

20-123b-1. Definitions**Administration and Use of Anesthesia and Conscious Sedation in Dentistry****20-123b-1. Definitions**

- (a) "OMFS" means an Oral and Maxillofacial Surgeon who has completed a full course in a post-doctoral training program in Oral and Maxillofacial Surgery approved by the American Dental Association Commission on Dental Accreditation.
- (b) "ADA" means American Dental Association.
- (c) "CSOMS" means Connecticut Society of Oral and Maxillofacial Surgeons.
- (d) "BCLS" means a course in Basic Cardiac Life Support approved by the American Red Cross or the American Heart Association.
- (e) "ACLS" means a course in Advanced Cardiac Life Support approved by the American Red Cross or the American Heart Association.
- (f) "Commissioner" means Commissioner of Public Health and Addiction Services or his designee.
- (g) "On-Site Evaluation Team" means those individuals designated by the Commissioner to determine compliance with Section 20-123b-6 of the Regulations of Connecticut State Agencies.
- (h) "Practitioner" means a person licensed to practice dentistry pursuant to Chapter 379 of the Connecticut General Statutes who is applying for a permit or being evaluated pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies.
- (i) "Anesthesia Assistant" means a chairside assistant or a dentist licensed pursuant to Chapter 379 of the Connecticut General Statutes whose sole responsibility is to monitor the patient undergoing general anesthesia.
- (j) "Calendar Quarter" means a period of three consecutive months beginning on January 1, April 1, July 1, or October 1.
(Effective March 23, 1988; Amended January 27, 1994.)

20-123b-2. Permit application procedures

- (a) A practitioner may apply to the Commissioner for one of the following:
 - (1) Permit for the Administration of General Anesthesia and Conscious Sedation; or
 - (2) Permit for the Administration of Parenteral Conscious Sedation.
- (b) An applicant shall, at the time of application, submit such documentation of credentials as the Commissioner may require. The application and related documents shall be reviewed by the Commissioner or his designee. The Commissioner or his designee may, as necessary, consult with the Dental Commission concerning documentation of applicant credentials.
(Effective February 1, 1988.)

20-123b-3. Qualifications for general anesthesia and conscious sedation permit

An applicant for a General Anesthesia and Conscious Sedation permit shall:

- (a) Successfully complete one of the following:
 - (1) a full course in a post-doctoral training program in Oral and Maxillofacial Surgery, approved by the ADA Commission on Dental Accreditation, or
 - (2) a minimum of one-year full-time training in post-doctoral program in Anesthesiology, structured in accordance with Part Two of the ADA Council on Dental Education "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," or
 - (3) Certification as a diplomate of the American Board of Oral and Maxillofacial Surgery, provided the individual holding such certification graduated from dental school or a post-doctoral dental residency training program no later than 1966, or
 - (4) Designation of practice as limited to oral and maxillofacial surgery, in accordance with Section 20-106a of the Connecticut General Statutes, for a period of at least

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ten years prior to application for a general anesthesia and conscious sedation permit; and

- (b) Demonstrate current certification in BCLS; and
- (c) Successfully complete an on-site evaluation pursuant to Section 20-123b-6 of these regulations.
(Effective March 23, 1988.)

20-123b-4. Qualifications for conscious sedation permit

An applicant for a Conscious Sedation permit shall:

- (a) Comply with one of the following:
 - (1) document by patient anesthesia or sedation records the completion of a minimum of twelve parenterally administered conscious sedation procedures per year performed in the office, for each of the three one-year periods immediately preceding the date of application; and submit certification of completion of a minimum of twenty-four hours of continuing education in one of the following areas within the three year period immediately preceding the issuance of the permit; anesthesia, parenterally administered conscious sedation, or emergency medicine; or
 - (2) graduate from a dental school or post-doctoral dental residency program accredited by the ADA Commission on Dental Accreditation within two years prior to applying for the permit, which included either a minimum of four weeks active participation in full-time rotation in hospital operating room anesthesia, or ten documented clinical cases utilizing parenterally administered conscious sedation in the dental operatory; and which included a didactic course in conscious sedation in dentistry with a curriculum that fulfills the minimum requirements set forth in the ADA Council on Dental Education, "Guidelines or Teaching the Comprehensive Control of Pain and Anxiety in Dentistry"; or
 - (3) complete an "Intensive Course" or a "Supplemental (or Refresher) Course" (as applies) in a post-doctoral continuing education program, structured in accordance with Part Three of the ADA Council on Dental Education "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety"; or
 - (4) satisfy the requirements of subsection (a) of Section 20-123b-3 of these regulations; and
- (b) demonstrate current certification in BCLS; and
- (c) successfully complete an on-site evaluation pursuant to Section 20-123b-6 of these regulations.
(Effective March 23, 1988.)

20-123b-5. The evaluation team

The on-site evaluation team shall include, but not be limited to, the following:

- (a) Two members recommended to the Commission by the Chairperson of the Anesthesia Committee of the CSOMS who have fulfilled the requirements of the CSOMS to be an office anesthesia evaluator; or
- (b) one member who has fulfilled the requirements of the CSOMS to be an office anesthesia evaluator, and one member who is a fellow of the American Dental Society of Anesthesiology, both of whom shall be recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS.
(Effective February 1, 1988.)

20-123b-6. Site evaluation

- (a) The on-site evaluation team shall observe the general anesthesia or parenteral conscious sedation technique (as appropriate) employed by the practitioner. In the case of a practitioner applying for the initial issuance or reinstatement of a permit, the on-site evaluation team shall observe said technique during a minimum of two operative cases,

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20-123b-7. Failure to successfully complete the site evaluation

- with the total time for both cases not to exceed two hours. In the case of a practitioner holding a current permit, the on-site evaluation team shall observe said technique during a minimum of one operative case, with the total time for the case not to exceed one hour.
- (b) During the on-site evaluation, an exact simulation of the method of management of medical emergencies shall be demonstrated by the practitioner with full participation of the office staff, and may include, but not be limited to, the management of: laryngospasm, bronchospasm, emesis, aspiration of vomitus, foreign body in airway, angina pectoris, acute myocardial infarction, acute hypotensive and hypertensive crises, cardiopulmonary resuscitation, acute allergic reactions, hyperventilation syndrome, syncope, and convulsions of unknown etiology.
 - (c) The on-site evaluation team shall review the practitioner's office equipment, emergency drugs and anesthesia records to determine full compliance with the requirements established in Section 20-123b-9 of the Regulations of Connecticut State Agencies.
 - (d) An exit interview between the practitioner and the evaluation team shall be conducted to review deficiencies and make positive suggestions for improving the office facility and patient emergency management.
 - (e) The on-site evaluation team shall verify that the practitioner and his entire staff are currently certified in BCLS; it is recommended that the practitioner be certified in ACLS. (Effective March 23, 1988; Amended January 27, 1994.)

20-123b-7. Failure to successfully complete the site evaluation

- (a) A practitioner who, in the opinion of the on-site evaluation team, fails to satisfactorily complete the requirement of subsection (a) of Section 20-123b-6 of these regulations shall be denied a permit and may reapply to be re-evaluated only after documenting the completion of a Continuing Education Course in ambulatory general anesthesia or parenteral conscious sedation (as appropriate) approved by the Commissioner in consultation with the on-site evaluation team.
- (b) A Practitioner who, in the opinion of the on-site evaluation team, fails to satisfactorily complete the requirements of subsection (b) of Section 20-123b-6 of these regulations shall be denied a permit and may reapply to be re-evaluated only after documenting the completion of a Continuing Education Course in the management of medical emergencies in the dental office approved by the Commissioner in consultation with the on-site evaluation team.
- (c) A practitioner who, in the opinion of the on-site evaluation team, fails to Satisfactorily complete the requirements of subsection (c) of Section 20-123b-6 of these regulations shall be denied a permit and may reapply to be re-evaluated;
- (d) If any member of the on-site evaluation team has reason to believe that the practitioner being evaluated is unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct towards a patient, such member shall file a petition with the Department of Public Health and Addiction Services pursuant to Section 19a-14 of the Connecticut General Statutes. (Effective February 1, 1988; Amended January 27, 1994.)

20-123b-8. Frequency of inspection

- (a) Following initial issuance of the permit, the on-site evaluation specified in Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be completed for each practitioner issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies in accordance with the following schedule:
 - (1) For each practitioner first issued a permit on or before December 31, 1989, the on-site evaluation shall be completed not later than December 31, 1995. Thereafter, the on-site evaluation shall be completed for each such practitioner not later than five years from the last day of the calendar quarter in which last evaluated.

20-123b-9. Office equipment, emergency drugs, and anesthesia records

- (2) For each practitioner first issued a permit on or after January 1, 1990, the on-site evaluation shall be completed not later than five years from the last day of the calendar quarter in which last evaluated.
- (b) A practitioner may request to schedule the on-site evaluation at a time earlier than specified in subsection (a) of this Section. However, in no event shall such alternative scheduling result in an interval longer than five years to the next on-site evaluation. (Effective February 1, 1988; Amended January 27, 1994.)

20-123b-9. Office equipment, emergency drugs, and anesthesia records

- (a) Except as specifically noted, all practitioners issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies shall demonstrate and maintain the following office equipment in any and all offices where they administer general anesthesia or conscious sedation:
 - (1) Gas delivery system capable of positive pressure ventilation;
 - (2) Full face mask:
 - (A) Adult,
 - (B) Child;
 - (3) Nasal hood, or cannula;
 - (4) Oral airways (oropharyngeal airway):
 - (A) Adult,
 - (B) Child;
 - (5) Nasopharyngeal airways:
 - (A) Adult,
 - (B) Child;
 - (6) Endotracheal tubes with inflatable cuffs, appropriate connectors and syringe for inflation, as follows:
 - (A) Adult Endotracheal Tubes,
 - (B) Child Endotracheal Tubes,
 - (C) connectors,
 - (D) syringe, and
 - (E) styler; Not required for Conscious Sedation permit;
 - (7) Laryngoscope (straight or curved blade), as follows:
 - (A) Adult blade,
 - (B) Child blade,
 - (C) extra batteries, and
 - (D) extra bulb; Not required for Conscious Sedation permit.
 - (8) McGill Forceps; Not required for Conscious Sedation permit;
 - (9) Portable bag-mask ventilator, i.e. Ambu-bag;
 - (10) Equipment capable of administering 100% O₂; in all rooms (operatory, recovery, examination, and reception);
 - (11) Equipment for emergency crico-thyroidotomy or tracheostomy and the appropriate connectors for administering 100% O₂;
 - (12) Blood pressure cuffs and stethoscope:
 - (A) Adult,
 - (B) Child;
 - (13) Tongue grasping forceps;
 - (14) Board or rigid surface for Cardiopulmonary Resuscitation (CPR);
 - (15) Suction catheter for pulmonary lavage via endotracheal tube; Not required for Conscious Sedation permit;
 - (16) Suctioning equipment capable of use during power failure;
 - (17) Equipment capable of suctioning the throat in all operatory and recovery rooms;
 - (18) Light source capable of use during power failure;
 - (19) Equipment and personnel for continuous monitoring during the administration of general anesthesia or conscious sedation. Must satisfy one in each category:
 - (A) means of monitoring heart rate (pulse), as follows:

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- (i) EKG monitor,
 - (ii) pulsemeter,
 - (iii) pre-cordial stethoscope, or
 - (iv) direct palpation of pulse by Anesthesia Assistant; and
 - (B) means of following respirations, as follows:
 - (i) pre-tracheal or pre-cordial stethoscope,
 - (ii) nasal hood whistle, or
 - (iii) direct observation of chest by Anesthesia Assistant; and
 - (C) means of monitoring blood pressure; and
 - (D) Anesthesia Assistant; Not required for Conscious Sedation permit; and
 - (E) Pulse oximeter or equivalent mechanical device for monitoring oxygen saturation.
- (b) All practitioners issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies shall maintain the following emergency drugs in any and all offices where they administer general anesthesia or conscious sedation:
 - (1) Intravenous solutions and equipment for administration, as follows:
 - (A) Intravenous (I.V.) Fluids;
 - (B) Needles and Intravenous (I.V.) tubing;
 - (2) Cardiotonic drugs, as follows:
 - (A) Verapamil 5mg/2ml;
 - (B) Nitroglycerin (sublingual);
 - (3) Vasopressors:
 - (A) Epinephrine 1:1000 and 1:10,000
 - (B) Isoproterenol (Isuprel) 1 mg Vial; and
 - (C) One of the following seven:
 - (i) Phenylephrine (Neo-synephrine) 10 mg/mL,
 - (ii) Methoxamine (Vasoxyl) 10 mg/mL,
 - (iii) Metaraminol (Aramine) 10 mg/mL,
 - (iv) Ephedrine sulfate 50 mg/mL,
 - (v) Wyamine 30 mg/mL,
 - (vi) Dopamine 400 mg/mL, or
 - (vii) Dobutamine 250 mg/mL;
 - (4) Antiarrhythmic drugs, as follows:
 - (A) Lidocaine 20 mg/mL;
 - (B) Procainamide 100 mg/mL; and
 - (C) Bretylium 500 mg/10 mL;
 - (5) Narcotic antagonists, as follows: Naloxone (Narcan);
 - (6) Accessory drugs, including the following:
 - (A) Sodium bicarbonate;
 - (B) Steroids - one of the following three:
 - (i) Dexamethasone,
 - (ii) Hydrocortisone sodium succinate, or
 - (iii) Methyl prednisolone;
 - (C) Dextrose 50% in Water (D-50-W);
 - (D) Atropine Sulfate 0.4 mg/mL;
 - (E) Diphenhydramine;
 - (F) Succinylcholine (Anectine);
 - (G) Normal Saline for injection;
 - (H) Bronchodilator inhalant;
 - (I) Diazepam;
 - (J) Narcotic (for Intramuscular or Intravenous use);
 - (K) Flumazenil 0.1 mg/mL;
 - (L) Propranolol 1 mg/mL;
 - (M) Diazoxide 15 mg/mL;
 - (N) Furosemide 10 mg/mL.

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- (c) All practitioners issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies shall maintain anesthesia or conscious sedation records which include the date of procedure, nothing by mouth (NPO) status, availability of responsible adult escort, vital signs, drugs, and doses administered. (Effective March 23, 1988; Amended January 27, 1994.)