



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Health- Dental Quality Assurance Commission

- Preproposal Statement of Inquiry was filed as WSR 14-04-019 ; or
- Expedited Rule Making--Proposed notice was filed as WSR _ ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

Title of rule and other identifying information: (Describe Subject)

WAC 246-817-740 Minimal sedation by inhalation, 246-817-745 Moderate sedation, 246-817-760 Moderate sedation with parenteral agents, and 246-817-772 Training requirements for anesthesia monitor. The Dental Quality Assurance Commission (commission) is proposing changing monitoring and equipment requirements when dentists administer anesthetic agents for dental procedures.

Hearing location(s): Isabella Room
The Davenport Hotel
10 South Post Street
Spokane, WA

Date: 10/24/2014 Time: 8:05 a.m.

Submit written comments to:

Name: Jennifer Santiago
Address: PO Box 47852
Olympia, WA 98504-7852
e-mail: <http://www3.doh.wa.gov/policyreview/>
fax 360-236-2901 by (date) 10/20/2014

Assistance for persons with disabilities: Contact

Jennifer Santiago by 10/20/2014

TTY (800) 833-6388 or () 711

Date of intended adoption: 10/24/2014

(Note: This is NOT the effective date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The proposed rules clarify charting requirements, monitoring of expired carbon dioxide (CO2), and required use of a pulse oximetry, electrocardiographic and end-tidal (CO2) monitors. Proposed changes will align existing rules with national practice standards currently being used by dentists.

Reasons supporting proposal:

Dentists must comply with requirements listed in WAC 246-817-701 through -790 when administering any type of anesthetic agents for a dental procedure. This includes local anesthetic, minimal sedation, moderate sedation, deep sedation/analgesia, and general anesthesia. Updating the monitoring and equipment requirements of WAC 246-817-740, 745, 760, and 772 will help safeguard patients and be consistent with the recognized standard of care.

Statutory authority for adoption:
RCW 18.32.0365 and RCW 18.32.640

Statute being implemented:
RCW 18.32.640

Is rule necessary because of a:

- Federal Law? Yes No
 - Federal Court Decision? Yes No
 - State Court Decision? Yes No
- If yes, CITATION:

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: August 27, 2014

TIME: 7:41 AM

WSR 14-18-031

DATE 08/27/2014

NAME (type or print)
Robert Shaw, D.M.D.

SIGNATURE

TITLE
Dental Quality Assurance Commission Chair

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Washington State Dental Quality Assurance Commission Private
 Public
 Governmental

Name of agency personnel responsible for:		
Name	Office Location	Phone
Drafting..... Jennifer Santiago	111 Israel Rd. SE, Tumwater, WA 98501	360-236-4893
Implementation....Jennifer Santiago	111 Israel Rd. SE, Tumwater, WA 98501	360-236-4893
Enforcement.....Jennifer Santiago	111 Israel Rd. SE, Tumwater, WA 98501	360-236-4893

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Jennifer Santiago

Address: PO Box 47852

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e-mail jennifer.santiago@doh.wa.gov

No: Please explain:

AMENDATORY SECTION (Amending WSR 09-04-042, filed 1/30/09, effective 3/2/09)

WAC 246-817-740 "Minimal sedation by inhalation" (to include but not limited to nitrous oxide). (1) Training requirements: To administer inhalation minimal sedation a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in inhalation minimal sedation.

(2) Procedures for administration: Inhalation minimal sedation must be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW:

(a) When administering inhalation minimal sedation, a second individual must be on the office premises and able to immediately respond to any request from the person administering the inhalation minimal sedation;

(b) The patient must be continuously observed while inhalation minimal sedation is administered.

(3) Equipment and emergency medications: All offices in which inhalation minimal sedation is administered must comply with the record-keeping and equipment standards listed in WAC 246-817-724.

(4) Dental records must contain documentation in the chart of either nitrous oxide, oxygen or any other inhalation sedation agent dispensed. In the case of nitrous oxide (~~(sedation only "N₂O used" is)~~), notation of its use, percent concentration, and beginning and ending blood pressure are required. Other inhalation agents require a dose record noting the time each concentration or agent was used.

(5) Continuing education: A dentist who administers inhalation sedation to patients must participate in seven hours of continuing education or equivalent every five years.

(a) The education must include instruction in one or more of the following areas: Sedation; physiology; pharmacology; inhalation analgesia; patient evaluation; patient monitoring and medical emergencies;

(b) Health care provider basic life support (BLS), or advanced cardiac life support (ACLS) training does not count towards this requirement; however, these continuing education credit hours may be used to meet renewal requirements for the dental license.

(6) A permit of authorization is not required.

AMENDATORY SECTION (Amending WSR 09-04-042, filed 1/30/09, effective 3/2/09)

WAC 246-817-745 "Minimal sedation." (1) Training requirements: To administer "minimal sedation," including:

(a) A single oral agent, a dentist must have completed a course containing a minimum of fourteen hours of a predoctoral dental school, postgraduate instruction, or continuing education (as defined in WAC 246-817-440) in the use of oral agents;

(b) Any oral agent in combination with a different agent or multiple agents other than nitrous oxide or injectable agents, a dentist must have completed a course containing a minimum of twenty-one hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration:

(a) Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment;

(b) A second individual must be on the office premises and able to immediately respond to any request from the person administering the drug;

(c) The patient ((shall)) must be continuously observed while in the office under the influence of the drug;

(d) Any adverse reactions must be documented in the records;

(e) If a patient unintentionally enters into a moderate level of sedation, the patient must be returned to a level of minimal sedation as quickly as possible. While returning the patient to the minimal sedation level, periodic monitoring of pulse, respiration, and blood pressure must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(3) Dental records must contain documentation in the chart of all agents administered, time administered, and dosage for minimal sedation. In the case of nitrous oxide ((~~sedation only "N₂O used" is~~)), notation of its use, percent concentration, and beginning and ending blood pressure are required. Other inhalation agents require a dose record noting the time each concentration and agent was used.

(4) Continuing education: A dentist who administers minimal sedation to patients must participate in seven hours of continuing education or equivalent every five years.

(a) The education must include instruction in one or more of the following areas:

(i) Sedation;

(ii) Physiology;

(iii) Pharmacology;

(iv) Nitrous oxide analgesia;

(v) Patient evaluation;

(vi) Patient monitoring; and

(vii) Medical emergencies;

(b) Health care provider basic life support (BLS) or advanced cardiac life support (ACLS) must be taken in addition to the continuing education requirement; however, these continuing education credit hours may be used to meet the renewal requirements for the dental license.

(5) A permit of authorization is not required.

AMENDATORY SECTION (Amending WSR 09-04-042, filed 1/30/09, effective 3/2/09)

WAC 246-817-760 Moderate sedation with parenteral agents. (1) Training requirements: To administer moderate sedation with parenteral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic moderate sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing moderate sedation to fifteen or more patients.

(2) In addition to meeting the (~~above~~) criteria in subsection (1) of this section, the dentist must also have a current and documented proficiency in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS). One way to demonstrate such proficiency is to hold a valid and current ACLS, PALS certificate or equivalent.

(3) Procedures for administration of moderate sedation with parenteral agents by a dentist and an individual trained in monitoring sedated patients:

(a) In the treatment setting, a patient receiving moderate parenteral sedation must have that sedation administered by a person qualified under this chapter.

(b) A patient may not be left alone in a room and must be continually monitored by a dentist or trained anesthesia monitor.

(c) An intravenous infusion (~~shall~~) must be maintained during the administration of a parenteral agent.

(d) When the operative dentist is also the person administering the moderate sedation, the operative dentist must be continuously assisted by at least one individual experienced in monitoring sedated patients.

(e) In the treatment setting, a patient experiencing moderate sedation with parenteral agents (~~shall have visual and tactile observation as well as continual monitoring of pulse, respiration, blood pressure and blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure.~~) must be visually and tactilely monitored by the dentist or an individual experienced in monitoring sedated patients. Patient monitoring must include:

(i) Heart rate;

(ii) Blood pressure;

(iii) Respiration; and

(iv) Expired carbon dioxide (CO₂).

The dentist shall use electrocardiographic monitoring, pulse oximetry, and end-tidal CO₂ monitoring.

(f) The patient's blood pressure and heart rate must be recorded every five minutes, pulse oximetry recorded every five minutes, and respiration rate must be recorded at least every fifteen minutes. In all cases these vital sign parameters must be noted and recorded at the conclusion of the procedure.

~~((f))~~ (g) Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals.

~~((g))~~ (h) The patient's level of consciousness (~~shall~~) must be recorded prior to the dismissal of the patient.

~~((h))~~ (i) Patient's receiving these forms of sedation must be accompanied by a responsible adult upon departure from the treatment facility.

~~((i))~~ (j) If a patient unintentionally enters a deeper level of sedation, the patient must be returned to a level of moderate sedation as quickly as possible. While returning the patient to the moderate level of sedation, periodic monitoring of pulse, respiration, blood pressure and continuous monitoring of oxygen saturation must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(4) Dental records must contain appropriate medical history and patient evaluation. (~~Dosage and forms of medications dispensed shall be noted.~~) Sedation records must be recorded during the procedure in a timely manner and must include:

- (a) Blood pressure;
- (b) Heart rate;
- (c) Respiration;
- (d) Pulse oximetry;
- (e) End-tidal CO₂;
- (f) Drugs administered including amounts and time administered;
- (g) Length of procedure; and
- (h) Any complications of sedation.

(5) Equipment and emergency medications: All offices in which moderate parenteral sedation is administered or prescribed must comply with the following equipment standards:

Office facilities and equipment shall include:

(a) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(b) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size;

(c) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices;

(d) End-tidal CO₂ monitoring equipment;

(e) An emergency drug kit with minimum contents of:

(i) Sterile needles, syringes, and tourniquet;

(ii) Narcotic antagonist;

(iii) Alpha and beta adrenergic stimulant;

(iv) Vasopressor;

(v) Coronary vasodilator;

(vi) Antihistamine;

(vii) Parasympatholytic;

(viii) Intravenous fluids, tubing, and infusion set; and

(ix) Sedative antagonists for drugs used, if available.

(6) Continuing education: A dentist who administers moderate parenteral sedation must participate in eighteen hours of continuing education or equivalent every three years.

(a) The education must include instruction in one or more of the following areas: Venipuncture; intravenous sedation; physiology; pharmacology; nitrous oxide analgesia; patient evaluation; patient monitoring and medical emergencies.

(b) Health care provider basic life support (BLS), advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) must be taken in addition to the continuing education requirement; however, these continuing education credit hours may be used to meet the renewal requirements for the dental license.

(7) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

WAC 246-817-772 Training requirements for anesthesia monitor.

(1) (~~In addition to those individuals necessary to assist the practitioner in performing the procedure, a trained individual must be present to monitor the patient's cardiac and respiratory functions.~~

~~(2))~~ When the dentist is also administering the deep sedation or general anesthesia, one additional appropriately trained team member must be designated for patient monitoring.

~~((3))~~ (2) When deep sedation or general anesthesia is administered by a dedicated anesthesia provider, the anesthesia provider may serve as the monitoring personnel.

~~((4))~~ (3) The dentist cannot employ an individual to monitor patients receiving deep sedation or general anesthesia unless that individual has received a minimum of fourteen hours of documented training (such as national certification American Association of Oral and Maxillofacial Surgeons "AAOMS") in a course specifically designed to include instruction and practical experience in use of equipment to include, but not be limited to, the following equipment:

- (a) Sphygmomanometer; or a device able to measure blood pressure;
- (b) Pulse oximeter; or other respiratory monitoring equipment;
- (c) Electrocardiogram;
- (d) Bag-valve-mask resuscitation equipment;
- (e) Oral and nasopharyngeal airways;
- (f) Defibrillator; automatic external defibrillator.

~~((5))~~ (4) The course referred to in subsection ~~((4))~~ (3) of this section must also include instruction in:

- (a) Basic sciences;
- (b) Evaluation and preparation of patients with systemic diseases;
- (c) Anesthetic drugs and techniques;
- (d) Anesthesia equipment and monitoring; and
- (e) Office anesthesia emergencies.