Anesthesia Committee Recommendations

At the request of the Utah State Dental Board, a committee was formed to make recommendations to the Board on changes to the existing regulations governing sedation and anesthesia provided by dentists in Utah. After multiple meetings by this committee and multiple revisions, the following is an abridged version of our recommendations. They also incorporate recommendations from the new 2016 ADA Guidelines on Sedation and Anesthesia and laws from recently passed Utah House Bill 142 governing administration of anesthesia in an outpatient setting.

1. **Dental Sedation Permits.**

   The current Utah State Law permit system will remain in place with the following modifications:

   - **Class I:** Administration of local anesthesia only.
   - **Class II:** Minimal Sedation (with the following modifications).
     - Class IIA – Minimal sedation using Nitrous Oxide only
     - Class IIB – Minimal sedation using a single enteral agent with or without Nitrous Oxide.
   - **Class III:** Moderate sedation (regardless of the route of administration)
   - **Class IV:** Deep Sedation and General Anesthesia (regardless of the route of administration)

   Dentists may not provide sedation of any kind (except for Nitrous Oxide) to pediatric patients under 16 years of age unless they:
   A. Have completed a residency in Pediatric Dentistry, Dental Anesthesiology, Oral & Maxillofacial surgery or equivalent, AND
   B. Hold an active Class III or Class IV anesthesia permit.

   All anesthesia permits (except for Class I) are valid for two years only and must be renewed with the license to practice Dentistry every two years.
2. **Continuing Education:**
   A. Class IIIB, III and IV permit holders must complete 16 hours of anesthesia/sedation specific continuing education each two year license cycle to renew their anesthesia permits. 8 of the 16 required hours may be applied toward the existing 30 hours required to maintain a dental license. These must be anesthesia/sedation specific CE course hours and must be reported with course certificates each license cycle. Anesthesia permits will not be renewed if the anesthesia continuing education hours are not completed and course certificates are not submitted upon application for renewal of the permit.
   B. All Class IIIB, III and IV permit holders must be ACLS/PALS certified and maintain certification. Certification CE hours **will** count toward the 30 hours of CE required to maintain a license to practice dentistry but **will not** count toward the 16 hours of required anesthesia specific CE.
   C. All remaining CE hours required to maintain a license to practice dentistry must be specific to the dentist’s regular patient care.

3. **Establish a standing Dental Subcommittee on Sedation and Anesthesia.**
   This committee (DSSA) **will:**
   A. Advise the Board and DOPL on monitoring standards, ongoing revisions to the regulations governing sedation and anesthesia and anesthesia permitting in the dental setting.
   B. Perform and oversee office anesthesia evaluations for permit holders.
   C. Be funded by a licensing fee charged to permit holders each license renewal cycle to offset administrative costs of ensuring compliance. This is anticipated to be approximately $750 each renewal cycle.

4. **Minimum number of procedures.**
   Each Class IIIB, III and IV permit holder must administer sedation or general anesthesia to at least 30 separate patients per license cycle to renew their anesthesia permit. A written statement, certifying under penalty of perjury that sedation or general anesthesia was administered to at least 30 separate patients over the prior 2 years must be submitted with the permit renewal application. For those practitioners in full time academic practice, the 30 cases may be in a supervisory role. Those in part time academic practice who treat patients outside the teaching institution must meet the 30 patient requirement. If a permit holder is performing a dental
procedure, and the sedation or general anesthesia is being administered by a separate, qualified practitioner, 15 cases will qualify toward the 30 total required cases. The remaining 15 cases must be administered by the permit holder.

5. Remediation.
Permit holders who have not administered sedation or anesthesia to the required 30 patients per license cycle for:

One license cycle (2 years), must complete anesthesia specific CE didactic hours equivalent to one half of the hours originally required to qualify for the permit class they hold.

Two license cycles (4 or more years), must complete an equivalent CE program to that required to qualify for the permit class they hold.

6. Office anesthesia evaluation
Every 5 years, all class IIIB, III and IV permit holders must have an office anesthesia evaluation to maintain their permit. This will be overseen and administered by the DSSA.

7. Monitors required for sedation or general anesthesia.
   A. Minimal sedation:
      - Pulse oximetry
      - Blood pressure
      - EKG (recommended but not required)
   
   B. Moderate sedation:
      - Pulse oximetry
      - Automatic blood pressure measured every 5 minutes.
      - Capnography or pre-tracheal stethoscope.
      - EKG (recommended but not required)

   C. Deep sedation or General Anesthesia:
      - Pulse oximetry
- Automatic blood pressure measured every 5 minutes
- Respiratory monitoring:
  For open airway: Capnography and pre-tracheal stethoscope
  For intubated patients: Capnography
- EKG
- Temperature

D. For all levels of sedation or anesthesia in the dental office:
- Pre-operative and post-operative vital signs appropriate to the level of sedation or anesthesia provided must be recorded.
- Notation by a dentist that the patient met discharge criteria, the time they met those criteria, who discharged the patient and into who’s care the patient was discharged.
- Discharge is the responsibility of the dentist, regardless of the level of sedation provided or the identity of the provider of the sedation or anesthesia.

8. **Required equipment:**
   - A crash cart consistent with HB 142 must be present and available.
   - AED or defibrillator.

Additional supplies must also be present and will be delineated after review of existing laws and regulations.

9. **A pre-operative medical assessment** must be completed by the dentist who will be performing the sedation or anesthesia or by the patient’s physician, which must then be reviewed and approved by the treating dentist. This assessment must include:
   - Recent physical exam
   - Recent medical history as reported by the patient and as assessed by the healthcare provider.
   - Current medications
   - Allergies
   - BMI
   - ASA status
   - Alcohol, tobacco and drug use history
   - Airway assessment including: Malampati status, OSA and use of
CPAP, snoring, thyromental distance, neck extension, presence of extensive cervical adipose tissue, other airway assessment techniques.

It is the responsibility of the dentist administering the sedation or anesthesia to make a professional judgment as to whether the patient can safely be sedated or placed under anesthesia in the dental office based on the pre-operative medical assessment. **Not all patients can be safely sedated or placed under general anesthesia in a dental office.** If it is determined that the patient cannot be safely placed under sedation or general anesthesia, the patient shall not be sedated or placed under general anesthesia and alternate modalities of treating the patient must be chosen.

10. **One ACLS certified person and two other BLS certified people** must be present when any patient is sedated or placed under general anesthesia.

11. **No grandfathering** of existing permit holders. All permit holders must meet and comply with the new rules and regulations.

12. **Recommend formal** anesthesia assistant training for all assistants involved in sedation, anesthesia and recovery.

A detailed, line by line version of our recommendations will subsequently be provided to the board as **Appendix A** after full analysis of existing and new laws and regulations.

A detailed description of the duties of the DSS will be provided as **Appendix B**.
It is essential to recognize that the right to perform procedures granted with a license to practice dentistry, medicine, nursing, hygiene or any other profession does not grant the right or privilege to perform procedures that the individual is not qualified to perform. No degree qualifies a practitioner to perform any and all procedures that fall under the license for that degree. We need only look at medicine to better understand this principle. An obstetrician is licensed, but not qualified to perform neurosurgery, and an orthopedic surgeon is licensed, but not qualified to perform open heart surgery or treat psychiatric patients. Neither is a urologist qualified to treat leukemia, though he or she is licensed to do so. No hospital or clinic would ever grant privileges to any physician to perform procedures or render treatment that they are licensed to provide, but not qualified to provide. And no court or professional organization would uphold a licensed, but unqualified practitioner in a legal claim against them for practicing outside of their qualifications. All physicians, including oral and maxillofacial surgeons have to re-credential every procedure or treatment they perform as well as their qualifications to perform such procedures every two years at every hospital they practice within. Those requesting privileges for procedural sedation within the hospital must not only re-credential, but must also recertify every year to maintain that privilege. Dentistry is no different. Thus, it is upon us to ensure that all dentists administering sedation and general anesthesia in dental offices in the State of Utah are not only licensed, but qualified to safely do so.

These recommendations are well researched and thought out by multiple qualified practitioners of sedation and anesthesia and are recommended for the sole purpose of protecting patients treated in dental offices. They are not onerous, difficult to comply with or unreasonably expensive and will raise the standard of care given in this State and make Utah a leader in high standards of care and patient safety. They in no way exclude any dentist in Utah who wants to provide sedation or anesthesia from becoming qualified to do so.

We urge the Board to consider these recommendations with soberness and due attention to the sacred duty of protecting the public and increasing access to safe dental care for all Utahns. We thank the Board for allowing us the opportunity to serve in this capacity and offer ourselves as continued resources at your disposal to answer questions, help formulate language or help in any way you may need as you consider these recommendations and create new and revised rules and regulations for sedation and anesthesia in dental offices.