



**DE 9 & 11 AD HOC COMMITTEE
DENTISTRY EXAMINING BOARD
Room N208, 4822 Madison Yards Way, Madison
Contact: Christian Albouras (608) 266-2112
May 1, 2019**

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Committee. A quorum of the Board may be present during the committee meeting.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1)**
- B. Approval of Minutes of November 7, 2018 (2)**
- C. DE 11, Relating to Anesthesia – Discussion and Consideration (3-15)**
- D. Public Comments**

ADJOURNMENT

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**DE 9 & 11 AD HOC COMMITTEE
DENTISTRY EXAMINING BOARD
MEETING MINUTES
NOVEMBER 7, 2018**

PRESENT: Christopher J. Callen; Matthew Bistan, D.D.S.; Wendy Pietz, D.D.S.

STAFF: Erin Karow, Executive Director; Sharon Henes, Administrative Rules Coordinator; Kate Stolarzyk, Bureau Assistant; and other Department staff

CALL TO ORDER

Wendy Pietz, Chair, called the meeting to order at 8:00 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

MOTION: Christopher Callen moved, seconded by Matthew Bistan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF AUGUST 7, 2018

MOTION: Matthew Bistan moved, seconded by Christopher Callen, to approve the minutes of August 7, 2018 as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Matthew Bistan moved, seconded by Christopher Callen, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:52 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 16 April 2019 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: DE 9, 11 Ad Hoc Committee			
4) Meeting Date: 1 May 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 1. DE 11 Relating to Anesthesia	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		4/16/19	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

DE 11.02 Definitions. In this chapter:

- (1g) “ASA” means American Society of Anaesthesiologists.
- (1s) “Class 1 permit” means a sedation permit enabling a dentist to administer minimal sedation.
- (1t) “Class 2 - enteral permit” means a sedation permit enabling a dentist to administer moderate sedation by enteral route.
- (1u) “Class 2 – paraenteral permit” means a sedation permit enabling a dentist to administer moderate sedation by enteral or paraenteral route.
- (1v) “Class 3 permit” means a sedation permit enabling a dentist to administer deep sedation, moderate, or general anesthesia.
- (2m) “Continual” means repeated regularly and frequently in a steady succession.
- (2r) “Continuous” means prolonged without any interruption at any time.
- (3) “Deep sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function maybe impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (em) “Enteral” means administration by which the agent is absorbed through the gastrointestinal tract or through the oral, rectal or nasal mucosa.
- (4) “General anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function. Cardiovascular function may be impaired.
- (4d) “Immediately available” means physically located in the dental office or facility and ready for immediate use or response.
- (4h) “Inhalation” means administration by which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.
- (4p) “Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose.
- (4t) “Moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.
- (7g) “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular methods.
- (7r) “Pediatric patient” means a patient who is 12 years old and under.

DE 11.025 Permit to administer anesthesia. (1) The board may issue an anesthesia permit at the following levels:

- (a) Class 1 is for the administration of minimal sedation.
 - (b) Class 2 - enteral is for the enteral administration of moderate sedation.
 - (c) Class 2 – paraenteral is for the administration of moderate sedation by enteral or paraenteral route.
 - (d) Class 3 is for the administration of deep sedation or general anesthesia.
- (2) A dentist may apply to the board for an anesthesia permit by submitting all of the following:
- (a) Application and fee.
 - (b) Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
 - (c) Disclosure of any previous anesthesia or sedation related incident, morbidity, mortality or any Board investigation or discipline relating to the delivery of anesthesia or sedation.
 - (d) Evidence of current licensure to practice dentistry in the state of Wisconsin.
 - (e) Evidence of certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients.
 - (f) If applying for a Class 3 Permit, evidence of one of the following:
 - 1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
 - 2. Diplomate of the American Dental Board of Anesthesiology.
 - (g) If applying for a Class 1 or 2 Permit, evidence of one of the following:
 - 1. Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery.
 - 2. Diplomate of the American Dental Board of Anesthesiology.
 - 3. Successful completion of a Board approved education program that provides comprehensive training meeting the requirements in 11.035.
 - (h) If applying for a Class 2 – Enteral and applicant held a Class 1 Permit issued prior to [effective date], evidence of 20 individually managed cases within the last five years.
- (3) A dentist may not administer anesthesia or sedation without a permit at the appropriate level of anesthesia or sedation.
- (4) Nitrous-oxide when used in combination with sedative agent may produce minimal, moderate or deep sedation. During the administration of moderate or nitrous-oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist must stop the sedation and dental procedures until the patient returns to the intended level of sedation.

DE 11.35 Board approved education program content. (1) Board approved education program that provides comprehensive training for a Class 1 Permit shall consist of a minimum of 20 hours in administration and management of minimal sedation, including the following course contact:

- (a) Historical, philosophical and psychological aspects of anxiety and pain 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 anxiety and pain.
 - (d) 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 unconscious state.
 - (e) Review of adult respiratory and circulatory physiology and related anatomy.
 - (f) Pharmacology of agents used in enteral and combination inhalation-enteral minimal sedation, including drug interactions and incompatibilities.
 - (g) Indications and contraindications for use of enteral inhalation-enteral minimal sedation.
 - (h) Review of dental procedures possible under enteral and combination inhalation-enteral minimal sedation.
 - (i) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.
 - (j) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time oriented anesthesia record, including the names of all drugs administered, doses and monitored physiological parameters.
 - (k) Prevention, recognition and management of complications and life-threatening situations.
 - (L) Administration of local anesthesia in conjunction with enteral and combination inhalation-enteral minimal sedation techniques.
 - (m) Description, maintenance and use of inhalation sedation equipment.
 - (n) Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
 - (o) Discussion of abuse potential.
- (2) Board approved education program that provides comprehensive training for a Class 2 Permit shall consist of a minimum of 60 hours in administration and management of minimal sedation, including the following course contact:
- (a) Historical, philosophical and psychological aspects of anxiety and pain control.
 - (b) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.
 - (c) Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instruction.
 - (d) Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
 - (e) Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
 - (f) Review of adult respiratory and circulatory physiology and related anatomy.
 - (g) Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.
 - (h) Indications and contraindications for use of moderate sedation
 - (i) Review of dental procedures possible under moderate sedation.
 - (j) Patient monitoring using observation, monitoring equipment, with particular attention to vital signs, ventilation, breathing and reflexes related to consciousness.

- (k) Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time oriented anesthesia record, including the names of all drugs administered, doses and monitored physiological parameters.
- (L) Prevention, recognition and management of complications and emergencies.
- (m) Description, maintenance and use of moderate sedation monitors and equipment.
- (n) Discussion of abuse potential.
- (o) Intravenous access anatomy, equipment and technique.
- (p) Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
- (q) Description and rationale for the technique to be employed.
- (r) Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.
- (s) 20 individually managed cases. A Class 2 – enteral requires 5 of the 20 individually managed cases to involve a live patient. A Class 2 – parenteral requires all 20 individually managed parenteral cases to involve a live patient.

DE 11.075 Continuing education. Each dentist with an anesthesia permit shall complete 2 hours of continuing education on the topic of anesthesia each biennium. The continuing education completed under this section shall count toward the continuing education requirement under DE 13.03.

DE 11.85 Auxiliary Personnel. (1) Auxiliary personnel shall be certified in basic life support for the health care provider.

(2) A dentist administering general anesthesia, deep sedation or moderate sedation shall have two additional individuals present during the procedure.

(3) If a dentist both administering general anesthesia, deep sedation or moderate sedation and performing the dental procedure, one of the two auxiliary personnel must be designated to only monitor the patient.

(3) A dentist administering minimal sedation shall have one individual present during the procedure who is not the administering dentist.

DE 11.09 Standards of Care. (1) GENERAL. A dentist administering anesthesia or sedation shall remain in the room to continuously monitor the patient until the patient meets the criteria for transfer to recovery and may not leave the dental office or facility until the patient meets the criteria for discharge and is discharged from the dental office or facility.

(2) PREOPERATIVE PREPARATION. Pre-operative preparation for the administration of anesthesia or sedation shall include all of the following:

(a) Determine the adequacy of the oxygen supply and equipment necessary to deliver oxygen under positive pressure.

(b) Take and record the patient record baseline vital signs, including blood pressure, respiratory rate and heart rate. For the administration of general anesthesia and deep and moderate sedation, baseline vital signs include weight, height, blood pressure, heart rate, respiratory rate, blood oxygen saturation by pulse oximetry, and body temperature when appropriate. The inability to take vital signs due to the patient's behavior or condition shall be documented in the patient record.

- (c) Complete medical history and a focused physical evaluation.
- (d) Instruct the patient on specific dietary limitations based upon the sedative and anesthetic technique to be used and patient's physical status.
- (e) Provide pre-operative instructions to the patient, or as appropriate, to the patient's parent or legal guardian.
- (f) Notify and require a patient to arrive and leave with a vested escort.
- (g) Establish and secure, where clinically indicated, an intravenous line throughout the procedure, except as provided for pediatric or special needs patients.
- (h) Advise the patient of fasting requirements.

(3) MONITORING AND EVALUATION OF GENERAL ANESTHESIA, DEEP SEDATION OR MODERATE SEDATION. A dentist administering general anesthesia, deep sedation or moderate sedation shall continuously monitor and evaluate all of the following:

- (a) Level of consciousness.
- (b) Oxygenation saturation by pulse oximetry.
- (c) Chest excursions continually.
- (d) Ventilation monitored by end-tidal carbon dioxide.
- (e) Auscultation of breath sounds with precordial or pretracheal stethoscope.
- (f) Respiration rate.
- (g) Heart rate and rhythm via electrocardiogram (ECG).
- (h) Blood pressure.
- (i) Color of mucosa, skin or blood
- (j) Body temperature whenever triggering agents associated with malignant hyperthermia are administered.

(4) MONITORING AND EVALUATION OF MINIMAL SEDATION. A dentist administering minimal sedation shall continuously monitor and evaluate all of the following:

- (a) Level of consciousness.
- (b) Chest excursions.
- (c) Ventilation by either auscultation of breath sounds or by verbal communication with the patient.
- (d) Color of mucosa, skin or blood
- (e) Blood pressure, heart rate, and oxygenation saturation by pulse oximetry pre-operatively and post-operative and intraoperatively.

(5) RECOVERY AND DISCHARGE. A dentist shall maintain and implement recovery and discharge procedures which include all of the following:

- (a) Immediate availability of oxygen and suction equipment.
- (b) Monitor and document the patient's blood pressure, heart rate, oxygenation and level of consciousness during recovery.
- (c) Determine and document that blood pressure, heart rate, level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge.
- (d) Post-operative verbal and written instructions provided.
- (e) If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recovery is assured.

(6) EQUIPMENT. A dentist administering anesthesia or sedation shall have immediately available and maintain equipment, appropriate for patients served, in good working order according to manufacturer's directions all the following equipment:

- (a) Alternative light source for use during power failure.

- (b) Automated external defibrillator
 - (c) Disposable syringes in assorted sizes.
 - (d) Oxygen in a portable cylinder E tank capable of administering positive pressure ventilation via a bag-valve-mask system.
 - (e) Sphygmomanometer and stethoscope for pediatric and adult patients.
 - (f) Suction and backup system.
 - (g) An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
 - (h) Emergency airway equipment including oral and nasal airway and advanced airway devices for appropriate patient populations being served.
- (7) **Drugs.** A dentist administering anesthesia or sedation shall be responsible to maintain and properly store drugs in current and unexpired condition and properly dispose of expired drugs. The following drugs shall be maintained in an emergency drug kit:
- (a) Non-enteric coated aspirin.
 - (b) Ammonia inhalants.
 - (c) Antihistamine.
 - (d) Antihypoglycemic agent.
 - (e) Bronchodilator.
 - (f) Epinephrine preloaded syringes for pediatric and adult.
 - (g) Oxygen.
 - (h) Nitroglycerin
 - (i) Reversal agents
 - (j) If Class 2 and Class 3, muscle relaxant.
- (8) **EMERGENCY MANAGEMENT.** A dentist administering anesthesia or sedation shall be responsible for the sedative or anesthetic management, diagnosis and treatment of emergencies related to the administration of anesthesia or sedation and for ensuring the equipment, drugs and protocols for patient rescue are immediately available.
- (9) **ANESTHESIA RECORD.** A dentist shall maintain an anesthesia record that documents all events related to the administration of the sedative or anesthetic agents, including all of the following:
- (a) Time-oriented anesthesia record that includes the date, names of all drugs administered, dosages, methods of administration and monitored physiological parameters.
 - (c) Heart rate, respiratory rate, blood pressure, pulse oximetry, and end-tidal carbon dioxide measurements shall be recorded in five-minute intervals for general anesthesia, deep and moderate sedation.
 - (d) Heart rate, respiratory rate, blood pressure, and pulse oximetry shall be recorded in fifteen-minute intervals for minimal sedation.
 - (e) The duration of the procedure
 - (f) The individuals present during the procedure.

DE 11.10 Reporting of adverse occurrences related to anesthesia administration. (1) A dentist shall report to the board any anesthesia or sedation related mortality which occurs during or as a result of treatment provided by the dentist within two business days of the dentist's notice of such mortality.

(2) A dentist shall report any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation by the dentist to the Board within 30 days of the notice of the occurrence of any such morbidity.

1. Keep the number of permits at three.
 - Class 1 is enteral administration of moderate sedation.
 - Class 2 is parenteral administration of moderate sedation
 - Class 3 is administration of deep sedation or general anesthesia
2. State that minimal sedation does not require a permit.
3. Class 3 education should include successful completion of a board approved postdoctoral training program in the administration of deep sedation and general anesthesia or postdoctoral training program in anesthesiology that is approved by ACGME.
4. Class 1 education should be 24 hours. Eliminate all of the proposed course content and replace with content similar to the DOCS program content.
5. Keep the proposed continuing education requirement.
6. Each permit should have different requirements for auxiliary personnel and only the minimum necessary. The proposed requires the same number of people for moderate and deep/general anesthesia.
7. Each permit should have different requirements for standards of care and only the minimum necessary. (OK with sub. (7) Drugs and (8) Emergency Management).
8. Keep the proposed reporting of adverse occurrences.

Chapter DE 11

ANESTHESIA

DE 11.01	Authority and purpose.	DE 11.06	Requirements for conscious sedation–parenteral.
DE 11.02	Definitions.	DE 11.07	Requirements for deep sedation and general anesthesia.
DE 11.025	Permit to administer anesthesia.	DE 11.08	Office facilities and equipment.
DE 11.03	Requirements for nitrous oxide inhalation.	DE 11.09	Standards of care.
DE 11.04	Requirements for anxiolysis.	DE 11.10	Reporting of adverse occurrences related to anesthesia administration.
DE 11.05	Requirements for conscious sedation–enteral.		

DE 11.01 **Authority and purpose.** The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a) and 447.02 (2) (b), Stats., for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia and sedation, regardless of the route of administration.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. Register, October, 1988, No. 394, eff. 11-1-88; am. Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.02 **Definitions.** In this chapter,

(1) “Analgesia” means the diminution or elimination of pain in a conscious patient.

(1m) “Anxiolysis” means the use of medication to relieve anxiety before or during a dental procedure which produces a minimally depressed level of consciousness, during which the patient’s eyes are open and the patient retains the ability to maintain an airway independently and to respond appropriately to physical and verbal command.

(1s) “Class I permit” means a sedation permit enabling a dentist to administer oral conscious sedation-enteral.

(1t) “Class II permit” means a sedation permit enabling a dentist to administer conscious sedation-parenteral and conscious sedation-enteral.

(1u) “Class III permit” means a sedation permit enabling a dentist to administer deep sedation, general anesthesia, conscious sedation-parenteral, and conscious sedation-enteral.

(2) “Conscious sedation” means a depressed level of consciousness during which the patient mimics physiological sleep, has vitals that are not different from that of sleep, has his or her eyes closed most of the time while still retaining the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(3) “Deep sedation” means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including the ability to independently and continuously maintain an airway and to respond purposefully to verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(4) “General anesthesia” means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(6) “Nitrous oxide inhalation” means analgesia by administration of a combination of nitrous oxide and oxygen in a patient.

(7) “Operative supervision” means the dentist is in the operatory performing procedures with the aid of qualified staff.

(8) “Qualified staff” means a person is certified in the administration of basic life support in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organization approved by the board, and has training in how to monitor vital signs, and how to use a pulse oximeter, blood pressure cuff, and a precordial or a pretracheal stethoscope. If the dentist is administering deep sedation and general anesthesia under s. DE 11.07, a person shall also be trained in how to use an EKG.

(9) “Routes of administration” include the following:

(a) “Enteral” means administration by which the agent is absorbed through the gastrointestinal tract or through the oral, rectal or nasal mucosa.

(b) “Inhalation” means administration by which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(c) “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through either intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO) methods.

(d) “Transdermal or transmucosal” means administration by which the drug is administered by patch or iontophoresis.

(10) “Time-oriented anesthesia record” means documentation at appropriate intervals of drugs, doses and physiological data obtained during patient monitoring.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; r. and recr. Register, October, 1988, No. 394, eff. 11-1-88; r. (4), renum. (1) to (3) to be (2) to (4) and am., cr. (1) and (5), Register, August, 1991, No. 428, eff. 9-1-91; CR 04-095: am. (1) to (4), cr. (1m) and (6) to (10), r. (5) Register August 2006 No. 608, eff. 1-1-07; CR 13-061: cr. (1s) to (1u) Register June 2014 No. 702, eff. 7-1-14.

DE 11.025 **Permit to administer anesthesia. (1)** Dentists shall submit an application to administer anesthesia as specified in this chapter on a form prepared for and approved by the board. Each application shall be specific to the sedation permit class.

Note: Copies of the Application For Dental Permit to Administer Conscious Sedation are accessible from the department’s webpage at: <http://dps.wi.gov/>.

(2) The board may grant a sedation permit and shall consider any of the following actions in developing their decision on an application:

(a) Defer a decision if the licensee has a pending investigation or has not met the conditions of a previous investigation.

(b) Defer a decision if any sedation permits held by the licensee have been temporarily suspended.

(c) Defer a decision or recommend denial if any permits held by the licensee have been revoked or conditions of revocation have not been satisfactorily met.

(d) Recommend denial based on the severity of any investigations regarding noncompliance with ch. DE 5.

(e) Take any other action or actions necessary to maintain the health, welfare and safety of a patient or the public.

History: CR 13-061: cr. Register June 2014 No. 702, eff. 7-1-14.

DE 11.03 Requirements for nitrous oxide inhalation. (1) A dentist or a dental hygienist who holds a valid certificate under ch. DE 15 may use nitrous oxide inhalation on an outpatient basis for dental patients provided that he or she utilizes adequate equipment with failsafe features and a 25% minimum oxygen flow.

(2) A dentist utilizing nitrous oxide inhalation shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organization approved by the board.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 15-056: am. (1) Register February 2016 No. 722, eff. 3-1-16.

DE 11.04 Requirements for anxiolysis. A dentist utilizing anxiolysis shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.05 Requirements for conscious sedation–enteral. (1) No dentist may administer conscious sedation via an enteral route without having first obtained a class I permit from the board, unless a dentist has been granted a permit under s. DE 11.06 or 11.07. A class I permit enables a dentist to utilize conscious sedation enterally. The board may grant a class I permit to administer conscious sedation enterally to a dentist who submits a completed application for this sedation permit class and does all of the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. Eighteen hours of didactic instruction which addresses physical evaluation of patients, conscious sedation–enteral, emergency management, and conforms to the principles in part one or part 3 of the American Dental Association’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry.”

b. Twenty clinical cases utilizing an enteral route of administration to achieve conscious sedation, which may include group observation.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1. a. and b.

(b) Provides proof of certification in basic cardiac life support for the health care provider and a board approved training program in airway management or a course in advanced cardiac life support. If the dentist is sedating patients age 14 or younger, the dentist shall provide proof of certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

(2) Any dentist who utilizes an enteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 13-061: am. (1) (intro.) Register June 2014 No. 702, eff. 7-1-14.

DE 11.06 Requirements for conscious sedation–parenteral. (1) No dentist may administer conscious sedation via a parenteral route without having first obtained a class II permit from the board, unless a dentist has been granted a permit under s. DE 11.07. A class II permit enables a dentist to utilize conscious sedation–enteral, and conscious sedation–parenteral. A dentist who holds a class II permit does not have to obtain a class I sedation permit. The board may grant a class II permit to administer conscious sedation–parenterally to a dentist who submits a completed application for this sedation permit class and does all the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. A minimum of 60 hours of didactic instruction which addresses the physical evaluation of patients, IV sedation, and emergency management.

b. Twenty clinical cases of managing parenteral routes of administration.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1.

3. The utilization of conscious sedation administered parenterally on an outpatient basis for 5 years preceding January 1, 2007, by a dentist licensed under this chapter.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who utilizes a parenteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 13-061: am. (1) Register June 2014 No. 702, eff. 7-1-14.

DE 11.07 Requirements for deep sedation and general anesthesia. (1) No dentist may administer deep sedation or general anesthesia without having first obtained a class III permit from the board and submits a completed application for this sedation permit class. A class III permit enables a dentist to utilize conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia. A dentist who holds class III sedation permit shall not have to obtain any other class of sedation permit. The board may grant a class III permit to administer deep sedation or general anesthesia to a dentist who does all of the following:

(a) Provides proof of one of the following:

1. Successful completion of a board approved postdoctoral training program in the administration of deep sedation and general anesthesia.

2. Successful completion of a postdoctoral training program in anesthesiology that is approved by the Accreditation Council for Graduate Medical Education.

3. Successful completion of a minimum of one year advanced clinical training in anesthesiology provided it meets the objectives set forth in part 2 of the American Dental

Association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry."

4. Has been a licensed dentist under this chapter who has been utilizing general anesthesia for 5 years prior to January 1, 2007.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who administers deep sedation or general anesthesia shall have qualified staff present throughout the dental procedure.

(3) Nothing in this section may be construed to prevent a dentist from employing or working in conjunction with a certified registered nurse anesthetist, or with a licensed physician or dentist who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesia personnel must remain on the premises of the dental facility until the patient under general anesthesia or deep sedation regains consciousness.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07; CR 13-061: am. (1) (intro.) Register June 2014 No. 702, eff. 7-1-14.

DE 11.08 Office facilities and equipment. (1) A dental office shall have all of the following if a dentist is administering conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia:

- (a) An operating room containing all of the following:
 1. Oxygen and supplemental gas-delivery system capable of delivering positive pressure oxygen ventilation.
 2. Suction and backup system.
 3. Auxiliary lighting system.
 4. Gas storage facilities.
 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.
 7. Monitoring equipment including a pulse oximeter, blood pressure cuff, and precordial or pretracheal stethoscope.
 8. An EKG if administering deep sedation or general anesthesia.
- (b) A recovery room containing all of the following:
 1. Oxygen and supplemental gas-delivery system capable of delivering positive pressure oxygen ventilation.
 2. Suction and backup system.
 3. Auxiliary lighting system.
 4. Wheelchair.
 5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.
 6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.

(2) Nothing in this section shall be construed to prevent an operating room from also being used as a recovery room, nor shall it be construed to prevent the sharing of equipment between an operating room and a recovery room, provided all the required equipment is in the room being used.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.09 Standards of care. (1) Before the administration of any type of sedation a complete written medical history shall be obtained from each patient. The

medical history shall identify any medications a patient is taking and any allergies to medication a patient has.

(2) The recording of a time-oriented anesthesia record including appropriate vital signs, blood pressure, pulse, and oxygen saturation q 5 minutes, is required for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia.

(3) During the anesthesia period for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia, the oxygenation, ventilation, and circulation of the patient shall be continually evaluated, and any medications that are administered shall be documented in writing, including the dosages, time intervals, and the route of administration.

(4) A patient shall be continually observed during the anesthesia period for conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia either by the treating dentist or by qualified staff. No permit holder shall have more than one person in conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia at one time, notwithstanding patients in recovery.

(5) Operative supervision is required for deep sedation and general anesthesia.

(6) Qualified staff shall continuously monitor post-treatment patients before final evaluation and discharge by the dentist. Written post-operative instructions shall be given to each patient or to a responsible adult who accompanies the patient for those individuals having undergone conscious sedation-enteral, conscious sedation-parenteral, deep sedation, or general anesthesia. Documentation of the post-operative instructions shall be noted in the patient's chart.

(8) Any dentist whose patient lapses into conscious sedation-enteral from anxiety shall meet the requirements found in s. DE 11.05 and shall follow any applicable requirements in s. DE 11.09.

(9) Unless a dentist holds a class 3 permit, he or she shall not administer any drug that has a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, ketamine, or any other similarly acting drugs.

(10) Dentists shall maintain verifiable records of the successful completion of any and all training of staff.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

Note: Section DE 11.09 (7) dealing with titration, has been removed from the rule in compliance with statutory restraints based on the objections by the Senate Committee on Health and the Joint Committee for Review of Administrative Rules. The Wisconsin Dentistry Examining Board intends to promulgate s. DE 11.09 (7) upon resolution of those objections.

DE 11.10 Reporting of adverse occurrences related to anesthesia administration. Dentists shall submit a report within 30 days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during, or as a result of, anesthesia administration under this chapter. The report shall be on a form approved by the board and shall include, at the minimum, responses to all of the following:

- (1) A description of the dental procedures.
- (2) The names of all participants in the dental procedure and any witnesses to the adverse occurrence.
- (3) A description of the preoperative physical condition of the patient.
- (4) A list of drugs and dosage administered before and during the dental procedures.

(5) A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure.

(6) A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment.

(7) A description of the patient's condition upon termination of any dental procedures undertaken.

Note: Forms are available at the office of the Dentistry Examining Board located at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.