



Notice of Intent to Adopt Rules

Revised July 2013

1. General Information

a. Agency/Board Name		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Contact Person	f. Contact Telephone Number	
g. Contact Email Address		
h. Date of Public Notice	i. Comment Period Ends	
j. Program		

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted:

a. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed
Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification.

Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
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c. The Statement of Reasons is attached to this certification.

d. N/A In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).

e. A copy of the proposed rules* may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

* If Item "d" above is not checked, the proposed rules shall be in strike and underscore format.

3. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. Yes No

If "Yes:"	Date:	Time:	City:	Location:

b. What is the manner in which interested persons may present their views on the rulemaking action?

- By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

- To the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Contact Person listed in Section 1 above.

4. Federal Law Requirements

a. These rules are created/amended/revoked to comply with federal law or regulatory requirements. Yes No

If "Yes:"	Applicable Federal Law or Regulation Citation:
	Indicate one (1): <input type="checkbox"/> The proposed rules meet, but do not exceed, minimum federal requirements. <input type="checkbox"/> The proposed rules exceed minimum federal requirements.
	Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to: <input type="checkbox"/> To the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____

5. State Statutory Requirements

a. Indicate one (1):

- The proposed rule change *MEETS* minimum substantive statutory requirements.
 The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. Indicate one (1):

- The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:
 By contacting the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____
 Not Applicable.

6. Authorization

a. I certify that the foregoing information is correct.

Printed Name of Authorized Individual	
Title of Authorized Individual	
Date of Authorization	

Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; clean copy of the rules; and strike-through and underline version of rules (if applicable). *Optional:* electronic copies of all items noted (in addition to hard copies) may be emailed to LSO at Criss.Carlson@wyoleg.gov.
- Secretary of State: Electronic version of Notice of Intent sent to Rules@wyo.gov.

STATEMENT OF PRINCIPAL REASONS FOR FORMAL ADOPTION OF REGULAR RULES

Pursuant to the authority granted by W.S. § 33-15-108(h), 33-15-120(e), 33-15-123, and 33-15-130, the Wyoming Board of Dental Examiners has determined to amend its rules for Chapter 5 regarding regulation for administration of sedation and anesthesia.

In 1990, the Wyoming legislature granted the Board authority to regulate administration of general anesthesia or parenteral sedation. Wyo. Stat. Ann. § 33-15-130. In 1993, the Board promulgated rules establishing a regulatory framework for administration of anesthetic (Chapter 4 - Anesthetic Administration). In 2003, the Board amended and expanded those rules, thus creating Chapter 5 - Anesthesia Administration. Since 2003, the American Dental Association (ADA) has revised its established guidelines for administration of anesthesia and sedation.

The Board has also taken the opportunity provided by this rulemaking to reorganize and reformat the content of Chapter 5. The Board took the previous six sections, consolidated similar material and content into smaller narrowly focused categories associated with the revised sedation framework. Granted the newly proposed Chapter 5 now contains 18 sections, the overall format is more concise and user-friendly.

Based on the principles established in ADA's guidelines for sedation and anesthesia administration, the Board adopted several amendments to Chapter 5, Anesthesia Administration, including:

- Creating a new Section 1 - Statement of Purpose to identify the Board's authority to establish a regulatory framework for issuance of a sedation permit.
- Amending Definitions section (previously Section 1, proposed Section 2) by:
 - Removing unnecessary definitions that are no longer mentioned in the chapter (analgesia, sedation levels, and transdermal/transmucosal).
 - Consolidating definitions from other sections into this section (enteral, parenteral and inhalation previously Section 2).
 - Adding new definitions including:
 - Utilizing abbreviations used in this chapter (ACLS, ASA, MRD, PALS).
 - Defining status of licensees for purposes of administration of sedation (applicant, dental hygienist, dentist, and permit holder).
 - Redefining the levels of sedation (minimal and moderate).
 - Newly created or expanded regulatory framework (facility permit, operating dentist, and qualified anesthesia provider).
- Removing the grandfather dates contained in Section 3 - Prohibitions because of changes to the classification of sedation will require all dentists desiring to administer sedation and/or anesthesia to comply with the new standard for permitting.
- Expanding, clarifying and reorganizing the Prohibitions (previously Section 3, proposed Section 6) by identifying that licensees will be subject to disciplinary action if they practice without a valid permit or beyond the scope of the permit.
- Expanding the Standard of Care (previously Sections 4 and 5, proposed Section 3) by:
 - Consolidating practice standards into one section (previously Section 5)

- Emphasizing that sedation is a continuum, and licensees need to be trained, equipped, and able to rescue patients that become more sedated than the licensee intended.
- Establishing standards for sedation on children.
- Identifying pre-operating preparation practices.
- Expanding, clarifying, and reorganizing the Requirements for Administering Sedation and/or Anesthesia (previously Sections 3 and 5, proposed Sections 3 - 5) by:
 - Combining anxiolysis and nitrous oxide (previously Section 5 (a) and (b)) with requirements for administering local anesthesia into one section (proposed Section 3).
 - Combining the requirements for combination inhalation with other minimal sedation requirements into one section (proposed Section 4).
 - Taking the principles established in previously Section 3 - Prohibitions and clarifying them in one section for establishing the permit requirements for moderate, deep, and/or general anesthesia into one section (Section 5).
- Expanding, clarifying, and reorganizing the Requirements for Administering Sedation and/or Anesthesia (previously Section 5 (c) and (d), proposed Section 7) related to application requirements and process for moderate sedation permits by:
 - Clarifying the minimum standards for applying for moderate sedation permit (previously Section 5 (c)(i) and (d)(i), proposed Section 7 (a)(ii)).
 - Delineating the minimum requirements for moderate enteral and parenteral sedation (previously Section 5 (c) and (d), proposed Section 7 (a)(ii)(D)(I) and (II)).
 - Requiring certification in PALS when sedating children (Section 7 (a)(i)).
 - Establishing the application process for moderate sedation (Section 7 (b)-(d)).
- Expanding, clarifying, and reorganizing the Requirements for Administering Sedation and/or Anesthesia (previously Section 5 (e), proposed Section 8) related to application requirements and process for deep sedation and/or general anesthesia permits by:
 - Clarifying the minimum standards for applying for deep sedation and/or general anesthesia permit (previously Section 5 (e)(i), proposed Section 8 (a)(iii)).
 - Requiring certification in PALS (proposed Section 8 (a)(i)).
 - Establishing the application process for moderate sedation (proposed Section 8 (b)-(d)).
- Consolidating, expanding, clarifying, and reorganizing Requirements for Administering Sedation and/or Anesthesia (previously Section 5) into smaller categories, including:
 - Practice standards for administering sedation and/or anesthesia (proposed Section 3).
 - Requirements for administering sedation and/or anesthesia:
 - Local anesthesia, oral, and/or nitrous oxide anxiolysis (proposed Section 4).
 - Minimal sedation (proposed Section 5).
 - Moderate sedation, deep sedation, and/or general anesthesia (proposed Section 6).
 - Minimum standards for applying for sedation permits for:
 - Moderate sedation (proposed Section 7).
 - Deep sedation, and/or general anesthesia (proposed Section 8).

- Application process for applying for sedation permits for:
 - Moderate sedation (proposed Section 7).
 - Deep sedation, and/or general anesthesia (proposed Section 8).
- Clinical inspector qualifications and duties (proposed Section 10).
- Onsite clinical inspection requirements (proposed Section 11)
- Office facilities and equipment requirements for sedation (proposed Section 12).
- Patient monitoring and necessary documentation (proposed Section 13).
- Dental personnel requirements (proposed Section 14).
- Condensing the Reporting Requirements (previously Section 4, proposed Section 18).

At this time, the Board is proposing to expand the regulatory framework for administering sedation and/or general anesthesia to include granting temporary permits, operating dentist permits, and facility permits. In doing so, the Board established a process for applications, renewal, and reinstatement.

Section 9 provides for the granting of temporary sedation permits to a qualified applicant for administration of deep sedation and/or general anesthesia. Those temporary permits are valid for 90 days, unless the applicant does not successfully pass the onsite clinical inspection. The purpose of the temporary permits is to allow qualified applicants the ability to practice while their facility is being inspected.

Section 15 provides for the granting of operating dentist sedation permits and facility permits. Currently, the rules do not allow a dentist to collaborate with a permit holder or qualified anesthesia provider to provide services utilizing sedation and/or general anesthesia.

Section 16 clarifies the annual renewal requirement for sedation permit, and expands that process to include facility permits and operating dentist sedation permits. It also clarifies that any permit will expire if the holder fails to renew the permit or their Wyoming dental license. Because the permit can expire, Section 17 provides the process for reinstating an expired permit, and expands that process to include revoked permits.

CHAPTER 5

ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to W.S. 33-15-130.

Section 2. Definitions. For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" means the diminution or elimination of anxiety. The relief of patient anxiety or fear should produce minimum somnolence. The technique should be appropriately chosen to render the patient relaxed but have an adequate margin of safety so that excessive somnolence/unconsciousness is not likely.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties certificate including local anesthesia and/or nitrous oxide anxiolysis.
- (j) "Dentist" means a Wyoming licensed dentist that does not hold an operating dentist sedation permit or sedation permit.
- (k) "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- (l) "Facility Permit" means a permit holder's facility that has been inspected and approved by the Board.
- (m) "General anesthesia" means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires 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.

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

(o) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(p) “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.

(q) “Moderate sedation” previously known as “conscious sedation and/or twilight sedation” means a drug-induced depression of consciousness during which the patient responds 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. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(r) “MRD” means maximum recommended dose of a drug as printed in Food and Drug Administration approved labeling for unmonitored home use.

(s) “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(t) “Operating dentist” means a dentist that has been issued an operating dentist permit by the Board to allow the operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(u) “PALS” means pediatric advanced life support.

(v) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraosseous].

(w) “Permit holder” means a Wyoming licensed dentist that has been issued a sedation permit from the Board.

(x) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or permit holder with appropriate sedation level permit.

(y) “Sedation permit” means a permit issued by the Board for administration of

moderate sedation, deep sedation and/or general anesthesia by a permit holder.

(z) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

Section 3. Standard of Care.

(a) For all levels of sedation, a dentist, operating dentist, or permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist, operating dentist, or permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist, operating dentist, or permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist, operating dentist, or permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist, operating dentist, or permit holder shall be able to rescue from “moderate sedation”;

(ii) If the intended level of sedation is “moderate,” an operating dentist or permit holder shall have the skills to rescue from “deep sedation”;

(iii) If the intended level of sedation is “deep sedation,” an operating dentist or permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist, operating dentist, or permit holder is qualified to provide, the dentist, operating dentist, or permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 21) can become moderately sedated despite the intended level of minimal sedation; should this occur, the requirements for moderate sedation shall apply. If an operating dentist or permit holder performs moderate sedation, deep sedation and/or general anesthesia on children, the operating dentist or permit holder shall be certified in

PALS.

(g) The use of preoperative sedatives for children prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention should be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (ie., mg/kg) should be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

(j) Patients considered for minimal sedation moderate sedation and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

(k) Pre-operative preparation shall include:

(i) Dietary restrictions shall be considered based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

(l) An appropriate scavenging system shall be available if gases other than oxygen or air are used.

Section 4. Requirements for Administering Local Anesthesia, Oral, and/or Nitrous Oxide Anxiolysis.

(a) An operating sedation permit or sedation permit shall not be required for a dentist to administer local anesthesia, oral, and/or nitrous oxide anxiolysis.

(b) A dentist, operating dentist, or permit holder that administers local anesthesia, oral, and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(c) A dental hygienist that administers local anesthesia and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(d) Local Anesthesia and Oral Anxiolysis. To administer local anesthesia or oral anxiolysis, a dentist or dental hygienist shall be certified in administering Basic Life Support for Healthcare Providers.

(e) Nitrous Oxide Anxiolysis. To administer nitrous oxide anxiolysis, a dentist or dental hygienist shall:

(i) Be certified in administering Basic Life Support for Healthcare Providers;

- (ii) Has adequate equipment with fail-safe features and 25% minimum oxygen flow;
- and
- (iii) Demonstrate competency and/or training in administering nitrous oxide anxiolysis by:
 - (A) Completion of CODA recognized program; or
 - (B) Completion of a Board-approved course.

Section 5. Requirements for Administering Minimal Sedation.

- (a) A sedation permit or operating dentist sedation permit shall not be required for a dentist to administer minimal sedation.
- (b) A dentist shall only administer minimal sedation by an enteral route.
- (c) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.
- (d) Nitrous oxide anxiolysis may be used in combination with a single enteral drug in minimal sedation.
- (e) Nitrous oxide anxiolysis when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which require an operating sedation permit or sedation permit.

Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.

- (a) A sedation permit shall be required for a permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.
- (b) An operating dentist sedation permit shall be required for an operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.
- (c) A dentist, operating dentist, or permit holder shall be subject to disciplinary action if:
 - (i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit;
 - (ii) A dentist who performs procedures where sedation services are provided by a qualified anesthesia provider without an operating dentist sedation permit;
 - (iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation;
 - (iv) An operating dentist performs procedures where sedation services are provided by a qualified anesthesia provider on an expired, revoked, or encumbered operating dentist sedation

permit; or

(v) A permit holder administers moderate sedation, deep sedation, and/or general anesthesia on an expired, revoked, or encumbered sedation permit or temporary sedation permit.

(d) A permit holder may achieve moderate sedation by administration of combination inhalation, parenteral and/or enteral routes.

Section 7. Application Process for Administering Moderate Sedation.

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation, deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of Board-approved training course to administer and manage moderate enteral and/or parenteral sedation.

(I) For moderate enteral sedation, such training shall include a minimum:

(1.) 24 hours of didactic instruction;

(2.) 10 adult moderate sedation cases; and

(3.) Advance Airways and Emergency Management.

(II) For moderate parenteral sedation, such training shall include a minimum:

(1.) 60 hours of didactic instruction;

(2.) 20 Solo intubations;

(3.) 20 moderate sedation cases;

(4.) Physical diagnosis rotation; and

(5.) Advance Airways and Emergency Management.

(III) Additional supervised clinical experience shall be necessary to manage children and medically compromised adults.

(b) While reviewing a completed application, the Application Review Committee may consider any pending complaints before the Board against applicant. The Application Review Committee may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board may issue a sedation permit to applicant.

Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS;

(ii) Proof of liability insurance that covers type of sedation (deep sedation and/or general anesthesia) requested on application; and

(iii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program in general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA.

(b) While reviewing a completed application, the Application Review Committee may consider any pending complaints before the Board against applicant. The Application Review Committee may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board may issue a sedation permit to applicant.

Section 9. Temporary Sedation Permit for Administration of Deep Sedation and/or General Anesthesia.

(a) The Board shall not issue a temporary sedation permit for moderate sedation.

(b) The Board may issue a temporary sedation permit for deep sedation and/or general anesthesia to a qualified applicant after receiving a completed application, including fees, and prior to onsite clinical inspection.

- (c) Temporary sedation permit shall expire:
 - (i) Ninety (90) days from date issued; or
 - (ii) If applicant does not successfully pass the onsite clinical inspection.
- (d) The Board may revoke a temporary sedation permit.

Section 10. Onsite Clinical Inspector Qualifications and Duties.

- (a) Inspector Qualifications. The inspector shall:
 - (i) Hold a current and unencumbered Wyoming license;
 - (ii) Permit holder with a sedation permit to administer deep sedation and/or general anesthesia;
 - (iii) Actively practice as a dental anesthesiologist or a dental specialist; and
 - (iv) Submit a completed application.
- (b) Inspector Duties. A Board-approved inspector shall:
 - (i) Comply with the Board Rules for inspecting clinical locations within Wyoming;
 - (ii) Not have an unethical agreement or conflict of interest with an applicant. An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute an unethical agreement or conflict of interest; and
 - (iii) Be considered an agent for the Board and shall be immune from personal liability pursuant to W.S. § 33-15-132.

Section 11. Onsite Clinical Inspection Process for Sedation Permits for Administration of Moderate Sedation, Deep Sedation, and/or General Anesthesia.

- (a) Multiple Clinical Locations Inspection Exception.
 - (i) If an applicant or permit holder administers sedation at more than one (1) clinical location in Wyoming, the applicant or permit holder may apply for an exception to the onsite clinical inspection requirement.
 - (ii) To qualify for a multiple clinical location exception, applicant or permit holder shall submit a completed exception application.
- (b) Initial Onsite Clinical Inspection Process.
 - (i) The initial inspection shall be performed by two (2) inspectors.
 - (ii) The onsite clinical inspection process for sedation permits shall consist of four (4) parts:
 - (A) Review. The inspector shall review the office equipment, documentation,

and emergency medications as required in Sections 12 and 13.

(B) **Surgical/Anesthetic Techniques.** Each inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standard cases shall be reviewed.

(C) **Simulated Emergencies.** The applicant and his/her team shall be able to demonstrate their expertise in managing emergencies.

(D) **Discussion Period.** The applicant may be required to answer additional questions by the inspector.

(iii) After an inspector has completed the onsite clinical inspection, the inspector shall submit his/her findings and necessary documentation to the Board for approval.

(c) **Re-Inspection Process.**

(i) Permit holder's onsite clinical location shall be re-inspected every five (5) years. Permit holder bears the burden of ensuring that their onsite clinical locations are re-inspected no later than sixty (60) months from the previous inspection.

(ii) Permit holder shall submit a completed onsite clinical re-inspection application, including fees, and provide evidence of attending ten (10) continuing medical or dental education credit hours in anesthesia in the five (5) years preceding the onsite clinical location re-inspection.

(iii) Each re-inspection of an onsite clinical location may be inspected by one (1) inspector with approval by the Board.

(iv) The Board may require re-inspection of an onsite clinical location as part of the process for renewal or reinstatement of the permit.

Section 12. Office Faculties and Equipment Requirements for Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia.

(a) **Minimal Sedation.** Any dentist that administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:

(i) A continuous pulse oximeter;

(ii) A blood pressure cuff of appropriate size;

(iii) Stethoscope or equivalent blood pressure monitoring devices;

(iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and

(v) A manual or automatic external defibrillator.

(b) **Moderate Sedation, Deep Sedation and/or General Anesthesia.** Any permit holder that administers moderate sedation, deep sedation, and/or general anesthesia shall provide the

required equipment listed in subsection (a) and the following additional equipment and facilities, which shall to be functional and available at all times:

- (i) Suitable operating suite;
- (ii) Recovery area;
- (iii) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;
- (iv) Suction system;
- (v) Back-up suction equipment;
- (vi) Back-up lighting equipment;
- (vii) Parenteral access or the ability to gain parenteral access, if clinically indicated;
- (viii) Capnograph (end tidal carbon dioxide monitor);
- (ix) EKG;
- (x) Appropriate emergency medications;
- (xi) Endotracheal tubes suitable for patients being treated;
- (xii) Endotracheal tube forceps (i.e. magill);
- (xiii) A laryngoscope with reserve batteries and bulbs;
- (xiv) Oropharyngeal airways;
- (xv) Nasopharyngeal airways; and
- (xvi) At least one additional airway device.

(c) Volatile Anesthesia Delivery Systems. Any permit holder that administers volatile anesthesia shall provide the required equipment listed in subsections (a) and (b) and the following additional equipment and facilities, which shall to be functional and available at all times:

- (i) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- (ii) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- (iii) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;
- (iv) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- (v) Gas storage facilities, which meet generally accepted safety standards.

Section 13. Patient Monitoring and Necessary Documentation.

(a) A dentist or permit holder shall document every administration of anxiolysis, minimal sedation, deep sedation, and/or general anesthesia.

(b) Anxiolysis and Minimal Sedation. Documentation for administration of anxiolysis (oral and nitrous oxide) and minimal sedation shall include, but not limited to, the following:

- (i) Pertinent medical history;
- (ii) Weight;
- (iii) Vital Signs, including, but not limited to:
 - (A) Baseline heart rate; and
 - (B) Blood pressure.
- (iv) Beginning and ending oxygen saturation levels; and
- (v) Medication(s) administered and dosage(s).

(c) Moderate Sedation, Deep Sedation and/or General Anesthesia. Documentation for administration of moderate sedation, deep sedation, and/or general anesthesia shall include the required documents listed in subsection (b) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
 - (A) Medical conditions; and
 - (B) Age;
- (ii) Physical examination, including:
 - (A) Airway assessment;
 - (B) Respiratory rate; and
 - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
 - (A) Vital signs before and after anesthesia is utilized;
 - (B) Parenteral access site and method, if utilized;
 - (C) Medication(s) administered;

- (D) Time anesthesia commenced and ended;
- (E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;
- (F) EKG;
- (G) Capnograph (end tidal carbon dioxide monitor);
- (H) Ventilation status (spontaneous, assisted, or controlled);
- (I) Intravenous fluids, if utilized;
- (J) Response to anesthesia, including any complications;
- (K) Starting time of recovery and time of discharge; and
- (L) Condition of patient at discharge and authorization of permit holder.

Section 14. Dental Personnel Requirements.

(a) All dental personnel shall be certified in administering Basic Life Support for Healthcare Providers. A dentist, operating dentist, or permit holder may delegate patient monitoring to qualified dental personnel.

(b) Nitrous Oxide Anxiolysis and Minimal Sedation. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(c) Moderate Sedation. During a procedure where moderate sedation is administered, the operating dentist or permit holder and at least one (1) other dental personnel shall be present.

(d) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the operating dentist or permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

Section 15. Application Process for Facility Permit and Operating Dentist Sedation Permit.

(a) If a permit holder chooses to allow an operating dentist to utilize their facilities to perform dental procedures, then the permit holder shall apply for a facility permit.

(b) The permit holder seeking a facility permit shall submit a completed application.

(c) The operating dentist shall submit a completed operating dentist sedation permit application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS;

(ii) Agreement between operating dentist and qualified anesthesia provider; and

(iii) Agreement between operating dentist and Board-approved facility currently holding a facility permit.

(d) While reviewing a completed application, the Application Review Committee may consider any pending complaints before the Board against operating dentist.

(e) Based on the Application Review Committee's recommendation, the Board may approve an operating dentist sedation permit or facility permit.

Section 16. Sedation Permit Renewal and Expiration.

(a) Sedation permit, operating dentist sedation permit, and facility permit **shall be renewed on or before December 31 each year.**

(b) Permit holder shall submit a completed moderate sedation, deep sedation and/or general anesthesia sedation permit renewal application, including fees, and provide evidence of:

(i) **Annual completion** and certification in ACLS and/or PALS; and

(ii) A minimum of fifty (50) sedation cases performed during that year by the permit holder.

(c) Permit holder shall submit a completed facility permit renewal application.

(d) An operating dentist shall submit a completed operating dentist sedation permit renewal application, including fees, and provide evidence of **annual completion** and certification in ACLS and/or PALS.

(e) The Board may request more documentation if necessary.

(f) A sedation permit, operating dentist sedation permit, or facility permit shall expire for:

(i) Failure to renew permit; or

(ii) Failure to renew Wyoming dental license.

Section 17. Reinstatement of Expired and Revoked Sedation Permits.

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

(i) Meeting requirements of previous Board order; and

(ii) Demonstrating just cause for reinstatement.

(c) A dentist may apply for reinstatement of their expired operating dentist sedation permit by meeting the application requirements established in Section 15.

(d) A dentist may apply for reinstatement of their revoked operating dentist sedation permit by meeting the application requirements established in Section 15 and submit evidence of:

- (i) Meeting requirements of previous Board order; and
- (ii) Demonstrating just cause for reinstatement.

Section 18. Anesthesia Morbidity/Mortality Reporting Requirements.

(a) Operating dentist and permit holder shall report any morbidity, mortality, or other incident which results in temporary or permanent physical or mental injury requiring hospitalization to the Board within thirty (30) days.

(b) Operating dentist and permit holder shall submit documentation as prescribed by the Board.

CHAPTER 5

ANESTHESIA ADMINISTRATION

Section 1. — Definitions. For the purpose of these rules relative to the administration of local anesthesia, nitrous oxide inhalation analgesia, conscious sedation, deep sedation, and general anesthesia by licensed dentists the following definitions shall apply:

- (a) — ~~Analgesia means the diminution or elimination of pain.~~
- (b) — ~~Anxiolysis means the diminution or elimination of anxiety. The relief of patient anxiety or fear should produce minimum somnolence. The technique should be appropriately chosen to render the patient relaxed but have an adequate margin of safety so that excessive somnolence/unconsciousness is not likely.~~
- (c) — ~~Competent means displaying special skill or knowledge derived from training and experience.~~
- (d) — ~~Conscious Sedation means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. In accordance with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.~~
- (e) — ~~Combination Inhalation — enteral conscious sedation (combined conscious sedation) means using inhalation and enteral agents.~~
 - (i) — ~~Titration of oral medication for the purposes of sedation is unpredictable. Repeated dosing of orally administered sedative agents may result in an alteration in the state of consciousness beyond the intent of the practitioner. Except in unusual circumstances, the Maximum Recommended Dose (MRD) of an oral medication should not be exceeded.~~
 - (ii) — ~~When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral and/or combination inhalation/enteral conscious sedation (combined conscious sedation) does not apply.~~
- (f) — ~~Deep Sedation means an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.~~
- (g) — ~~General Anesthesia means a controlled state of unconsciousness, produced by a pharmacological agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond appropriately to physical stimulation or verbal command.~~
- (h) — ~~Local Anesthesia means the elimination of sensation, especially pain, in one part~~

of the body by the topical application or regional injection of a drug.

~~(i) Nitrous Oxide Inhalation Analgesia means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. Nitrous Oxide/oxygen when used in combination with sedative agents may produce anxiolysis, conscious or deep sedation or general anesthesia.~~

~~(j) Sedation Levels:~~

~~————— Level 1 — Awake and calm, uninterrupted interactive ability, no evidence of drowsiness (anxiolysis)~~

~~————— Level 2 — Minimally depressed level of consciousness, eyes open or temporarily responds appropriately to verbal commands~~

~~————— Level 3 — Moderately depressed level of consciousness, mimics physiologic sleep (vitals not different from that of sleep), eyes closed most of the time, may or may not respond to verbal prompts alone, responds to mild/moderate stimuli (e.g. repeated trapezius pinching or needle insertion in oral tissues elicits reflex withdrawal and appropriate verbalization (complaint, moan, crying), airway only occasionally may require re-adjustment via chin thrust (Light Sedation)~~

~~————— Level 4 — Deep Sedation is a controlled, pharmacologically induced state of depressed consciousness from which the patient is not easily aroused which may be accompanied by a partial loss of protective reflexes, including the ability to maintain a patent airway independently and/or respond purposefully to physical stimulation or verbal command~~

~~————— Level 5 — General Anesthesia Unconscious and unresponsive to surgical stimuli, partial or complete loss of protective reflexes including the airway, does not respond purposefully to physical or verbal command~~

Section 2. — Routes of Administration.

~~(a) ——— Enteral — any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or mucosa [i.e., oral, rectal, or nasal].~~

~~(b) ——— Parenteral — a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO)].~~

~~(c) ——— Transdermal/transmucosal — a technique of administration in which the drug is administered by patch or iontophoresis.~~

~~(d) ——— Inhalation — a technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.~~

Section 3. — Prohibitions. The following are hereby prohibited:

~~(a) — General Anesthesia: Effective July 1, 1991, dentists licensed in this state shall not administer general anesthesia in the practice of dentistry unless they have complied with the provisions of this rule.~~

~~(b) — Parenteral Sedation: Effective July 1, 1991, dentists licensed in this state shall not administer parenteral sedation in the practice of dentistry unless they have complied with the provisions of this rule.~~

~~(c) — Nitrous Oxide Inhalation Analgesia: Effective July 1, 1991, dentists licensed in this state shall not administer nitrous oxide inhalation analgesia in the practice of dentistry unless they have complied with the provisions of this rule.~~

~~(d) — Conscious Sedation: Effective January 1, 2003, dentists licensed in this state shall not engage in the use of conscious sedation in the practice of dentistry unless they have complied with the provisions of this rule.~~

~~(e) — Deep Sedation: Effective January 1, 2003, dentists licensed in this state shall not engage in the use of deep sedation in the practice of dentistry unless they have complied with the provisions of this rule.~~

~~**Section 4. — Standard of Care.** These guidelines are designed to encourage a high level of quality care in the dental office setting. It should be recognized that emergency situations may require that these standards be modified based on the judgment of the clinician(s) responsible for the delivery of the anesthesia care services. Changing technology and Wyoming rules, regulations or laws may also modify the standards listed herein.~~

~~(a) — Before the administration of analgesia, sedation, or general anesthesia, a complete written medical history must be obtained which shall include previous medications, allergies and sensitivities. The recording of appropriate vital signs [blood pressure, pulse and oxygen saturation (q 5 min.)] is required in conscious sedation (Level 3), deep sedation (Level 4), and general anesthesia (Level 5). The patient's weight should be recorded when appropriate.~~

~~(b) — During the anesthesia period the oxygenation, ventilation, and circulation of the patient must be continually evaluated by qualified staff assigned by the dentist.~~

~~(c) — Each licensed dentist must provide for training in basic life support to his or her qualified staff.~~

~~(d) — A dentist who administers any type of sedation or general anesthesia shall maintain emergency equipment and medications appropriate for patient resuscitation. That dentist shall be proficient in handling emergencies and complications to include the maintenance of respiration, circulation, and the immediate establishment of a patent airway, and cardiopulmonary resuscitation. The dentist shall maintain appropriate emergency equipment and medications in the dental facility.~~

~~(e) — The patient must be continually observed during the anesthesia period either by the dentist or qualified staff.~~

~~(f) — In the licensee uses repeated dosing (multi-dosing) or doses beyond the Maximum~~

~~Recommended Dose (MRD) for sedating a patient, this automatically places the sedation at level 3.~~

~~(g) Direct supervision is required for conscious sedation (Level 3). Operative supervision is required for deep sedation (Level 4) and general anesthesia (Level 5). Qualified staff must continuously monitor post-surgical patients before final evaluation and discharge by the dentist.~~

~~**Section 5. Requirements for Administering Anesthesia.**~~

~~(a) Anxiolysis: (Levels 1 and 2): Does not require a permit or registration with the Board.~~

~~(b) Nitrous oxide/oxygen inhalation analgesia: (Levels 1 and 2): Does not require a permit or registration with the Board.~~

~~(i) A dentist may use nitrous oxide/oxygen inhalation analgesia on an out-patient basis for dental patients provided the dentist:~~

~~(A) Has completed a Board-approved course of training; or~~

~~(B) Has training equivalent to that required of a student in an accredited School of dentistry, and~~

~~(C) Has adequate equipment with fail-safe features and 25% minimum oxygen flow.~~

~~(ii) A dentist and qualified licensed dental hygienists utilizing nitrous oxide/oxygen inhalation analgesia who monitor its use shall be trained and capable of administering basic life support. This certification must be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(iii) A licensed dentist who has been utilizing nitrous oxide/oxygen inhalation analgesia in a competent manner for the twelve-month period preceding the effective date of this rule, but has not had the benefit of formal training outlined in subsections (A) or (B), may continue such use provided the dentist fulfills the requirement of (C) above and is trained and capable of administering basic life support.~~

~~(e) Conscious Sedation: (Level 3): Enteral Conscious Sedation: After January 1, 2003, enteral conscious sedation (Level 3) may only be administered by a licensed dentist who has received an enteral conscious sedation (Level 3) permit from the Board. Permits will be issued by the Board only after the following requirements have been met:~~

~~(i) Proof of Proficiency: A licensed dentist can show proof of proficiency in administering enteral conscious sedation (Level 3) by successfully passing an appropriate examination which includes:~~

~~1. Discussion and review of three surgical cases including anesthetic technique~~

~~2. Review of records~~

~~3. Demonstration of managing emergencies~~

~~In addition, a dentist must provide:~~

~~A. Proof that he is a licensed dentist who has documented experience at the graduate level, acceptable to the Board, specifying the type, the number of hours, the length of training and the number of patient contact hours, including documentation of the number of supervised enteral conscious sedation (Level 3) cases; or~~

~~B. Proof that he is a licensed dentist who has successfully completed a formal training program approved by the Board which includes a minimum of sixty hours of didactic instruction and ten cases of clinical experience involved with enteral conscious sedation (Level 3). The training program must include physical evaluation, enteral conscious sedation (Level 3), airway management monitoring, advanced cardiac life support and emergency management; or~~

~~C. Those licensed dentists who hold permits for parenteral conscious sedation, deep sedation, or general anesthesia may administer enteral conscious sedation (Level 3).~~

~~(ii) A dentist utilizing enteral conscious sedation (Level 3) shall maintain a properly equipped facility for the administration of enteral conscious sedation (Level 3), staffed with supervised auxiliary personnel capable of reasonably handling procedures, problems, and emergency incidences thereto.~~

~~(iii) A dentist using enteral conscious sedation (Level 3) shall be trained and capable of administering advanced cardiac life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(iv) A dentist using enteral conscious sedation (Level 3) shall employ auxiliary personnel who are trained and capable of administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(v) A dentist who is performing a procedure for which enteral conscious sedation (Level 3) is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of trained and qualified auxiliary personnel.~~

~~(vi) Enteral conscious sedation (Level 3) equipment of permitted dentists shall be inspected every five years beginning from the date of the initial permit as designated by the Board to insure the equipment is of the appropriate type and is in working order.~~

~~(A) Enteral Conscious Sedation (Level 3) equipment includes:~~

~~.....Oxygen and supplemental gas delivery system and backup system~~

~~.....Suction and backup system~~

~~.....Auxiliary lighting system~~

~~.....Gas storage facilities~~

~~.....Suitable operating suite~~

~~.....Recovery areas~~

~~.....Emergency anesthetic equipment including a defibrillator and appropriate emergency medications~~

~~.....Monitoring equipment~~

~~1. Pulse oximeter~~

~~2. Blood pressure cuff and precordial stethoscope~~

~~3. EKG~~

~~(B) — Inspection of offices where enteral conscious sedation (Level 3) is administered shall be conducted every five (5) years.~~

~~(C) — Inspections shall be done by at least two qualified experts as determined by the Board.~~

~~(D) — Any malfunctioning equipment shall be called to the attention of the applicant and a permit will not be issued until the experts determine all equipment is operating satisfactorily.~~

~~(E) — The annual permit fee shall be determined by the Board and is to be paid at the time of license renewal. The renewal license shall indicate when the five (5) year inspection is due.~~

~~(F) — A dentist shall apply to the Board who will arrange with the qualified experts and the applicant dentist for an on-site inspection.~~

~~(G) — Any permitted dentist who operates with malfunctioning equipment as determined by the Board, shall cease administering enteral conscious sedation (Level 3) until such equipment has been repaired. A copy of the work order showing satisfactory repair completed shall be sent to the Board office.~~

~~(vii) — Any dentist using enteral conscious sedation (Level 3) without a permit may have his license revoked or suspended.~~

~~(viii) — The Board shall establish fees as necessary to carry out this section.~~

~~(d) — Conscious Sedation (Level 3): Parenteral Sedation: After July 1, 1991, parenteral sedation may only be administered by a licensed dentist who has received a parenteral sedation permit from the Board. Permits will be issued by the Board only after the following requirements have been met:~~

~~(i) — Proof of Proficiency: A licensed dentist can show proof of proficiency in administering parenteral sedation by successfully passing an appropriate examination which~~

includes:

- ~~1. Discussion and review of three surgical cases including anesthetic technique~~
- ~~2. Review of records~~
- ~~3. Demonstration of managing emergencies~~

~~In addition, a dentist must provide:~~

~~A. Proof that he is a licensed dentist who has documented experience at the graduate level, acceptable to the Board, specifying the type, the number of hours, the length of training and the number of patient contact hours, including documentation of the number of supervised parenteral sedation cases; or~~

~~B. Proof that he is a licensed dentist who has successfully completed a formal training program, approved by the Board, which included physical evaluation, IV sedation, airway management, monitoring, advanced cardiac life support and emergency management; or~~

~~C. Proof that he is a licensed dentist who has been utilizing parenteral sedation on an out-patient basis in a competent manner for five (5) years preceding the effective date of this rule, but has not had the benefit of formal training as outlined in this rule. He may continue such use provided the licensed dentist fulfills the provisions set forth in (ii), (iii), (iv) and (v) below.~~

~~(ii) A dentist utilizing parenteral sedation shall maintain a properly equipped facility for the administration of parenteral sedation, staffed with supervised auxiliary personnel, capable of reasonable handling procedures, problems, and emergencies incident thereto.~~

~~(iii) A dentist using parenteral sedation shall be trained and capable of administering advanced cardiac life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(iv) A dentist using parenteral sedation shall employ auxiliary personnel who are trained and capable of administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(v) A dentist who is performing a procedure for which parenteral sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of trained and qualified auxiliary personnel.~~

~~(vi) Dentists qualified to administer parenteral sedation may administer nitrous oxide inhalation analgesic.~~

~~(vii) If parenteral sedation results in a general anesthetic state, the rules for general anesthesia apply.~~

~~(viii) Parenteral sedation equipment of permitted dentists shall be inspected on a regular~~

~~basis as designated by the Board to insure the equipment is of the appropriate type and is in working order.~~

~~(A) Parenteral Sedation equipment includes:~~

~~.....Oxygen and supplemental gas delivery system and backup system~~

~~.....Suction and backup system~~

~~.....Auxiliary lighting system~~

~~.....Gas storage facilities~~

~~.....Suitable operating suite~~

~~.....Recovery areas~~

~~....Emergency anesthetic equipment including a defibrillator and appropriate emergency medications~~

~~.....Monitoring equipment~~

~~1. Pulse oximeter~~

~~2. Blood pressure cuff and precordial stethoscope~~

~~3. EKG~~

~~(B) Inspection of offices where parenteral sedation is administered shall be conducted every five (5) years.~~

~~(C) Inspections shall be done by at least two qualified experts as determined by the Board.~~

~~(D) Any malfunctioning equipment shall be called to the attention of the applicant and a permit will not be issued until the experts determine all equipment is operating satisfactorily.~~

~~(E) The annual permit fee shall be determined by the Board which includes the general anesthesia fee and is to be paid at the time of the license renewal. The renewal license shall indicate when the five (5) year inspection is due.~~

~~(F) A dentist shall apply to the Board who will arrange with the qualified experts and the applicant dentist for an on-site inspection.~~

~~(G) Any permitted dentist who operates with malfunctioning equipment as determined by the Board, shall cease administering parenteral sedation until such equipment has been repaired. A copy of the work order showing satisfactory repair completed shall be sent to the Board office.~~

~~(ix) Any dentist using parenteral sedation without a permit may have his license revoked or suspended.~~

~~(x) — The Board shall establish examination fees as necessary to carry out this section.~~

~~(e) — Deep Sedation (Level 4) and General Anesthesia (Level 5): After July 1, 1991, general anesthesia may only be administered by a licensed dentist who has received a general anesthesia permit from the Board. Permits will be issued by the Board only after the following requirements have been met:~~

~~(i) — Proof of Proficiency: A licensed dentist can show proof of proficiency in administering deep sedation and/or general anesthesia by successfully passing an appropriate examination which includes:~~

~~1. Discussion and review of three surgical cases including anesthetic technique~~

~~_____ Review of records~~

~~_____ Demonstration of managing emergencies~~

~~_____ In addition, a dentist must provide:~~

~~A. Proof that he has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the under graduate dental school level in a training program approved by the Board; or~~

~~B. Proof that he is a diplomate of the American Board of Oral and Maxillofacial Surgery; or~~

~~C. Proof that he is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or~~

~~D. Proof that he is a member of the American Association of Oral and Maxillofacial Surgeons; or~~

~~E. Proof that he is a fellow of the American Dental Society of Anesthesiology; or~~

~~F. Proof that he is a licensed dentist who has been utilizing general anesthesia in a competent manner for the five (5) year period preceding the effective date of this rule.~~

~~(ii) — A dentist using deep sedation and/or general anesthesia shall provide and maintain proper equipment for the administration of general anesthesia staffed with supervised auxiliary personnel, capable of reasonable handling procedures, problems and emergencies incident thereto.~~

~~(iii) — A dentist using deep sedation and/or general anesthesia shall be trained and capable of administering advanced cardiac life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(iv) — A dentist using deep sedation and/or general anesthesia shall employ auxiliary personnel who are trained and capable of administering basic life support. This certification shall~~

~~be renewed in compliance with the standards set forth by the American Heart Association.~~

~~(v) — A dentist who is performing a procedure for which deep sedation and/or general anesthesia is to be used shall not administer deep sedation and/or general anesthesia without the presence and assistance of trained auxiliary personnel and patient monitoring.~~

~~(vi) — A dentist qualified to administer deep sedation and/or general anesthesia under this rule may administer parenteral sedation and nitrous oxide inhalation analgesia.~~

~~(vii) — General anesthetic equipment of permitted dentists shall be inspected on a regular basis as designated by the Board to insure the equipment is of the appropriate type and is in working order.~~

~~(A) — Deep Sedation and General Anesthesia equipment includes:~~

~~.....Oxygen and supplemental gas delivery system and backup system~~

~~.....Suction and backup system~~

~~.....Auxiliary lighting system~~

~~.....Gas storage facilities~~

~~.....Suitable operating suite~~

~~.....Recovery areas~~

~~....Emergency anesthetic equipment including a defibrillator and appropriate emergency medications~~

~~.....Monitoring equipment~~

~~1. Pulse oximeter~~

~~2. Blood pressure cuff and precordial stethoscope~~

~~3. EKG~~

~~(B) — Inspection of offices where deep sedation and/or general anesthesia is administered shall be conducted every five (5) years.~~

~~(C) — Inspections shall be done by at least two qualified experts as determined by the Board.~~

~~(D) — Any malfunctioning equipment shall be called to the attention of the applicant and a permit will not be issued until the experts determine all equipment is operating satisfactorily.~~

~~(E) — The annual deep sedation and/or general anesthesia permit fee shall be determined by the Board. This fee will include the parenteral sedation fee and will be paid at the time of the license renewal. The renewal license shall indicate when the five (5) year inspection is due.~~

~~(F) — A dentist shall apply to the Board who will arrange with the qualified experts and the applicant dentist for an on-site inspection.~~

~~(G) — Any permitted dentist who operates with malfunctioning equipment as determined by the Board, shall cease administering general anesthesia until such equipment has been repaired. A copy of the work order showing satisfactory repair completed shall be sent to the Board office.~~

~~(viii) Any dentist using general anesthesia without a permit may have his license revoked or suspended.~~

~~(ix) The Board shall establish examination fees as necessary to carry out this section.~~

~~**Section 4. Reporting of Adverse Occurrences Related to Chapter V Anesthesia Administration.**~~

~~(a) — All licensed dentists in the practice of dentistry in this state should submit a report within a period of thirty (30) days to the Board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a result of, anesthesia administration related to Chapter V of the rules and regulations. The report shall include, at the minimum, responses to the following:~~

~~(i) — Description of dental procedure.~~

~~(ii) — Description of preoperative physical condition of patient.~~

~~(iii) — List of drugs and dosage administered.~~

~~(iv) — Description, in detail, of techniques utilized in the administration of the above listed drugs.~~

~~(v) — Description of adverse occurrence.~~

~~(A) — Describe in detail symptoms of any complications, to include but not limited to onset, and type of symptoms in patient.~~

~~(B) — Treatment instituted on the patient.~~

~~(C) — Response of patient to treatment.~~

~~(i) Describe patient's condition on termination of any procedures undertaken.~~

ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to W.S. 33-15-130.

Section 2. Definitions. For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" means the diminution or elimination of anxiety. The relief of patient anxiety or fear should produce minimum somnolence. The technique should be appropriately chosen to render the patient relaxed but have an adequate margin of safety so that excessive somnolence/unconsciousness is not likely.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties certificate including local anesthesia and/or nitrous oxide anxiolysis.
- (j) "Dentist" means a Wyoming licensed dentist that does not hold an operating dentist sedation permit or sedation permit.
- (k) "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- (l) "Facility Permit" means a permit holder's facility that has been inspected and approved by the Board.
- (m) "General anesthesia" means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires 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.
- (n) "Inhalation" means a route of administration in which a gaseous or volatile agent

is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(o) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(p) “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.

(q) “Moderate sedation” previously known as “conscious sedation and/or twilight sedation” means a drug-induced depression of consciousness during which the patient responds 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. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(r) “MRD” means maximum recommended dose of a drug as printed in Food and Drug Administration approved labeling for unmonitored home use.

(s) “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(t) “Operating dentist” means a dentist that has been issued an operating dentist permit by the Board to allow the operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(u) “PALS” means pediatric advanced life support.

(v) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraosseous].

(w) “Permit holder” means a Wyoming licensed dentist that has been issued a sedation permit from the Board.

(x) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or permit holder with appropriate sedation level permit.

(y) “Sedation permit” means a permit issued by the Board for administration of moderate sedation, deep sedation and/or general anesthesia by a permit holder.

(z) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

Section 3. Standard of Care.

(a) For all levels of sedation, a dentist, operating dentist, or permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist, operating dentist, or permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist, operating dentist, or permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist, operating dentist, or permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist, operating dentist, or permit holder shall be able to rescue from “moderate sedation”;

(ii) If the intended level of sedation is “moderate,” an operating dentist or permit holder shall have the skills to rescue from “deep sedation”;

(iii) If the intended level of sedation is “deep sedation,” an operating dentist or permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist, operating dentist, or permit holder is qualified to provide, the dentist, operating dentist, or permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 21) can become moderately sedated despite the intended level of minimal sedation; should this occur, the requirements for moderate sedation shall apply. If an operating dentist or permit holder performs moderate sedation, deep sedation and/or general anesthesia on children, the operating dentist or permit holder shall be certified in PALS.

(g) The use of preoperative sedatives for children prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention should be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (ie., mg/kg) should be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

(j) Patients considered for minimal sedation moderate sedation and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

(k) Pre-operative preparation shall include:

(i) Dietary restrictions shall be considered based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

(l) An appropriate scavenging system shall be available if gases other than oxygen or air are used.

Section 4. Requirements for Administering Local Anesthesia, Oral, and/or Nitrous Oxide Anxiolysis.

(a) An operating sedation permit or sedation permit shall not be required for a dentist to administer local anesthesia, oral, and/or nitrous oxide anxiolysis.

(b) A dentist, operating dentist, or permit holder that administers local anesthesia, oral, and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(c) A dental hygienist that administers local anesthesia and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(d) Local Anesthesia and Oral Anxiolysis. To administer local anesthesia or oral anxiolysis, a dentist or dental hygienist shall be certified in administering Basic Life Support for Healthcare Providers.

(e) Nitrous Oxide Anxiolysis. To administer nitrous oxide anxiolysis, a dentist or dental hygienist shall:

(i) Be certified in administering Basic Life Support for Healthcare Providers;

(ii) Has adequate equipment with fail-safe features and 25% minimum oxygen flow;

and

(iii) Demonstrate competency and/or training in administering nitrous oxide anxiolysis by:

(A) Completion of CODA recognized program; or

(B) Completion of a Board-approved course.

Section 5. Requirements for Administering Minimal Sedation.

(a) A sedation permit or operating dentist sedation permit shall not be required for a dentist to administer minimal sedation.

(b) A dentist shall only administer minimal sedation by an enteral route.

(c) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.

(d) Nitrous oxide anxiolysis may be used in combination with a single enteral drug in minimal sedation.

(e) Nitrous oxide anxiolysis when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which require an operating sedation permit or sedation permit.

Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.

(a) A sedation permit shall be required for a permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.

(b) An operating dentist sedation permit shall be required for an operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(c) A dentist, operating dentist, or permit holder shall be subject to disciplinary action if:

(i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit;

(ii) A dentist who performs procedures where sedation services are provided by a qualified anesthesia provider without an operating dentist sedation permit;

(iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation;

(iv) An operating dentist performs procedures where sedation services are provided by a qualified anesthesia provider on an expired, revoked, or encumbered operating dentist sedation permit; or

(v) A permit holder administers moderate sedation, deep sedation, and/or general anesthesia on an expired, revoked, or encumbered sedation permit or temporary sedation permit.

(d) A permit holder may achieve moderate sedation by administration of combination inhalation, parenteral and/or enteral routes.

Section 7. Application Process for Administering Moderate Sedation.

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation, deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of Board-approved training course to administer and manage moderate enteral and/or parenteral sedation.

(I) For moderate enteral sedation, such training shall include a minimum:

(1.) 24 hours of didactic instruction;

(2.) 10 adult moderate sedation cases; and

(3.) Advance Airways and Emergency Management.

(II) For moderate parenteral sedation, such training shall include a minimum:

(1.) 60 hours of didactic instruction;

(2.) 20 Solo intubations;

(3.) 20 moderate sedation cases;

(4.) Physical diagnosis rotation; and

(5.) Advance Airways and Emergency Management.

(III) Additional supervised clinical experience shall be necessary to manage children and medically compromised adults.

(b) While reviewing a completed application, the Application Review Committee

may consider any pending complaints before the Board against applicant. The Application Review Committee may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board may issue a sedation permit to applicant.

Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS;

(ii) Proof of liability insurance that covers type of sedation (deep sedation and/or general anesthesia) requested on application; and

(iii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program in general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA.

(b) While reviewing a completed application, the Application Review Committee may consider any pending complaints before the Board against applicant. The Application Review Committee may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board may issue a sedation permit to applicant.

Section 9. Temporary Sedation Permit for Administration of Deep Sedation and/or General Anesthesia.

(a) The Board shall not issue a temporary sedation permit for moderate sedation.

(b) The Board may issue a temporary sedation permit for deep sedation and/or general anesthesia to a qualified applicant after receiving a completed application, including fees, and prior to onsite clinical inspection.

- (c) Temporary sedation permit shall expire:
 - (i) Ninety (90) days from date issued; or
 - (ii) If applicant does not successfully pass the onsite clinical inspection.
- (d) The Board may revoke a temporary sedation permit.

Section 10. Onsite Clinical Inspector Qualifications and Duties.

- (a) Inspector Qualifications. The inspector shall:
 - (i) Hold a current and unencumbered Wyoming license;
 - (ii) Permit holder with a sedation permit to administer deep sedation and/or general anesthesia;
 - (iii) Actively practice as a dental anesthesiologist or a dental specialist; and
 - (iv) Submit a completed application.
- (b) Inspector Duties. A Board-approved inspector shall:
 - (i) Comply with the Board Rules for inspecting clinical locations within Wyoming;
 - (ii) Not have an unethical agreement or conflict of interest with an applicant. An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute an unethical agreement or conflict of interest; and
 - (iii) Be considered an agent for the Board and shall be immune from personal liability pursuant to W.S. § 33-15-132.

Section 11. Onsite Clinical Inspection Process for Sedation Permits for Administration of Moderate Sedation, Deep Sedation, and/or General Anesthesia.

- (a) Multiple Clinical Locations Inspection Exception.
 - (i) If an applicant or permit holder administers sedation at more than one (1) clinical location in Wyoming, the applicant or permit holder may apply for an exception to the onsite clinical inspection requirement.
 - (ii) To qualify for a multiple clinical location exception, applicant or permit holder shall submit a completed exception application.
- (b) Initial Onsite Clinical Inspection Process.
 - (i) The initial inspection shall be performed by two (2) inspectors.
 - (ii) The onsite clinical inspection process for sedation permits shall consist of four (4) parts:
 - (A) Review. The inspector shall review the office equipment, documentation,

and emergency medications as required in Sections 12 and 13.

(B) Surgical/Anesthetic Techniques. Each inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standard cases shall be reviewed.

(C) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing emergencies.

(D) Discussion Period. The applicant may be required to answer additional questions by the inspector.

(iii) After an inspector has completed the onsite clinical inspection, the inspector shall submit his/her findings and necessary documentation to the Board for approval.

(c) Re-Inspection Process.

(i) Permit holder's onsite clinical location shall be re-inspected every five (5) years. Permit holder bears the burden of ensuring that their onsite clinical locations are re-inspected no later than sixty (60) months from the previous inspection.

(ii) Permit holder shall submit a completed onsite clinical re-inspection application, including fees, and provide evidence of attending ten (10) continuing medical or dental education credit hours in anesthesia in the five (5) years preceding the onsite clinical location re-inspection.

(iii) Each re-inspection of an onsite clinical location may be inspected by one (1) inspector with approval by the Board.

(iv) The Board may require re-inspection of an onsite clinical location as part of the process for renewal or reinstatement of the permit.

Section 12. Office Faculties and Equipment Requirements for Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia.

(a) Minimal Sedation. Any dentist that administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:

(i) A continuous pulse oximeter;

(ii) A blood pressure cuff of appropriate size;

(iii) Stethoscope or equivalent blood pressure monitoring devices;

(iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and

(v) A manual or automatic external defibrillator.

(b) Moderate Sedation, Deep Sedation and/or General Anesthesia. Any permit holder that administers moderate sedation, deep sedation, and/or general anesthesia shall provide the

required equipment listed in subsection (a) and the following additional equipment and facilities, which shall to be functional and available at all times:

(i) Suitable operating suite;

(ii) Recovery area;

(iii) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;

(iv) Suction system;

(v) Back-up suction equipment;

(vi) Back-up lighting equipment;

(vii) Parenteral access or the ability to gain parenteral access, if clinically indicated;

(viii) Capnograph (end tidal carbon dioxide monitor);

(ix) EKG;

(x) Appropriate emergency medications;

(xi) Endotracheal tubes suitable for patients being treated;

(xii) Endotracheal tube forceps (i.e. magill);

(xiii) A laryngoscope with reserve batteries and bulbs;

(xiv) Oropharyngeal airways;

(xv) Nasopharyngeal airways; and

(xvi) At least one additional airway device.

(c) Volatile Anesthesia Delivery Systems. Any permit holder that administers volatile anesthesia shall provide the required equipment listed in subsections (a) and (b) and the following additional equipment and facilities, which shall to be functional and available at all times:

(i) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;

(ii) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;

(iii) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;

(iv) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and

(v) Gas storage facilities, which meet generally accepted safety standards.

Section 13. Patient Monitoring and Necessary Documentation.

(a) A dentist or permit holder shall document every administration of anxiolysis, minimal sedation, deep sedation, and/or general anesthesia.

(b) Anxiolysis and Minimal Sedation. Documentation for administration of anxiolysis (oral and nitrous oxide) and minimal sedation shall include, but not limited to, the following:

- (i) Pertinent medical history;
- (ii) Weight;
- (iii) Vital Signs, including, but not limited to:
 - (A) Baseline heart rate; and
 - (B) Blood pressure.
- (iv) Beginning and ending oxygen saturation levels; and
- (v) Medication(s) administered and dosage(s).

(c) Moderate Sedation, Deep Sedation and/or General Anesthesia. Documentation for administration of moderate sedation, deep sedation, and/or general anesthesia shall include the required documents listed in subsection (b) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
 - (A) Medical conditions; and
 - (B) Age;
- (ii) Physical examination, including:
 - (A) Airway assessment;
 - (B) Respiratory rate; and
 - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
 - (A) Vital signs before and after anesthesia is utilized;
 - (B) Parenteral access site and method, if utilized;
 - (C) Medication(s) administered;

(D) Time anesthesia commenced and ended;

(E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;

(F) EKG;

(G) Capnograph (end tidal carbon dioxide monitor);

(H) Ventilation status (spontaneous, assisted, or controlled);

(I) Intravenous fluids, if utilized;

(J) Response to anesthesia, including any complications;

(K) Starting time of recovery and time of discharge; and

(L) Condition of patient at discharge and authorization of permit holder.

Section 14. Dental Personnel Requirements.

(a) All dental personnel shall be certified in administering Basic Life Support for Healthcare Providers. A dentist, operating dentist, or permit holder may delegate patient monitoring to qualified dental personnel.

(b) Nitrous Oxide Anxiolysis and Minimal Sedation. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(c) Moderate Sedation. During a procedure where moderate sedation is administered, the operating dentist or permit holder and at least one (1) other dental personnel shall be present.

(d) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the operating dentist or permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

Section 15. Application Process for Facility Permit and Operating Dentist Sedation Permit.

(a) If a permit holder chooses to allow an operating dentist to utilize their facilities to perform dental procedures, then the permit holder shall apply for a facility permit.

(b) The permit holder seeking a facility permit shall submit a completed application.

(c) The operating dentist shall submit a completed operating dentist sedation permit application, including fees, and provide evidence of:

(i) Current certification in ACLS and/or PALS;

(ii) Agreement between operating dentist and qualified anesthesia provider; and

(iii) Agreement between operating dentist and Board-approved facility currently holding a facility permit.

(d) While reviewing a completed application, the Application Review Committee may consider any pending complaints before the Board against operating dentist.

(e) Based on the Application Review Committee's recommendation, the Board may approve an operating dentist sedation permit or facility permit.

Section 16. Sedation Permit Renewal and Expiration.

(a) Sedation permit, operating dentist sedation permit, and facility permit **shall be renewed on or before December 31 each year.**

(b) Permit holder shall submit a completed moderate sedation, deep sedation and/or general anesthesia sedation permit renewal application, including fees, and provide evidence of:

(i) **Annual completion** and certification in ACLS and/or PALS; and

(ii) A minimum of fifty (50) sedation cases performed during that year by the permit holder.

(c) Permit holder shall submit a completed facility permit renewal application.

(d) An operating dentist shall submit a completed operating dentist sedation permit renewal application, including fees, and provide evidence of **annual completion** and certification in ACLS and/or PALS.

(e) The Board may request more documentation if necessary.

(f) A sedation permit, operating dentist sedation permit, or facility permit shall expire for:

(i) Failure to renew permit; or

(ii) Failure to renew Wyoming dental license.

Section 17. Reinstatement of Expired and Revoked Sedation Permits.

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

(i) Meeting requirements of previous Board order; and

(ii) Demonstrating just cause for reinstatement.

(c) A dentist may apply for reinstatement of their expired operating dentist sedation permit by meeting the application requirements established in Section 15.

(d) A dentist may apply for reinstatement of their revoked operating dentist sedation permit by meeting the application requirements established in Section 15 and submit evidence of:

(i) Meeting requirements of previous Board order; and

(ii) Demonstrating just cause for reinstatement.

Section 18. Anesthesia Morbidity/Mortality Reporting Requirements.

(b) Operating dentist and permit holder shall report any morbidity, mortality, or other incident which results in temporary or permanent physical or mental injury requiring hospitalization to the Board within thirty (30) days.

(c) Operating dentist and permit holder shall submit documentation as prescribed by the Board.

~~(vi)~~ (i) _____