter text.
Patient initials:	Click or tap here to enter text.	Type of anesthesia:	Click or tap here to enter text.
Procedure:	Click or tap here to enter text.		

Surgical date:	Click or tap to enter a date.	Operating Surgeon:	Click or tap here to enter text.
Patient initials:	Click or tap here to enter text.	Type of anesthesia:	Click or tap here to enter text.
Procedure:	Click or tap here to enter text.		

Surgical date:	Click or tap to enter a date.	Operating Surgeon:	Click or tap here to enter text.
Patient initials:	Click or tap here to enter text.	Type of anesthesia:	Click or tap here to enter text.
Procedure:	Click or tap here to enter text.		

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Pediatric Dentistry Facility Standards and Checklist

AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

WWW.AAAASF.ORG

Pediatric Dentistry Facility Standards and Checklist for Accreditation of Ambulatory Surgery Facilities

Version 1 ● 2019

Table of Contents

Pediatric Dentistry Standards

The AAAASF Pediatric Dentistry Facility Accreditation Program

The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) conducts an accreditation program that verifies that a facility meets nationally recognized safety standards. The procedural facility accreditation program is conducted by dentists, physicians and nurses who determine the standards under the direction of a Board of Directors. Pediatric Dentistry facility accreditation is intended for ambulatory facilities performing procedures under sedation or general anesthesia which would include Pediatric Dentists and others. The AAAASF strives for the highest standards of excellence for its facilities by regularly revising and updating its requirements for patient safety and quality of care.

The following list of Pediatric Dentistry Office-Based procedures are permitted under this current version of the AAAASF Pediatric Dentistry Facility Standards. The AAAASF Board of Directors reserves the right to review and edit these procedures at any time based upon differing scopes of practice standards and changing state and federal regulations and laws.

Dentoalveolar

- Extractions
  - Simple
  - Complex
- Dental Restorations
- Pulpal Treatment
- Soft Tissue Graft
- Frenuloplasty
- Frenectomy

Space Maintenance

Trauma

- Hard and Soft Tissue Trauma
- Lacerations
- Hard Tissue Dental Fractures including Alveolus

Pathology

- Hard and Soft Tissue
- Management of Odontogenic Infection
- Soft and Hard Tissue Biopsy

Definition of AAAASF Facility Classes

Class A:

In a Class A Facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine

Agents 1 through 3 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Class A Facilities must meet all Class A standards.

Minimal sedation (anxiolysis) − A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected.

Definition of AAAASF Facility Classes

Class B:

In a Class B facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (excluding Propofol)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

The use of Propofol, Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia are prohibited in a Class B facility

Class B facilities must meet all Class A and Class B standards.

Moderate Sedation - An induced state of sedation characterized by a minimally depressed consciousness such that the patient is able to continuously and independently maintain a patent airway, retain protective reflexes, and remain responsive to verbal commands and physical stimulation.

Definition of AAAASF Facility Classes

Class C-M:

In a Class C-M facility, all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (including Propofol)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 (excluding Propofol) may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

Propofol anesthesia may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

The use of Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia is prohibited in a Class C-M facility.

Class C-M facilities must meet all Class A, Class B and Class C-M standards.

Deep sedation− An induced state of sedation characterized by depressed consciousness such that the patient is unable to continuously and independently maintain a patent airway and experiences a partial loss of protective reflexes and ability to respond to verbal commands or physical stimulation.

Definition of AAAASF Facility Classes

Class C:

In a Class C facility all pediatric dental procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Low-Flow Nitrous Oxide/oxygen with a failsafe/flow-safe machine
4. Oral or Intranasal Sedation
5. Parenteral Sedation
6. Dissociative Drugs (including Propofol)
7. General Anesthesia (with or without Endotracheal Intubation or Laryngeal Mask Airway Anesthesia)

Agents 1 through 5 may be administered by:

- An appropriately credentialed Pediatric Dentist (DDS or DMD).

Agents 4 through 6 (excluding Propofol) may be administered by:

- An appropriately credentialed Medical Anesthesiologist (MD or DO)
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)
- An appropriately credentialed Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist

Propofol anesthesia may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

General anesthetics (agent 7) may be administered only by:

- An appropriately credentialed Medical Anesthesiologist
- An appropriately credentialed Dentist Anesthesiologist
- An appropriately credentialed Certified Registered Nurse Anesthetist (CRNA)

Class C facilities must meet all Class A, Class B, Class C-M and Class C standards.

Onsite Inspection

A facility is inspected every three years at a minimum or as state laws require or sooner if for cause. The facility inspector will review any deficiencies with the Medical Director and forward the Standards and Checklist answer sheet to the AAAASF Central Office. To be accredited by AAAASF, a facility must meet every standard for its Class (A, B, C-M or C).

Onsite Inspection Privacy Policy

Onsite AAAASF Inspections typically involve the attention of the facility Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The inspection process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's announced or unannounced inspections/surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the inspection process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the inspection process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

Self-Evaluation Inspection

A facility is evaluated by the Medical Director each year between inspections, and the Standards and Checklist answer sheet is sent to the AAAASF Office. A facility's AAAASF accreditation remains valid if it continues to meet every standard for its Class (A, B, C-M or C). Otherwise, accreditation is revoked.

Denial or Loss of Accreditation

The AAAASF will deny or revoke accreditation of a facility if the facility fails to satisfy every standard for its Class (A, B, C-M or C), or if any Pediatric Dentist or Physician performing procedures at the facility that:

- Has had their privileges to perform procedures restricted or limited by any hospital at which the Pediatric Dentist has privileges, related to lack of clinical competence, ethical issues, or professional problems other than economic competition.
- Has been found to be in violation of the Code of Ethics of any professional medical society or association of which they are a member.
- Has had their right to practice medicine, and/or dentistry limited, suspended, terminated or otherwise affected by any state, province, or country, or if they have been disciplined by any medical and/or dentistry licensing authority.
- Non-reporting of any of the above to the AAAASF.

Hearing

Any facility whose accreditation has been revoked or denied by the AAAASF has the right to a Hearing at which it may present information to show that it has satisfied the requirements for accreditation. The Hearing process is described in the AAAASF Bylaws, available from the AAAASF Central Office.

Emergency Suspension or Emergency Probation

The AAAASF may place a facility on Emergency Suspension or Emergency Probation status upon receiving information that a state medical or dental board has taken action or begun formal proceedings which may result in it taking action against a license held by a Pediatric Dentist practicing at the facility, or the Board of Directors determining that the facility may no longer meet AAAASF standards for accreditation. A facility that has been placed on Emergency Suspension or Emergency Probation status will remain in such status pending an investigation and possible Hearing, conducted in accordance with AAAASF procedures that are available from the AAAASF Central Office.

Important Notice

Optimal patient safety has always been our guiding concern. AAAASF's Standards may be considered the strongest of any agency that accredits ambulatory surgery facilities, and that many consider them to be the Gold Standard. We recognize, however, that they need to be part of a living document, and we continually re-evaluate and revise these Standards in the light of medical advances and changing legislative guidelines.

The AAAASF Accreditation Program requires 100% compliance with each Standard to become and remain accredited. There are no exceptions. However, when a Standard refers to appropriate or proper or adequate, reasonable flexibility and room for individual consideration by the inspector is permitted as long as patient and staff safety remain uncompromised.

Medical Director's Attestation

The Medical Director must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the AAAASF standard.

Please complete and sign the following document and return to the AAAASF office:

MEDICAL DIRECTOR'S ATTESTATION

As Director of the (name of facility) _____,

located at _____, I attest that this facility meets all applicable local, state, and federal zoning and construction codes and regulations, including Certificate of Need requirements, as mandated. I further acknowledge that wherever governmental regulations or codes supersede AAAASF Standards, the stricter rule is applicable, whether it is the local, state, federal regulation or code or AAAASF Standard. Furthermore, I authorize AAAASF to release accreditation reports and corrective action plans to the state Board or Federal government upon request.

_____ _____

Medical Director Date

AAAASF
7500 Grand Ave, Suite 200
Gurnee, IL 60031

Toll-free: 888-545-5222
Phone: 847-775-1970
Fax: 847-775-1985
Web: www.aaaasf.org

AAAASF Pediatric Dentistry – Version 1.0

100 Basic Mandates

Failure to adhere to the basic mandates of AAAASF will result in referral to the AAAASF Investigative Committee. Sanctions by the Board of Directors may result in emergency suspension and revocation.

100.10 Basic Mandates

100.10.10 A,B,C-M,C

A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient procedure in this facility should be referred to alternative facilities.

100.10.20 A,B,C-M,C

There must be a written policy defining the unique and peri-procedure care of pediatric patients. This is based upon considerations of age, risk categories, procedure, and facility equipment and capability. This policy must be available and current.

100.10.30 A,B,C-M,C

The "AAAASF Patient Rights" document is prominently displayed and/or a copy is provided to each patient. The "AAAASF Patient Rights" document is also adhered to and promoted by all staff.

100.10.40 A,B,C-M,C

Onsite AAAASF Inspections typically involve the attention of the Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The inspection process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's announced or unannounced inspections/surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the inspection process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the inspection process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

AAAASF Pediatric Dentistry – Version 1.0

100 Basic Mandates

100.20 AAAASF-Mandated Reporting

100.20.10 A,B,C-M,C

Any change in the Pediatric Dentist's staff must be reported in writing to the AAAASF Central Office within thirty days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, ABOMS Board Certification, Dentist Anesthesiologist license, and/or letter of eligibility or equivalent documentation must also be sent to the AAAASF Central Office.

100.20.20 A,B,C-M,C

Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the Pediatric Dentist and staff or other licensed facility staff must be reported in writing to the AAAASF Central Office within ten (10) days of the time the Medical Director becomes aware of such action.

100.10.30 A,B,C-M,C

Changes in facility ownership must be reported to the AAAASF Office within thirty (30) days of the change and reapply for accreditation.

100.10.40 A,B,C-M,C

Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a procedure performed in an accredited facility, must be reported to the AAAASF office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must also be reported as an unanticipated procedure sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of a procedure done in an AAAASF-accredited facility, an unannounced inspection may be done by a senior inspector.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

AAAASF is committed to establishing guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the AAAASF Standard or local, state, or federal law).

200.10 Facility Safety Manual

200.10.10 A,B,C-M,C

There is a facility safety manual.

200.10.20 A,B,C-M,C

Facility safety manual contains all applicable requirements of OSHA.

200.10.30 A,B,C-M,C

Facility safety manual is in accordance with other federal and state regulations.

200.10.40 A,B,C-M,C

Facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.

200.10.50 A,B,C-M,C

In the facility safety manual, there is a written exposure control plan which is reviewed and updated at least annually.

200.10.60 A,B,C-M,C

In the facility safety manual, there is a written chemical hazard communication program which is reviewed and updated annually.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.20 Personnel Safety

200.20.10 C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

200.20.20 A,B,C-M,C

Personal protective equipment is available and used for all appropriate procedures in accordance with OSHA guidelines.

200.20.30 A,B,C-M,C

Scrub suits, caps or hair covers, gloves, operative gowns, masks, and eye protection are worn as appropriate for all surgery.

200.20.40 A,B,C-M,C

If a gas sterilizer is used, appropriate personnel are badge tested to ensure that there is no significant ethylene oxide exposure.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.30 X-Ray and Laser Safety

200.30.10 A,B,C-M,C

Warnings and signs exist to warn patients and staff when x-ray or laser equipment is in use.

200.30.20 A,B,C-M,C

If x-ray equipment is used, safety measures are taken to protect patients and staff from injury.

200.30.30 A,B,C-M, C

If x-ray equipment is used, at least an annual check of x-ray equipment and lead aprons is performed.

200.30.40 A,B,C-M,C

Staff maintains dosimetry badges and records, if applicable, for at least three (3) years.

200.30.50 A,B,C-M,C

If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, include appropriate eyewear, covered mirrors, covered windows, signage on the door, etc.

200.30.60 A,B,C-M,C

All appropriate safety measures are taken to avoid open flames and/or lasers in the presence of anesthetic gases, root canal therapy, etc.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.40 Hazardous Agents

200.40.10 A,B,C-M,C

All explosive and combustible materials are stored and handled in a safe manner according to state, local and/or National Fire Protection Association (NFPA) codes.

200.40.20 A,B,C-M,C

Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes.

200.40.30 A,B,C-M,C

Hazardous chemicals are labeled as hazardous.

200.50 Fire Controls

200.50.10 A,B,C-M,C

The facility is equipped with heat sensors and/or smoke detectors.

200.50.20 A,B,C-M,C

An adequate number of fire extinguishers are available.

200.50.30 A,B,C-M,C

Fire extinguishers are inspected annually and conform to local fire codes.

AAAASF Pediatric Dentistry – Version 1.0

200 General Safety

200.60 Exits

200.60.10 A,B,C-M,C

Exit signs are posted and illuminated consistent with state, local and/or the NFPA codes and OSHA codes.

200.60.20 A,B,C-M,C

There are sufficient emergency lights for exit routes and patient care areas in case of power failure.

200.60.30 A,B,C-M,C

Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.

200.60.40 A,B,C-M,C

If requested, the facility's personnel can demonstrate safe evacuation of a patient.

200.70 Medical Hazardous Waste

200.70.10 A,B,C-M,C

All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.

200.70.20 A,B,C-M,C

Used disposable sharp items are placed in puncture-resistant containers located close to the area in which they are used.

AAAASF Pediatric Dentistry – Version 1.0

300 In Case of Emergency

300.10 Emergency Equipment

300.10.10 A,B,C-M,C

Emergency cart is available with defibrillator or AED, necessary drugs and other CPR equipment (e.g. suction, pediatric defib pads, current PALS algorithm, and ACLS algorithm if appropriate).

300.10.20 A,B,C-M,C

A standard defibrillator, or an Automated External Defibrillator unit (AED), is present which is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years.

300.10.30 A,B,C-M,C

Self-inflating (Ambu©) bags, if used, are capable of delivering positive pressure ventilation with oxygen.

AAAASF Pediatric Dentistry – Version 1.0

300 In Case of Emergency

300.20 Emergency Protocols

There is a written protocol for:

300.20.10 A,B,C-M,C

Cardiopulmonary resuscitation.

300.20.20 A,B,C-M,C

Transferring patients in an emergency.

300.20.30 A,B,C-M,C

Return to the procedure room for patient emergencies.

300.20.40 A,B,C-M,C

A situation in which the Pediatric Dentist becomes incapacitated.

300.20.50 B,C-M,C

A situation in which the anesthesia provider becomes incapacitated.

300.20.60 A,B,C-M,C

Fires, fire drills, and surgical fire safety drills

300.20.70 A,B,C-M,C

Plan for emergency evacuation of the facility.

300.20.80 A,B,C-M,C

Response to power failure emergencies.

AAAASF Pediatric Dentistry – Version 1.0

300 In Case of Emergency

300.20.90 A,B,C-M,C

Security emergencies, such as an intruder in the facility, an unruly patient or visitor, a threat to the staff or patients.

300.30 Emergency Power

300.30.10 A,B,C-M,C

The procedure room has an emergency power source, (e.g., a generator or battery powered inverter), with capacity to operate adequate monitoring, anesthesia, procedure equipment, cautery and lighting for a minimum of thirty (30) minutes. If two of more procedure rooms are used simultaneously, an adequate emergency power source must be available for each procedure room and recovery room. (Alternatively, in case of a power failure, the facility has back-up power on all monitoring equipment.)

300.30.20 A,B,C-M,C

The emergency power source, including internal battery back-up, is able to begin generating ample power to operate essential electrical equipment used in the procedure room within thirty (30) seconds of a power failure.

300.30.30 A,B,C-M,C

The emergency power equipment is checked monthly to insure proper function, and the test results are filed and kept for a period of three (3) years.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.10 Facility Environment

400.10.10 A,B,C-M,C

The facility displays a professional appearance in keeping with a facility where general anesthesia is administered and designed to carry out dental and surgical procedures. The facility should be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more exam rooms should be available that provide for privacy and treatment in a sanitary, orderly environment.

400.10.20 A,B,C-M,C

The floors are covered with an easily cleaned material which is smooth and free from breaks or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone. The floor must be water repellent.

400.10.30 A,B,C-M,C

All openings to facility are effectively protected against the entrance of insects, animals, etc.

400.10.40 A,B,C-M,C

Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations) and connected to emergency power supplies where appropriate.

400.10.50 A,B,C-M,C

There are no overloaded wall plugs or extension cords in use, no altered grounding plugs in use, and wires are not broken, worn or unshielded.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.20 Procedure Room Environment

400.20.10 A,B,C-M,C

There is a room for use as a procedure room

400.20.20 A,B,C-M,C

An exam room may function as a procedure room.

400.20.30 A,B,C-M,C

Unauthorized individuals are deterred from entering the procedure room by locks, alarms, or facility personnel.

400.20.40 A,B,C-M,C

Each procedure room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the procedures, and must comply with applicable local, state or federal requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport. Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the procedure room space available.

400.20.50 A,B,C-M,C

The procedure room(s) is adequately ventilated and temperature controlled.

400.20.60 A,B,C-M,C

The procedure room(s) is properly cleaned, maintained and free of litter and clutter.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.30 Storage

400.30.10 A,B,C-M,C

There is adequate storage space to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the procedure room for frequently used supplies, equipment and/or medications.

"Adequate" is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

400.30.20 A,B,C-M,C

Storage space provides easy access for identification and inventory of supplies.

400.30.30 A,B,C-M,C

Sterile supplies are stored away from potential contamination in closed cabinets/drawers or if not, away from heavy traffic areas.

AAAASF Pediatric Dentistry – Version 1.0

400 Environment

400.40 Cleaning

400.40.10 A,B,C-M,C

The entire procedural suite is cleaned and disinfected according to CDC-approved standards adequate to prevent cross-contamination.

400.40.20 A,B,C-M,C

Instrument handling and reprocessing areas are cleaned and maintained.

400.40.30 A,B,C-M,C

Between cases, the procedure room(s) is cleaned with intermediate-level, medical-grade disinfectants.

400.40.40 A,B,C-M,C

All blood and body fluid spills are cleaned using germicides that are viricidal, bactericidal, tuberculocidal and fungicidal.

400.40.50 A,B,C-M,C

There is a written policy for cleaning of spills which may contain blood borne pathogens.

400.40.60 A,B,C-M,C

All blood and body fluid spills are cleaned using germicides that are viricidal, bactericidal, tuberculocidal and fungicidal.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.10 Facility Equipment

500.10.10 A,B,C-M,C

All equipment is pediatric or adult specific. All equipment needs to be appropriately sized for patients treated concerning age, weight, etc.

500.20 Procedure Room Equipment

500.20.10 A,B,C-M,C

Only inspected equipment is used in the procedure room

500.20.20 A,B,C-M,C

Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.

500.20.30 A,B,C-M,C

The procedure room is provided with adequate lighting.

500.20.40 A,B,C-M,C

There is an adequate and reliable source of suction.

500.20.50 A,B,C-M,C

There is an adequate procedure room table or chair.

500.20.60 A,B,C-M,C

When unipolar electrocautery is used, a single-use/disposable grounding pad is used.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.30 Anesthesia Equipment

500.30.10 A,B,C-M,C

All required anesthesia, monitoring, emergency equipment/medications, for general anesthesia/deep sedations anesthesia must be present during the procedure/recovery. This is to allow mobile anesthesia providers to bring in the required equipment rather than the requirement to be located at facility at ALL times. This requires emergency equipment/monitors required to be on site at all times according to state or local laws.

500.30.20 A, B, C-M, C

Blood pressure monitoring equipment is present and appropriate for a pediatric population.

500.30.30 B,C-M,C

An EKG monitor with pulse read-out is present. All monitoring equipment is tested and certified on a yearly basis or per manufacturer's instructions.

500.30.40 A,B,C-M,C

A reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder).

500.30.50 B,C-M,C

Laryngoscope is present and working. Laryngoscope is appropriately cleaned as appropriate, HLD or sterilized. (If HDL must be vented, etc.)

500.30.60 A,B,C-M,C

Oral and nasopharyngeal airways for each size of patient treated in the facility are present.

AAAASF Pediatric Dentistry – Version 1.0

500 Equipment

500.30.70 B,C-M,C

A comprehensive assortment of Endotracheal Tubes are present to cover full range of patients being treated.

500.30.80 B,C-M,C

Endotracheal stylet is present.

500.30.90 C

An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA) is used exclusively, and no inhalation agents (volatile) are available, an anesthesia machine is not required.

500.30.100 C

If present, mechanical ventilator should have a continuous use device which indicates a disconnect from the O2 source via an audible signal.

500.40 Recovery Room Equipment

500.40.10 B,C-M,C

A separate pulse oximeter is available for each patient in the recovery area.

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500 Equipment

500.50 Maintenance of Equipment

500.50.10 A,B,C-M,C

The equipment's specifications are kept in an organized file.

500.50.20 A,B,C-M,C

A bio-medical technician, which may include manufacturer, at least annually inspects all equipment (including electrical outlets, breaker/ fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer's specifications.

500.50.30 A,B,C-M,C

All equipment repairs and changes are done by a bio-medical technician with records kept for a minimum of three (3) years.

500.50.40 A,B,C-M,C

All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years. Stickers may be placed on individual equipment; however written records must be maintained of the yearly inspections.

500.50.50 A,B,C-M,C

All equipment in the procedural suite should be tested by biomedical engineer to verify no electric leakage. Verify safe for use annually.

500.50.60 A,B,C-M,C

Anesthesia gas systems, including nitrous delivery system, are checked by a certified inspector and written reports are available stating that the equipment is safe and operating according to the manufacturer's specifications.

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500 Equipment

500.50.70 A,B,C-M,C

If a central source of piped oxygen is used, the system must meet all applicable codes.

500.50.80 A,B,C-M,C

Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH.

500.50.90 A,B,C-M,C

Dental Unit Waterlines: The number of bacteria used for coolant/irrigation used for Non-Surgical dental procedures must be as low as reasonably achievable, and at a minimum <500CFU colony forming units, the regulatory standard for safe drinking water established by EPA. Verified documented testing of all dental units must be performed at least annually unless more frequently recommended by the manufacturer.

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600 Infection Control

600.10 Infection Control

600.10.10 A,B,C-M,C

The facility policy manual should include infection control and sterilization policies and procedures that are consistent with current CDC guidelines.

600.10.20 A,B,C-M,C

Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross-contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007).

600.10.30 A,B,C-M,C

Hand hygiene is performed in accordance with current CDC guidelines.

600.10.40 A,B,C-M,C

If one sink is used both for dirty instruments and to hand/arm scrub for procedures, there is a written policy to clean and disinfect the sink prior to hand/arm scrubbing.

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600 Infection Control

600.20 Sterilization

600.20.10 A,B,C-M,C

All instruments used in patient care are sterilized, where applicable.

600.20.20 A,B,C-M,C

A written protocol is present for the reprocessing all instruments and equipment used in patient care.

600.20.30 A,B,C-M,C

There is strict physical segregation of dirty procedure equipment and instruments that have been cleaned and are in the preparation and assembly area.

600.20.40 A,B,C-M,C

The facility has at least one autoclave which uses high pressure steam/heat or all sterile items are single-use/disposable. All soiled instruments are to be treated with an enzymatic cleaner if not processed immediately for sterilization.

600.20.50 A,B,C-M,C

Gas sterilizers must be vented as per manufacturer's specifications.

600.20.60 A,B,C-M,C

Sterile supplies are labeled to indicate sterility; packaged and sealed to prevent accidental opening.

600.20.70 A,B,C-M,C

Each sterilized pack is marked with the sterilization date, initials of the person performing the sterilization, expiration date (if applicable) and an internal integrator. When more than one autoclave is available, each pack must be labeled to identify in which autoclave it was sterilized.

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600 Infection Control

600.20.80 A,B,C-M,C

A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years. The sterility of each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.

600.20.90 A,B,C-M,C

If a spore test is positive, there is a protocol for remedial action to correct the sterilization process.

600.20.100 A,B,C-M,C

Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.

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700 Medical Records

700.10 General Medical Records

700.10.10 A,B,C-M,C

Medical records must be legible, documented and completed accurately.

700.10.20 A,B,C-M,C

Medical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the AAAASF three-year inspection cycle.

700.10.30 A,B,C-M,C

Medical records are filed for easy accessibility and must be maintained in the procedural facility regardless of the location of the physician's office.

700.10.40 A,B,C-M,C

Medical records must be kept secure and confidential, consistent with HIPAA regulations.

AAAASF Pediatric Dentistry – Version 1.0

700 Medical Records

700.20 Procedure Log

A procedure log must include:

700.20.10 A,B,C-M,C

A separate procedure log of cases is maintained, either in a hard-copy bound log with sequentially numbered pages or in a secured computer log. A loose leaf or spiral-bound notebook does not meet this requirement.

700.20.20 A,B,C-M,C

Sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year.

700.20.30 A, B,C-M,C

Date of procedure.

700.20.40 A,B,C-M,C

Patient's name and/or identification number.

700.20.50 A,B,C-M,C

Procedure(s).

700.20.60 A,B,C-M,C

The sedation credentialed Pediatric Dentist(s) name.

700.20.70 A,B,C-M,C

Type of anesthesia.

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700 Medical Records

700.20.80 A,B,C-M,C

Name of person(s) administering anesthesia.

700.20.90 A,B,C-M,C

Name of person(s) assisting Pediatric Dentist (example: M.D., D.O., Dentist, registered nurse, scrub tech, dental assistant, physician's assistant, anesthesia assistant, or other qualified personnel).

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800 Pre-Procedural

800.10 Pre-Procedural Documentation

800.10.10 A,B,C-M,C

A current history and focused/pertinent physical examination by the anesthesia provider or the patient's personal physician is recorded within thirty (30) days of procedures on all patients for major procedures, and for those patients for minor procedures who require a physical exam. The medical record must contain a current medical history taken on the same day as the procedure and recorded by the physician or anesthesia provider prior to the administration of anesthesia. The Pediatric Dentist may do the history and physical examination if permitted by state and federal regulations.

800.10.20 A,B,C-M,C

The history and physical examination should cover the organs and systems commensurate with the procedure(s).

800.10.30 A,B,C-M,C

Drug allergies/sensitivities and reactions, if applicable.

800.10.40 A,B,C-M,C

Current medications.

800.10.50 A,B,C-M,C

Previous serious illness.

800.10.60 A,B,C-M,C

Current and chronic illness.

800.10.70 A,B,C-M,C

Previous surgery.

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800 Pre-Procedural

800.10.80 A,B,C-M,C

Bleeding tendencies.

800.10.90 A,B,C-M,C

Treating physicians or consultants are contacted to provide recorded medical clearance in cases where the history and physical examination warrant.

800.10.100 A,B,C-M,C

Appropriate laboratory procedures are performed, when indicated.

800.10.110 B,C-M,C

The Pediatric Dentist and the anesthesia provider should concur on the appropriateness of procedures performed at the facility and document agreement on the chart. This is based on the medical status, age and physiological appropriateness of the patients and qualifications of providers and facility resources.

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800 Pre-Procedural

800.20 Informed Consent

800.20.10 A,B,C-M,C

An informed consent is always obtained from legal guardian which authorizes the Pediatric Dentist by name to perform the procedure(s) and describes the procedure(s).

800.20.20 A,B,C-M,C

Expectations, alternatives, risks and complications are discussed with the patient, and these are documented.

800.20.30 A,B,C-M,C

The informed consent provides consent for administration of anesthesia or sedatives under the direction of sedation credentialed Pediatric Dentist, CRNA, Medical Anesthesiologist or Dentist Anesthesiologist.

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800 Pre-Procedural

800.30 Anesthesia Care Plan

800.30.10 B,C-M,C

Anesthesia provider or the child's primary care physician is responsible for determining the medical status of the patient.

Immediately before procedures, the anesthesia provider must examine the patient and must:

800.30.20 B,C-M,C

Verify that an anesthesia care plan has been developed and documented.

800.30.30 A,B,C-M,C

Verify that the patient or a responsible adult has been informed about the anesthesia care plan. Class A facilities may meet this requirement through the Informed Consent process when using local, topical, or Low-Flow Nitrous Oxide/Oxygen anesthesia.

800.30.40 B,C-M,C

A properly credentialed sedation professional must be present when any anesthetic agent, other than topical, local, or low-flow nitrous oxide anesthesia, is administered.

The anesthesia care plan is based on:

800.30.50 A,B,C-M,C

A review of the medical record.

800.30.60 A,B,C-M,C

Medical history.

800.30.70 A,B,C-M,C

Prior anesthetic experiences.

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800 Pre-Procedural

800.30.80 A,B,C-M,C

Drug therapies.

800.30.90 A,B,C-M,C

Medical examination and assessment of any conditions that might affect the pre-procedure risk.

800.30.100 A,B,C-M,C

A review of the medical tests and consultations.

800.30.110 A,B,C-M,C

A determination of pre-procedure medications needed for anesthesia.

800.30.120 A,B,C-M,C

Providing pre-procedure instructions.

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800 Pre-Procedural

800.40 Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, etc.

800.40.10 A,B,C-M,C

Printed or written copies of these reports are kept in the medical record.

800.40.20 A,B,C-M,C

All laboratory results must be reviewed by the registered nurse, sedation licensed/credentialed Pediatric Dentist or anesthesia provider. All abnormal results must be reviewed and initialed by the sedation licensed/credentialed Pediatric Dentist within one (1) week of receipt of results.

800.40.30 A,B,C-M,C

All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the sedation licensed/credentialed Pediatric Dentist.

800.40.40 A,B,C-M,C

Outside clinical laboratory procedures must be performed by a licensed and accredited facility.

800.40.50 A,B,C-M,C

The name of the pathologist must be on all pathology reports

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900 Intra-Procedural

900.10 Policy

900.10.10 A,B,C-M,C

A policy for a "Procedure Pause" or a "Time Out" protocol is in place and practiced prior to every procedure.

This protocol should include:

- Pre-procedure verification process to include medical records and imaging studies to be reviewed by the procedure room team. Missing information or discrepancies must be addressed at this time.
- Marking the procedure site where appropriate – procedural marking should at least be indicated on a separate dental diagram.
- Side/Site identification will comply with the Universal Protocol standards for dental procedures.
- Documented 'Time Out' and surgical fire risk assessment immediately before starting the procedure
- Conduct a final verification and documentation that at least two (2) members of the procedure team confirming the correct patient, procedure, site marking(s) and, as applicable, special equipment or requirements. As a 'fail-safe' measure, the procedure is not started until any and all questions or concerns are resolved.

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900 Intra-Procedural

The following anesthesia standards apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life-threatening circumstances, these standards may be modified, and all such circumstances should be documented in the patient's record.

900.20 Anesthesia

900.20.10 B,C-M,C

If responsible for supervising anesthesia or providing anesthesia, a properly trained and credentialed sedation professional for the intended level of anesthesia must be present in the procedure suite throughout the anesthetic.

900.20.20 B,C-M,C

Clinical provider monitoring the patient cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure.

900.20.30 B, C-M, C

If oral, intranasal, or parental sedation provided pre-operatively by the Pediatric Dentist with a period of time allowed for the medication to reach peak effect prior to leaving the pre-operative area, the same Pediatric Dentist may act as the operating dentist. Intra-operatively, this Pediatric Dentist cannot administer additional sedation agents other than low flow nitrous oxide/ oxygen. Intra-operatively (during the procedure), the patient must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, an additional Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD).

900.20.40 B,C-M,C

All anesthetics other than topical, local, or low-flow nitrous oxide anesthetic agents are delivered by either an appropriately credentialed Pediatric Dentist (excluding dissociative drugs and general anesthesia), Medical Anesthesiologist, an appropriately trained and credentialed Dentist Anesthesiologist, or by a CRNA (under physician supervision if required by state or federal law or by a policy adopted by the facility). All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia.

900.20.50 B,C-M,C

Propofol anesthesia may be administered only by a CRNA, a Medical Anesthesiologist, an appropriately credentialed Pediatric Dentist, or a Dentist Anesthesiologist.

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900 Intra-Procedural

900.30 Anesthesia Monitoring/Documentation

Circulation must be monitored by one or several of the following:

900.30.10 B,C-M,C

Continuous EKG during procedures.

900.30.20 B,C-M,C

Blood pressure documented at least every five (5) minutes.

900.30.30 B,C-M,C

Heart rate documented at least every five (5) minutes.

900.30.40 A,B,C-M, C

Pulse oximetry. Exempt if only topical and/or local anesthetic is used.

900.30.50 C-M,C

Heart auscultation.

900.30.60 B,C-M,C

Temperature should be monitored.

900.30.70 B,C-M,C

Patient monitoring during anesthesia will consist of:
Oxygenation

Assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration.

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900 Intra-Procedural

900.30.80 B,C-M,C

Patient monitoring during anesthesia consists of:
End tidal carbon dioxide ($ETCO_2$) sampling shall be used on all sedation or general anesthetics.

900.30.90 C

When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel.

A separate anesthesia record is maintained which:

900.30.100 B,C-M,C

All medications given to a patient are recorded including date, time, amount and route of administration.

900.30.110 B,C-M,C

All intravenous and subcutaneous fluids given pre-procedurally, intra-procedurally, and post-procedurally are recorded.

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1000 Post-Procedural

1000.10 Recovery Room

1000.10.10 B,C-M,C

There is an adequate recovery area within the procedure suite. If the recovery room is separate from the operating room, the recovery room must contain all appropriate equipment and must be staffed continuously until the patient is discharged.

1000.10.20 B,C-M,C

The procedure room may be used for patient recovery if only one procedure is scheduled that day, or if the recovering patient meets all discharge criteria prior to beginning the next procedure, or if there is another procedure room available for the next procedure.

1000.10.30 B,C-M,C

The recovery area is equipped and readily accessible to handle emergencies.

1000.10.40 B,C-M,C

A minimum of one PALS, and when appropriate ACLS as well, certified staff member must be present in the facility until all patients recovering from anesthesia have met criteria for discharge from the facility.

1000.10.50 B

All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD). The Dental Assistant must be under the supervision of one of the other listed healthcare professionals who is immediately available. Either the supervising healthcare professional or the Dental Assistant must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility.

1000.10.60 C-M,C

All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, or an RN. The monitoring healthcare professional must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility.

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1000 Post-Procedural

1000.20 Transfer to Recovery Room

1000.20.10 B,C-M,C

Patients transferred to the post-anesthetic recovery area are accompanied by a member of the anesthesia team who is knowledgeable about the patient.

1000.20.20 B,C-M,C

Patients transferred to the post-anesthetic recovery area will be continually evaluated and monitored as needed during transport.

1000.20.30 B,C-M,C

A member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.

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1000 Post-Procedural

1000.30 Post-Procedural Documentation

Evaluation in the recovery area following an anesthetic procedure will include documentation of:

1000.30.10 B,C-M,C

Documentation of patient's time of arrival.

1000.30.20 B,C-M,C

Assessment of the patient by the anesthesia recovery staff, as well as by a responsible anesthesia provider.

1000.30.30 B,C-M,C

Transmission of a verbal report on the patient to the recovery staff from a member of the anesthesia team who accompanies the patient.

1000.30.40 B,C-M,C

Transfer of information concerning the pre-procedure condition of the patient and the procedure anesthesia course.

1000.30.50 B,C-M,C

There is a recovery record that includes vital signs, level of consciousness, medications and nurse's notes.

1000.30.60 B,C-M,C

Post-procedure vital signs are recorded until the patient is discharged from the facility.

1000.30.70 A,B,C-M,C

Post-procedure progress notes are recorded.

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1000 Post-Procedural

1000.30.80 A,B,C-M,C

There is a procedure report which includes procedure technique and findings.

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1000 Post-Procedural

1000.40 Discharge from Recovery Room

1000.40.10 B,C-M,C

There is a written policy that whenever parenteral sedation, dissociative drugs, or general anesthesia is administered, a licensed provider for that level of sedation is immediately available until the patient is discharged from the recovery area.

1000.40.20 B,C-M,C

A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the post-anesthetic procedure recovery staff. That individual's name must be noted on the record, signed by that individual with the time of discharge.

1000.40.30 B,C-M,C

Approved and standardized discharge criteria for pediatric patients are used and recorded. (e.g. Aldrete score)

1000.40.40 B,C-M,C

Personnel assist with discharge from the recovery area.

1000.40.50 B,C-M,C

Patients receiving anesthetic agents other than topical or local anesthesia or low-flow nitrous oxide/oxygen should be supervised in the immediate post discharge period by a responsible adult for at least 24 hours, depending on the procedure and anesthesia used.

1000.40.60 B,C-M,C

Written instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient's care and transportation following a procedure. A signed copy of the instructions is maintained in the patient's chart.

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1100 Medications and IV Fluids

1100.10 Intravenous Fluids

1100.10.10 A,B,C-M,C

Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility.

1100.20 Medications

1100.20.10 A,B,C-M,C

Emergency medications are readily available and procedure room personnel know their location. All emergency medications are appropriate for the pediatric population, adult population if applicable.

1100.20.20 A,B,C-M,C

Outdated medications are removed and destroyed in accordance with state pharmacy regulation.

1100.20.30 A,B,C-M,C

There is a dated narcotic/controlled substance inventory and control record which includes the use of narcotics/controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered bound journal from which pages may not be removed, or in a tamper-proof and secured computer record, consistent with state and federal law. A loose leaf or spiral-bound notebook does not meet this requirement.

1100.20.40 A,B,C-M,C

The inventory of narcotics/controlled substances is verified by two licensed members of the procedure room team at least weekly, on any day that narcotics are administered, and according to state regulations.

1100.20.50 A,B,C-M,C

All narcotics and controlled substances are secured and locked under supervised access.

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1100 Medications and IV Fluids

1100.30 PALS/ACLS Algorithm

1100.30.10 A,B,C-M,C

A complete copy of the current PALS algorithm (and current ACLS algorithm if appropriate) must be available on the emergency cart.

The following medications must be available on the emergency cart at all times as required by current PALS Algorithm (and ACLS algorithm if appropriate):

1100.30.20 A,B,C-M,C

Interosseous and intravenous needles

1100.30.30 A,B,C-M,C

Epinephrine

1100.30.40 A,B,C-M,C

Lidocaine – plain

1100.30.50 B,C-M,C

Narcotic antagonist (e.g. Narcan®)

1100.30.60 A,B,C-M,C

Seizure arresting medication (e.g. a benzodiazepine; example: Midazolam®)

1100.30.70 A,B,C-M,C

Bronchospasm arresting medication (e.g. inhaled beta agonist; example: Albuterol®)

1100.30.80 A,B,C-M,C

Intravenous corticosteroids (example: Dexamethasone®)

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1100 Medications and IV Fluids

1100.40 Other Drugs on the Emergency Cart

1100.40.10 A,B,C-M,C

IV Antihistamines (example: Diphenhydramine®)

1100.40.20 B,C-M,C

Short-acting beta-blocker (example: Esmolol® or Labetalol®)

1100.40.30 C

Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine

1100.40.40 B,C-M,C

Benzodiazepine reversing agent (example: Mazicon®, Flumazenil)

1100.40.50 A,B,C-M,C

Atropine

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1100 Medications and IV Fluids

1100.50 Malignant Hyperthermia

1100.50.10 C-M,C

The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart. If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility, the following requirements apply.

1100.50.20 C-M,C

If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use.

In this instance, MH-related components as outlined in standards 1100.50.70, 1100.50.80, 1100.50.90, 1100.50.100, 1100.50.110, and 1100.50.120 are not required.

1100.50.30 C-M,C

There must be adequate screening for MH risk that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise.

1100.50.40 C-M,C

The Medical Director and all operating surgeons and anesthesiology providers should be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility.

1100.50.50 C-M,C

The Medical Director should be able to demonstrate that all operating surgeons and anesthesia providers have familiarity with the early recognition of impending MH crisis as defined by MHAUS.

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1100 Medications and IV Fluids

1100.50.60 C-M,C

The Medical Director will insure that all staff is trained; annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required.

1100.50.70 C-M,C

A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e., 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®).

1100.50.80 C-M,C

A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO3).

1100.50.90 C-M,C

A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial).

1100.50.100 C-M,C

An additional* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional* dantrolene/Ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode.
*additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/ vial) Ryanodex® - 2 vial (250 mg/vial)

1100.50.110 C-M,C

The current MHAUS Malignant Hyperthermia Algorithms must be available on the emergency cart.

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1100 Medications and IV Fluids

1100.50.120 C-M,C

Flow sheets for any MH intervention as well as forms to rapidly communicate progress of intervention with receiving facilities are on the emergency cart and all ASC's must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to receiving facility.

1100.50.130 C-M,C

Facilities should establish the best destination as a transfer standard, which means the Medical Director would preplan for MH transfer and establish the capabilities of a facility within a reasonable distance. (E.g. a tertiary care center that is further away may be better than a community type ER which is closer.) Arrangements must be made in advance with EMS system if that is to be activated. Ability of receiving transport team to continue MHAUS protocol must be ensured in advance as well as by the Medical Director.

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1200 Personnel

1200.10 Facility Personnel

1200.10.10 A,B,C-M,C

All individuals using the facility must meet one of the following criteria (throughout this document the terms, medicine and medical apply to all DMD, DDS, MD, and DO Degrees):

- A Doctor of Dental Medicine or Dental Surgery certified or eligible for certification by training and license to perform deep sedation/general anesthesia.
- A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS) or a Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

Pediatric Dentists must have:

- DMD or DDS degree or equivalent
- Completion of a Commission on Dental Accreditation (CODA) postgraduate training program in Pediatric Dentistry in the United States or Canada or its equivalent
- Current certification or in pathway for certification by the American Board of Pediatric Dentistry (ABPD).

Individuals administering deep sedation or general anesthesia must have:

- DDS, DMD, MD, DO, or CRNA degree
- Certified or eligibility for certification by American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). (“Medical Anesthesiologist”)
- Certified or eligible for certification by American Dental Society of Anesthesiology (ASDA). (“Dentist Anesthesiologist”)

1200.10.20 A,B,C-M,C

All procedure room personnel must meet acceptable standards as defined by their professional governing bodies, where applicable.

1200.10.30 A,B,C-M,C

All procedure room personnel are under the immediate supervision of a Pediatric Dentist.

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1200 Personnel

1200.20 Medical Director

1200.20.10 A,B,C-M,C

The Medical Director/Pediatric Dentist/Owner of practice must have the appropriate state dental board facility permit if required (for low-flow nitrous oxide/oxygen analgesia, minimal sedation, moderate sedation, or deep sedation/general anesthesia).

1200.20.20 A,B,C-M,C

The Medical Director/Pediatric Dentist/Owner must have the appropriate individual state dental board sedation/anesthesia permit. The anesthesia provider must have the appropriate state board deep sedation/general anesthesia permit.

1200.20.30 A,B,C-M,C

The Medical Director must be a sedation credentialed Pediatric Dentist currently licensed by the state in which the facility is located.

1200.20.40 A,B,C-M,C

The Medical Director must be actively involved in the direction and management of the facility.

1200.20.50 A,B,C-M,C

The Medical Director is responsible for establishing and enforcing policies that protect patients. The director monitors all members of the medical and facility staff for compliance with this policy.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.30 Pediatric Dentists

1200.30.10 A,B,C-M,C

The Pediatric Dentist is responsible for the operation of the procedure room and patient care areas.

1200.30.20 A,B,C-M,C

All individuals using the facility must meet one of the following criteria:

- A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).
- A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).
- A Doctor of Medicine in Dentistry or Doctor of Dental Surgery certified or eligible for certification by the American Board of Pediatric Dentistry (ABPD) or American Board of Oral and Maxillofacial Surgery (ABOMS).

ABMS and/or ABOMS certified or eligible medical and/or dental specialists who perform procedures within the accredited facility may perform only those procedures delineated in their ABMS and/or ABOMS board certification.

1200.30.30 A,B,C-M,C

Pediatric Dentist(s) using the facility are credentialed and qualified for the procedures they perform.

1200.30.40 A,B,C-M,C

Each Pediatric Dentist must currently be licensed by the state in which they practice. A copy of each Pediatric Dentist's current license must be maintained on file in the facility.

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1200 Personnel

1200.30.50 A, B, C-M, C

Pediatric Dentists who operate in facilities accredited by AAAASF must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital within the last two (2) years. Only dental procedures included within those hospital privileges may be performed within the AAAASF accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a Pediatric Dentists to be credentialed for a specific surgery, the Pediatric Dentists may provide alternative evidence of training and competence in that surgery. Individual consideration will be given if the Pediatric Dentist no longer possesses or cannot obtain such privileges; and can demonstrate that loss of or inability to obtain such privileges was not related to lack of clinical competence, ethical issues or problems other than economic competition.

-OR-

If the Pediatric Dentist has never held privileges, or no longer holds privileges, AAAASF will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these Pediatric Dentists who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility's responsibility to conduct the primary source verification and not the Pediatric Dentist's.

Required elements of primary source verification are:

- Verification of dental education directly from institution (DMD or DDS degree)
- Verification of any specialty/subspecialty from sponsoring institution (CODA training of Pediatric Dentistry)
- Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited)
- Verification of board certification status (American Board of Pediatric Dentist, American Board of Oral Maxillofacial Surgery) if applicable.
- Drug Enforcement Administration (DEA) registration status
- National Practitioner Databank (NPDB)'s Integrated Querying and Reporting Services (IQRS)

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.40 Anesthesia Providers

1200.40.10 B,C-M,C

If Dentist Anesthesiologists, Medical Anesthesiologists and/or CRNAs participate in patient care at the facility, they are qualified for the procedures they perform, and their credentials have been verified.

1200.40.20 B,C-M,C

Must be licensed or certified by the state in which they practice.

1200.40.30 B,C-M,C

The Dentist Anesthesiologist or Medical Anesthesiologist responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques and be credentialed to perform such procedures.

1200.40.40 C-M,C

Must be responsible for the administration of dissociative anesthesia with Propofol or general anesthesia and monitoring of all life support systems.

1200.40.50 B,C-M,C

Ensure that all anesthesia equipment is in proper working order.

1200.40.60 A,B,C-M,C

Anesthesia personnel should review and be familiar with the facility's emergency protocol for cardiopulmonary emergencies and other internal and external disasters.

1200.40.70 B,C-M,C

Anesthesia personnel should be trained and knowledgeable about the facility's protocols for safe and timely transfer of a patient to an alternative care facility when extended or emergency services are required.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50 Personnel Records

IMPORTANT: Employee information must remain strictly confidential.

Individual or personal information such as previous employment, health information (except state required immunization and tests), disabilities, performance reviews and employment are protected and of no interest to the AAAASF inspector. However, the inspector does need to confirm that an adequate file is kept on each employee relating to the items listed below. Please have only this data available for each employee, separate from employee files.

"Personnel" is defined as any individual who is providing direct patient care (employee or contractor) including but not limited to Pediatric Dentists, Physicians, Physician's Assistants, Nurses (including RNs, APNs, CRNAs), Dental Assistants, Surgical Techs, Medical Assistants, etc. *Non-Clinical Staff are exempt from the personnel record review (i.e. receptionists, secretaries, clerks, billers, etc.).*

1200.50.10 A,B,C-M,C

There is a manual outlining personnel policy.

1200.50.20 A,B,C-M,C

The manual contains personnel policies and records which are maintained according to OSHA and ADA (Americans with Disabilities Act) guidelines.

Personnel records should contain the following:

1200.50.30 A,B,C-M,C

Any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.

1200.50.40 A,B,C-M,C

Resume of training and experience.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50.50 A,B,C-M,C

Current certification or license if required by the state.

1200.50.60 A,B,C-M,C

Date of employment.

1200.50.70 A,B,C-M,C

Description of duties.

1200.50.80 A,B,C-M,C

On-going record of continuing education.

1200.50.90 A,B,C-M,C

On-going record of inoculations or refusals.

Personnel records document training in the following:

1200.50.100 A,B,C-M,C

Annual hazard safety training.

1200.50.110 A,B,C-M,C

Annual blood borne pathogens.

1200.50.120 A,B,C-M,C

Annual universal precautions.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.50.130 A,B,C-M,C

Other annual safety training including surgical fire safety training and structure fire safety including operation of a fire extinguisher.

1200.50.140 A,B,C-M,C

At least Basic Cardiopulmonary Life Support (BLS) certification, but preferably Pediatric Advanced Life Support (PALS) for each procedure room and recovery team member. Additionally, Advanced Cardiac Life Support (ACLS) if appropriate.

AAAASF Pediatric Dentistry – Version 1.0

1200 Personnel

1200.60 Personnel Continued

1200.60.10 A,B,C-M,C

The procedure room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the procedure room team, preferably the Pediatric Dentist or the anesthesia care giver, holds current PALS certification or ACLS if appropriate. Two members of the team must have advanced training in pediatric airways and life support.

1200.60.20 A,B,C-M,C

The procedure room personnel are familiar with equipment and procedures utilized in the treatment of the above emergencies.

1200.60.30 C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

1200.60.40 A,B,C-M,C

If a gas sterilizer is used, personnel are thoroughly familiar with the operating instructions and properly vented.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.10 Quality Improvement

1300.10.10 B,C-M,C

A licensed or qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility.

1300.10.20 A,B,C-M,C

The facility has a written quality improvement program in place which should include surveys or projects which:

1300.10.30 A,B,C-M,C

Monitor and evaluate patient care.

1300.10.40 A,B,C-M,C

Evaluate methods to improve patient care.

1300.10.50 A,B,C-M,C

Identify and correct deficiencies within the facility.

1300.10.60 A,B,C-M,C

Alert the Medical Director to identify and resolve problems.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.20 Peer Review

1300.20.10 A,B,C-M,C

To be HIPAA compliant, a copy of the Business Associates Agreement must be signed by each Pediatric Dentist participating in Peer Review, and a copy retained on file in the facility. For an example of a generic HIPAA Business Associates Agreement, contact the AAAASF Central Office.

1300.20.20 A,B,C-M,C

Peer review is performed at least every three (3) months (quarterly) and includes reviews of both random cases and unanticipated sequelae using the AAAASF forms and reporting format. Peer Review must be reported on line at www.aaaasf.org. A random sample of the cases for each sedation credentialed Pediatric Dentist must include the first case done by each Pediatric Dentist each month during the reporting period for a total of three (3) cases.

1300.20.30 A,B,C-M,C

If peer review sources external to the facility are used to evaluate delivery of medical care, the Business Associates Agreement is so written as to waive confidentiality of the medical records.

1300.20.40 A,B,C-M,C

Peer review may be done by a recognized peer review organization, unless otherwise specified by state regulations.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.30 Random Case Review

1300.30.10 A,B,C-M,C

A minimum of three (3) cases per Pediatric Dentist utilizing the facility are reviewed every three months. If a Pediatric Dentist performs less than three (3) cases in a three-month period, all cases will be reviewed.

Random case reviews must include at a minimum:

1300.30.20 A,B,C-M,C

Adequacy and legibility of history and physical exam.

1300.30.30 A,B,C-M,C

Adequacy of consent.

1300.30.40 A,B,C-M,C

Presence of laboratory, EKG and radiographic reports.

1300.30.50 A,B,C-M,C

Presence of a written procedure report.

1300.30.60 B,C-M,C

Anesthesia and recovery record (with IV sedation or general anesthesia).

1300.30.70 A,B,C-M,C

Presence of instructions for post-procedure care.

1300.30.80 A,B,C-M,C

Documentation of complications.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.40 Unanticipated Procedure Sequelae

All unanticipated procedure sequelae which occur within thirty (30) days of procedures are reviewed, including but not limited to:

1300.40.10 A,B,C-M,C

Unplanned hospital admission.

1300.40.20 A,B,C-M,C

Unscheduled return to the procedure room for a complication of a procedure.

1300.40.30 A,B,C-M,C

Significant and/or unexpected complications such as severe infection, bleeding, or injury to other body structure.

1300.40.40 A,B,C-M,C

Cardiac or respiratory problems during stay at facility or within forty-eight (48) hours of discharge.

1300.40.50 A,B,C-M,C

Allergic reactions.

1300.40.60 A,B,C-M,C

Patient or family complaint.

1300.40.70 A,B,C-M,C

Equipment malfunction leading to injury or potential injury to patient.

AAAASF Pediatric Dentistry – Version 1.0

1300 Quality Improvement/Quality Assessment/Risk Management

1300.40.80 A,B,C-M,C

Death occurring within thirty (30) days of a procedure performed in the facility.

1300.40.90 A,B,C-M,C

Identification of the problem.

1300.40.100 A,B,C-M,C

Immediate treatment or disposition of the case.

1300.40.110 A,B,C-M,C

Outcome.

1300.40.120 A,B,C-M,C

Reason for problem.

1300.40.130 A,B,C-M,C

Assessment of efficacy of treatment.

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