



Tony Evers, Governor
Dawn B. Crim, Secretary

**DE 9 & 11 AD HOC COMMITTEE
DENTISTRY EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Christian Albouras (608) 266-2112
September 4, 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 August 2, 2019 (2)

C. DE 11 Relating to Anesthesia – Discussion and Consideration (3-9)

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
AUGUST 2, 2019**

PRESENT: Leonardo Huck, D.D.S. (*excused at 9:01 a.m.*); Herbert Kaske, D.D.S., and Wendy Pietz, D.D.S.

STAFF: Christian Albouras, Executive Director; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Wendy Pietz, Chair, called the meeting to order at 8:01 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

MOTION: Herbert Kaske moved, seconded by Leonardo Huck, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 1, 2019

MOTION: Leonardo Huck moved, seconded by Herbert Kaske, to approve the minutes of May 1, 2019 as published. Motion carried unanimously.

(Leonardo Huck was excused at 9:01 am)

ADJOURNMENT

MOTION: Herbert Kaske moved, seconded by Wendy Pietz, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:38 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: 23 August 2019 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: DE 9 and 11 Ad Hoc Committee of the Dentistry Examining Board			
4) Meeting Date: 4 September 2019	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters 1. DE 11 Relating to Anesthesia 2. Updates on Legislation and Pending or Possible Rulemaking Projects	
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>		8/23/19	
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.
- (1t) “Class 2 permit” means a sedation permit enabling a dentist to administer moderate sedation.
- (1u) “Class 3 permit” means a sedation permit enabling a dentist to administer moderate or deep sedation, 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.
- (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.
- (6) “Nitrous oxide” means a combination of nitrous oxide and oxygen.
- (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) Minimal sedation does not require a permit.
- (2) The board may issue an anesthesia permit at the following levels:
- (a) Class 2 is for the administration of moderate sedation.
 - (b) Class 3 is for the administration of moderate or deep sedation, or general anesthesia.

- (3) 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 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.
 - (g) 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 or candidate of the American Dental Board of Anesthesiology.
 3. Postdoctoral residency in an accredited dental program in dental anesthesiology or general dentistry.
 - (h) Notwithstanding par. (f) or (g), a dentist holding a Class I Permit on [effective date of rule to be inserted by LRB] shall be granted a Class 2 Permit upon evidence of 20 cases within the last 5 years of providing moderate sedation.
- (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 2 Permit shall consist of a minimum of 60 hours in administration and management of moderate 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.

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

(2) A dentist administering moderate sedation shall have one additional individual present during the procedure and another individual on the premises and available to respond to a patient emergency.

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

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

DE 11.09 Standards of Care. (1) GENERAL. A dentist administering anesthesia or sedation shall monitor 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.
 - (g) Oxygen.
 - (h) Nitroglycerin
 - (i) Reversal agents
 - (j) 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.
 - (b) 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.
 - (c) The duration of the procedure

- (d) 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.

(3) The report shall include all of the following:

- (a) A description of the dental procedures.
- (b) the names of all participants in the dental procedure and any witnesses to the adverse occurrence.
- (c) a description of the preoperative physical condition of the patient.
- (d) A list of drugs and dosage administered before and during the dental procedures.
- (e) A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure.
- (f) 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.
- (g) A description of the patient's condition upon termination of any dental procedures undertaken.