



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 Dentistry Examining Board 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 record of the actions of the Dentistry Examining Board.

AGENDA

9:00 A.M.

OR IMMEDIATELY FOLLOWING THE DE 9 & 11 AD HOC COMMITTEE MEETING

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Pledge of Allegiance

B. Adoption of Agenda (1-3)

C. Approval of Minutes of July 10, 2019 (4-7)

D. Introductions, Announcements and Recognition

E. Conflicts of Interest

F. Administrative Matters

- 1) Department, Staff and Board Updates
- 2) Board Members – Term Expiration Dates

G. CRDTS Update – Discussion and Consideration

H. Legislative and Administrative Rule Matters – Discussion and Consideration

- 1) DE 9, 11 Relating to Labs & Work Authorizations and Anesthesia (**8-14**)
- 2) Legislation and Pending or Possible Rulemaking Projects

I. Credentialing Matters and Creation of Forms Committee – Discussion and Consideration

J. Discussion and Consideration of Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters

- 8) Practice Matters
- 9) Legislative and Administrative Rule Matters
- 10) Liaison Reports
- 11) Board Liaison Training and Appointment of Mentors
- 12) Informational Items
- 13) Division of Legal Services and Compliance (DLSC) Matters
- 14) Presentations of Petitions for Summary Suspension
- 15) Petitions for Designation of Hearing Examiner
- 16) Presentation of Stipulations, Final Decisions and Orders
- 17) Presentation of Proposed Final Decisions and Orders
- 18) Presentation of Interim Orders
- 19) Petitions for Re-Hearing
- 20) Petitions for Assessments
- 21) Petitions to Vacate Orders
- 22) Requests for Disciplinary Proceeding Presentations
- 23) Motions
- 24) Petitions
- 25) Appearances from Requests Received or Renewed
- 26) Speaking Engagements, Travel, or Public Relation Requests, and Reports

K. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

L. Division of Legal Services and Compliance (DLSC) Matters

- 1) Proposed Stipulations and Final Decisions and Orders**
 - a. 17 DEN 085 – Wyn D. Steckbauer, D.M.D. **(15-20)**
 - b. 18 DEN 001 – Jeffry A. Rostas, D.D.S. **(21-27)**
 - c. 18 DEN 012 – Zolya Geller, D.D.S. **(28-34)**
- 2) Administrative Warnings**
 - a. 15 DEN 081 – T.J.L. **(35-37)**
 - b. 19 DEN 017 – J.H.Y. **(38-39)**
- 3) Case Closing(s)**
 - a. 18 DEN 013 – Unknown **(40-42)**
 - b. 18 DEN 014 – D.A.P. **(43-46)**
 - c. 18 DEN 060 – A.L.B. **(47-49)**
 - d. 18 DEN 072 – A.M. **(50-53)**
 - e. 18 DEN 075 – A.M. **(54-56)**
 - f. 18 DEN 076 – A.M. **(57-59)**
 - g. 18 DEN 077 – A.M. **(60-62)**
 - h. 18 DEN 119 – W.A.H. **(63-65)**
 - i. 18 DEN 143 – D.J.W. **(66-68)**
 - j. 18 DEN 151 – T.W.M. **(69-71)**
 - k. 19 DEN 013 – P.J.C. **(72-74)**
 - l. 19 DEN 016 – D.D.P. **(75-77)**

- m. 19 DEN 024 – R.R. **(78-80)**
- n. 19 DEN 028 – A.E.S. **(81-84)**
- o. 19 DEN 043 – B.J.B. **(85-90)**

M. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

N. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

O. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

P. Open Session Items Noticed Above Not Completed in the Initial Open Session

Q. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT DATE: NOVEMBER 6, 2019

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.

**DENTISTRY EXAMINING BOARD
MEETING MINUTES
JULY 10, 2019**

PRESENT: Lisa Bahr, RDH (*arrived at 9:21 a.m.*); Debra Beres, RDH (*arrived at 9:21 a.m.*); Matthew Bistan, DDS; Shaheda Govani, DDS; Leonardo Huck, DDS; Dennis Myers, Wendy Pietz, DDS (*Via teleconnection, arrived in person at 9:21 a.m.*); Katherine Schrubbe, RDH (*arrived at 9:21 a.m.*); and Peter Sheild, DDS

EXCUSED: Herbert Kaske, DDS

STAFF: Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Matthew Bistan, Chairperson, called the meeting to order at 9:02 a.m. A quorum of six (6) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Open Session: Correct the spelling of Dr. Govani's first name as listed under item "C. Introductions, Announcements and Recognition; 1. New Member" as follows:
 - Shaheheda Govani

MOTION: Dennis Myers moved, seconded by Peter Sheild, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 1, 2019

MOTION: Dennis Myers moved, seconded by Peter Sheild, to approve the Minutes of May 1, 2019 as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS AND RECOGNITION

Resignations and Replacements – Mark Braden, Dentist Member

MOTION: Dennis Myers moved, seconded by Leonardo Huck, to recognize and thank Mark Braden for his 8 years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

(Wendy Pietz arrived in person and Lisa Bahr, Debra Beres and Kathrine Schrubbe joined the meeting at 9:21 a.m.)

ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

LIAISON APPOINTMENT	
Monitoring and Professional Assistance Procedure (PAP) Liaison	Herbert Kaske

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adopt CR 18-063, Relating to Delegation of Functions to Unlicensed Persons

MOTION: Debra Beres moved, seconded by Leonardo Huck, to approve the Adoption Order for Clearinghouse Rule CR 18-063, relating to delegation of functions to unlicensed persons. Motion carried unanimously.

Adopt CR 17-068, Relating to Dental Licensure and the Practice of Dental Hygiene

MOTION: Debra Beres moved, seconded by Leonardo Huck, to approve the Adoption Order for Clearinghouse Rule CR 17-068, relating to dental licensure and the practice of dental hygiene. Motion carried unanimously.

DE 9 and 11, Relating to Laboratories and Work Authorizations and Anesthesia

MOTION: Katherine Schrubbe moved, seconded by Debra Beres, to clarify that the Ad Hoc Committee formed at the November 1, 2017 meeting of the Dentistry Examining Board is titled the DE 9 & 11 Ad Hoc Committee, and that its subject matter includes both DE 9 & 11. Motion carried unanimously.

MOTION: Dennis Myers moved, seconded by Lisa Bahr, to amend the minutes of the November 1, 2017 meeting of the Dentistry Examining Board to accurately reflect the creation of the Ad Hoc Committee on DE 9 & 11. Motion carried unanimously.

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Matthew Bistan, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Lisa Bahr-yes; Debra Beres-yes; Matthew Bistan-yes; Shaheda Govani-yes; Leonardo Huck-yes; Dennis Myers-yes, Wendy Pietz-yes;

Katherine Schrubbe-yes; and Peter Sheild-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:56 a.m.

DELIBERATION ON PROPOSED FINAL DECISIONS AND ORDERS

16 DEN 059 – Grant A. Lemke, DDS

MOTION: Debra Beres moved, seconded by Shaheda Govani, to adopt the Finding of Fact, Conclusions of Law and Proposed Decision and Order in the matter of disciplinary proceedings against Grant A. Lemke, DDS, DLSC Case Number 16 DEN 059. Motion carried.

(Wendy Pietz recused herself and left the room for deliberation and voting in the matter concerning Grant A. Lemke, DDS, DLSC Case Number 16 DEN 059.)

17 DEN 080 – James F. Murphy, DDS

MOTION: Shaheda Govani moved, seconded by Debra Beres, to adopt the Finding of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against James F. Murphy, DDS, DLSC Case Number 17 DEN 080. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

17 DEN 028 – Joel A. Supita, DDS

MOTION: Peter Sheild moved, seconded by Debra Beres, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Joel A. Supita, DDS, DLSC Case Number 17 DEN 028. Motion carried unanimously.

17 DEN 047 – Sirisha Gogineni, DDS

MOTION: Peter Sheild moved, seconded by Leonardo Huck, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sirisha Gogineni, DDS, DLSC Case Number 17 DEN 047. Motion carried unanimously.

Case Closings

MOTION: Debra Beres moved, seconded by Katherine Schrubbe, to close the DLSC cases for the reasons outlined below:

1. 17 DEN 046 – H.Z. – Insufficient Evidence (IE)
2. 18 DEN 071 – K.W.K. – No Violation
3. 18 DEN 101 – T.S.N. – Prosecutorial Discretion (P2)
4. 18 DEB 144 – R.J.S. – Prosecutorial Discretion (P5)
5. 19 DEN 018 – M.M.S. – Prosecutorial Discretion (P2)

Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Debra Beres moved, seconded by Dennis Myers, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:58 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Debra Beres, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Lisa Bahr moved, seconded by Katherine Schrubbe, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:59 p.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 <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: 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 9, 11 Relating Labs & Work Authorizations and Anesthesia 2. 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: DE 9 text is Board approved modifications. The DE 9 and 11 Ad Hoc Committee will be considering the proposed DE 11 language at their committee meeting immediately prior to the Board meeting. The Committee may recommend modifications at the Board meeting.																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 50%; text-align: center;">Authorization</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Sharon Henes</i></td> <td style="text-align: center;"><i>8/23/19</i></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><small>Signature of person making this request</small></td> <td style="text-align: center;"><small>Date</small></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><small>Supervisor (if required)</small></td> <td style="text-align: center;"><small>Date</small></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><small>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</small></td> <td style="text-align: center;"><small>Date</small></td> </tr> </table>				11)	Authorization				<i>Sharon Henes</i>	<i>8/23/19</i>			<small>Signature of person making this request</small>	<small>Date</small>			<small>Supervisor (if required)</small>	<small>Date</small>			<small>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</small>		<small>Date</small>
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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 9 Changes

DE 9.015 (2) “Work authorization” means an official, signed request to a dental workroom or laboratory from a licensed dentist ~~that clearly and thoroughly transmits at least the date of request, the doctor’s name, license number, and contact information, the patient information, choice of base material, choice of metal alloy or type of porcelain to be used for the prosthesis, choice of margin and pontic design of the prosthesis, impressions or measurements, and shade description.~~

DE 9.02 Work authorizations. Work authorizations shall include all of the following:

- (1) The patient’s name or identification number.
- (2) The dentist’s name.
- (3) Prescription information.

DE 11 Proposed

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.