

## ARTICLE 3. ANESTHESIA AND SEDATION

### Rule 1. General Requirements

#### 828 IAC 3-1-1 Application; general requirements

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1

Sec. 1. (a) Prior to administering general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain from the board a permit that authorizes the dentist to utilize the form of anesthesia or sedation desired.

(b) The board shall issue a permit to utilize the anesthesia or sedation technique requested if the following requirements are met:

- (1) Submission of an application form provided by the board.
- (2) Current licensure by the board.
- (3) Satisfactory evidence of completion of educational and training requirements as defined in section 3 or 5 of this rule.
- (4) Payment of the required fees.
- (5) Submission of satisfactory evidence that all requirements for equipment, personnel, and procedures have been met.
- (6) Submission of an affidavit that the practitioner's office meets the equipment requirements of section 10 or 11 of this rule.
- (7) Submission of proof that:

(A) the dentist is trained in and has successfully completed a course in advanced cardiac life support; or

(B) the dentist is certified as an instructor in advanced cardiac life support.

(c) An applicant who is granted a general anesthesia-deep sedation permit may administer light parenteral conscious sedation without holding a separate light parenteral conscious sedation permit. (*State Board of Dentistry; 828 IAC 3-1-1; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2237; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; filed Aug 20, 1999, 1:50 p.m.: 23 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

#### 828 IAC 3-1-2 General anesthesia-deep sedation permit

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 2. (a) An applicant for a permit to employ general anesthesia or deep sedation must provide satisfactory evidence of completing a minimum of one (1) year of advanced (postdoctoral) training in anesthesiology and related academic subjects (postdoctoral) beyond the undergraduate dental school level in a residency in anesthesiology or oral surgery which meets the requirements stated in section 3 of this rule.

(b) Satisfactory evidence of completion of advanced training requirements means:

(1) a certificate of completion of the educational or training program signed by the dean of the board approved dental school or director of the board approved anesthesiology residency from which the training was obtained; or

(2) an official transcript from the board approved dental school which clearly designates completion of the education or training.

(*State Board of Dentistry; 828 IAC 3-1-2; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2238; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

#### 828 IAC 3-1-3 Training and education programs for general anesthesia and deep sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 3. (a) The same level of training is necessary for administration of both deep sedation and general anesthesia.

(b) For the purpose of obtaining a permit to administer general anesthesia or deep sedation, a residency in anesthesiology or a residency in oral and maxillofacial surgery shall meet the following requirements:

(1) The training program must be full time and be a minimum of one (1) year in duration.

(2) The program shall be a joint cooperative effort between the training institution's department of anesthesiology and

department of dentistry.

(3) Instruction in both didactic basic science and clinical procedures must be incorporated into the program. This instruction may be given in a seminar or conference format, or may include formal courses.

(4) The program shall include preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic care and management, and emergency call.

(5) Training must include anesthetic management for ambulatory outpatient procedures and the use of inhalation and intravenous sedation techniques.

(6) The program shall include instruction in pain and pain mechanisms.

(7) Beginning September 1, 1992, the program shall include training and successful completion of a course in advanced cardiac life support.

*(State Board of Dentistry; 828 IAC 3-1-3; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1288; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

**828 IAC 3-1-4 Light parenteral conscious sedation permit**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 4. (a) Dentists holding permits to administer general anesthesia-deep sedation will not be required to obtain a separate permit to administer light parenteral conscious sedation.

(b) In order to obtain a permit to utilize light parenteral conscious sedation, an applicant must meet one (1) of the following educational and training criteria:

(1) The applicant graduated from an approved dental school which included training in conscious sedation techniques at the predoctoral level. This training must meet the requirements of section 5 of this rule.

(2) The applicant completed an intensive postdoctoral training program in the use of light parenteral conscious sedation which meets the requirements of section 5 of this rule.

(c) Satisfactory evidence of completion of educational and training requirements means the following:

(1) A certificate of completion of the educational or training program signed by the dean of the board approved dental school or medical school or director of a board approved hospital program from which the training was obtained.

(2) An official transcript from a board approved dental school which clearly designates completion of the education or training.

(3) A certificate of completion of a continuing education program which meets the requirements of section 5 of this rule. The certificate of completion shall be signed by the director of the continuing education program.

*(State Board of Dentistry; 828 IAC 3-1-4; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1289; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; filed Sep 21, 1992, 9:00 a.m.: 16 IR 719; filed Oct 14, 1993, 5:00 p.m.: 17 IR 405; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

**828 IAC 3-1-5 Training and education programs in light parenteral conscious sedation**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1-3.1

Sec. 5. (a) A predoctoral training program in light parenteral conscious sedation shall meet the following requirements:

(1) Be obtained in a board approved dental school.

(2) Instruction shall include the following areas:

(A) Philosophy of pain control and patient management, including the nature and purpose of pain.

(B) Review of physiologic and psychological aspects of pain and apprehension.

(C) Physiologic monitoring.

(D) Organic pain problems and their management.

(E) Control of preoperative and operative pain and apprehension.

(F) Techniques of administration of light parenteral conscious sedation including intramuscular, intravenous, submucosal, and subcutaneous sedation.

(G) Prevention, recognition, and management of complications and emergencies, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of

a course in advanced cardiac life support.

(H) Interaction of pharmacological and psychological methods.

(I) Control of postoperative pain and apprehension.

(3) Each student must have experience in managing a minimum of ten (10) patients.

(b) A postdoctoral training program in light parenteral conscious sedation shall meet the following requirements:

(1) Include a minimum of sixty (60) hours of instruction.

(2) Include management of at least ten (10) patients.

(3) Include the following in the course content:

(A) Historical, philosophical, and psychological aspects of pain and anxiety control.

(B) Patient evaluation and selection through review of medical history taking, physical diagnosis, and psychological profiling.

(C) Definitions and descriptions of physiological and psychological aspects of pain and anxiety.

(D) A description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.

(E) Review of respiratory and circulatory physiology and related anatomy.

(F) Pharmacology of agents used in the conscious sedation techniques being taught, including drug interaction and incompatibility.

(G) Indications and contraindications for the use of the conscious sedation modality under consideration.

(H) Review of dental procedures possible under conscious sedation.

(I) Patient monitoring, with particular attention to vital signs and reflexes related to consciousness.

(J) Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered, and patient response.

(K) Prevention, recognition, and management of complications and life-threatening situations that may occur during use of conscious sedation techniques, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of a course in advanced cardiac life support.

(L) The importance of using local anesthesia in conjunction with conscious sedation techniques.

(M) Venipuncture, including anatomy, armamentarium, and technique.

(N) Sterile techniques in intravenous therapy.

(O) Prevention, recognition, and management of local complications of venipuncture.

(P) Description and rationale for the technique to be employed.

(Q) Prevention, recognition, and management of systemic complications of intravenous sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

*(State Board of Dentistry; 828 IAC 3-1-5; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1290; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2240; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

### **828 IAC 3-1-6 Required emergency equipment (Repealed)**

*Sec. 6. (Repealed by State Board of Dentistry; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756)*

#### **828 IAC 3-1-6.1 Standard of care; light parenteral conscious sedation**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9; IC 25-14-1-23

Sec. 6.1. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of light parenteral conscious sedation carries with it significant risks that mandate basic minimum requirements for patient protection.

(b) The following are the minimum standards of care when light parenteral conscious sedation is utilized:

(1) An appropriate medical history form must be completed and dated for each patient.

(2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.

- (3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment except in an extreme emergency situation.
- (4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.
- (5) In addition to the dentist who has obtained training in resuscitation protocols, there must be present during administration of light parenteral conscious sedation at least one (1) additional person who has successfully completed a course in basic cardiac life support.
- (6) Personnel trained in basic cardiac life support shall provide direct supervision and monitoring of the patient during the procedure and until the patient is deemed ready to leave the facility by the dentist.
- (7) The patient shall be monitored by the pulse oximeter throughout the procedure.
- (8) A blood pressure must be taken periodically throughout the procedure.
- (9) The skin color, movement of breathing bag, blood color, or other parameters of adequate blood oxygenation shall be monitored throughout the procedure.
- (10) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in a potentially hazardous activity for an appropriate period of time.
- (11) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.
- (12) The dentist shall maintain a record that the dentist has training in resuscitation protocols and that the dentist's staff has maintained, on an annual basis, current training in basic cardiac life support.
- (13) The equipment used during the procedure must be in good working order and serviced and certified as necessary.

*(State Board of Dentistry; 828 LAC 3-1-6.1; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2242; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721; filed Oct 14, 1993, 5:00 p.m.: 17 IR 406; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2332; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1754; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

**828 IAC 3-1-6.5 Standard of care; general anesthesia and deep sedation**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-13; IC 25-14-1-23

Sec. 6.5. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of general anesthesia or deep sedation carries with it significant risks that mandate basic minimum requirements for patient protection.

(b) As used in this section, "anesthetic team" means the following:

- (1) At least one (1) dentist who holds a permit to administer general anesthesia or deep sedation. All dentists under this section shall be trained and currently competent in advanced cardiac life support.
- (2) At least two (2) persons who are employed in the dental office under IC 25-14-1-23(c) or who are dental hygienists licensed under IC 25-13. All such persons who are members of the anesthetic team shall be trained and currently competent in basic life support.

(c) The following are the minimum standards of care when general anesthesia or deep sedation is utilized:

- (1) An appropriate medical history form must be completed and dated for each patient.
- (2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.
- (3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment, except in an extreme emergency situation.
- (4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.
- (5) A separate anesthetic record must be kept for each anesthetic.
- (6) Documentation of the presence and identity of each anesthetic team member throughout the administration of general anesthesia and deep sedation must be maintained.

(7) The anesthetic team must be present during the administration of general anesthesia or deep sedation, and one (1) assistant's sole responsibility is to monitor the patient's vital signs and/or maintain an airway. This section does not relieve the dentist of responsibility for monitoring the patient.

(8) Continuous supervision and monitoring of the patient includes, but is not limited to, oxygenation and ventilation, which must be continuously monitored during the administration of the anesthetic by the following:

- (A) Palpation or observation of the reservoir breathing bag.
- (B) Monitoring of skin color, mucosa, nail beds, and surgical site for color.
- (C) Auscultation of breath and/or heart sounds is recommended.
- (D) Pulse oximeter.
- (E) Palpation of peripheral pulse.
- (F) Blood pressure taken periodically throughout the procedure.
- (G) Electrocardiogram (EKG) continuously displayed until the patient leaves the operating area.

(9) The anesthetic team must be clinically aware of any changes in the patient's body temperature. The equipment to take and record the patient's body temperature should be readily available at all times.

(10) At the completion of the anesthetic when continuous monitoring is no longer required, the patient must be transferred to a recovery facility for continual and direct supervision by a person trained in basic cardiac life support.

(11) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in any potentially hazardous activity for an appropriate period of time.

(12) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.

(13) The dentist shall maintain a record that the dentist has training in advanced cardiac life support and that the dentist's staff has maintained, on an annual basis, current training and successful completion of a course in basic life support.

(14) The equipment used during the procedure must be in good working order and serviced and certified as necessary.

*(State Board of Dentistry; 828 IAC 3-1-6.5; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2242; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721; filed Oct 14, 1993, 5:00 p.m.: 17 IR 406; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2332; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1755; filed Aug 20, 1999, 1:50 p.m.: 23 IR 23; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

**828 IAC 3-1-7 Renewal and reinstatement**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1

Sec. 7. (a) All dentists holding a general anesthesia, deep sedation, or light parenteral conscious sedation permit shall renew the permit biennially at the same time the dental license is renewed by paying the fee required by the board under 828 IAC 0.5-2-2. If the holder of a permit does not renew the permit on or before the renewal date, the permit expires and becomes invalid without any action by the board.

(b) A permit thus invalidated may be reinstated by the board up to three (3) years after such invalidation upon payment to the board by the holder of the invalidated permit of a penalty fee set by the board under 828 IAC 0.5-2-2, plus all past due and current renewal fees. If the lapse of time in revalidating the permit continues beyond three (3) years, the holder of the invalid permit must submit an original application for a permit. *(State Board of Dentistry; 828 IAC 3-1-7; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1291; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2243; filed Oct 14, 1993, 5:00 p.m.: 17 IR 407; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)*

**828 IAC 3-1-7.5 Renewal of permit; continuing education**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1; IC 25-14-3

Sec. 7.5. (a) In order to renew a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain five (5) hours of continuing education in every license period in the area of anesthesia. This continuing education may include, but is not limited to, a course in advanced cardiac resuscitation protocols. Courses in basic cardiac life support will not be accepted. The five (5) hours of continuing education required under this section counts toward the completion of continuing education requirements under IC 25-14-3.

(b) This section is effective for the renewal in March 2000 and every two (2) years thereafter. (*State Board of Dentistry; 828 IAC 3-1-7.5; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

### **828 IAC 3-1-8 Mandatory reporting (Repealed)**

Sec. 8. (*Repealed by State Board of Dentistry; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721*)

### **828 IAC 3-1-9 Display of permit; additional locations; violations**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 9. (a) All holders of a permit shall not fail to post and keep conspicuously displayed in plain sight of patients in each dental office where the practitioner practices, the permit.

(b) Prior to practicing in any office, the practitioner must submit to the board an affidavit stating that the office complies with the requirements of section 6 [*828 IAC 3-1-6 was repealed filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756.*] of this rule and which lists the emergency equipment available and in good working order in the office.

(c) Any violation of this or any other rule shall subject the practitioner to disciplinary sanctions.

(d) Administering general anesthesia, deep sedation, or light parenteral conscious sedation without the appropriate permit or with an expired, voided, revoked, or suspended permit shall subject the practitioner to severe disciplinary penalties. (*State Board of Dentistry; 828 IAC 3-1-9; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1291; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2244; filed Oct 14, 1993, 5:00 p.m.: 17 IR 408; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

### **828 IAC 3-1-10 Required emergency equipment; general anesthesia and deep sedation**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9; IC 25-14-1

Sec. 10. (a) All practitioners utilizing general anesthesia or deep sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:

(1) A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:

- (A) an ambu bag;
- (B) a Robert Shaw demand valve or equivalent;
- (C) a full face mask; and
- (D) oral and nasal airways.

(2) An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.

(3) A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.

(4) An electrocardiograph.

(5) A laryngoscope and assorted blades.

(6) Endotracheal tubes in assorted sizes.

(7) Drugs necessary to follow advanced cardiac life support protocols.

(8) Equipment for continuous intravenous fluid infusion to facilitate drug administration.

(9) A stethoscope.

(10) A body temperature measuring device.

(11) A defibrillator.

(12) A pulse oximeter.

(13) A sphygmomanometer.

(b) Violation of this section subjects the practitioner to disciplinary action under IC 25-1-9-9. (*State Board of Dentistry; 828 IAC 3-1-10; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; filed Aug 20, 1999, 1:50 p.m.: 23 IR 24; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

**828 IAC 3-1-11 Required emergency equipment; light parenteral conscious sedation**

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9; IC 25-14-1

Sec. 11. (a) All practitioners utilizing light parenteral conscious sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:

(1) A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:

(A) an ambu bag;

(B) a Robert Shaw demand valve or equivalent;

(C) a full face mask; and

(D) oral and nasal airways.

(2) An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.

(3) A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.

(4) A laryngoscope and assorted blades.

(5) Endotracheal tubes in assorted sizes.

(6) Drugs necessary to follow life support protocols.

(7) Equipment for continuous intravenous fluid infusion to facilitate drug administration.

(8) A stethoscope.

(9) A body temperature measuring device.

(10) A pulse oximeter.

(11) A sphygmomanometer.

(b) Violation of this section subjects the practitioner to disciplinary action under IC 25-1-9-9. (*State Board of Dentistry; 828 IAC 3-1-11; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; filed Aug 20, 1999, 1:50 p.m.: 23 IR 24; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA*)

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