

VIRGINIA BOARD OF DENTISTRY

**Regulatory-Legislative Committee**

November 9, 2012 Agenda

Department of Health Professions  
Perimeter Center - 9960 Mayland Drive, 2<sup>nd</sup> Floor Conference Center  
Henrico, Virginia 23233

**TIME**

**PAGE**

<b>1:30 p.m.</b>	<b>Call to Order – Jeffrey Levin, DDS, Chair</b>	
	<b>Public Comment</b>	
	<b>Approval of Minutes - November 4, 2011</b>	<b>P1-P5</b>
	<b>Status Report on Regulatory Actions</b>	<b>P6</b>
	<b>Comments and Questions on Emergency Regulations for Sedation and Anesthesia Permits</b>	<b>P7-P81</b>
	<b>Discussion of Proposing Changes to the Sedation/Anesthesia Regulations</b>	<b>P82-P100</b>
	<b>ASA Continuum of Depth of Sedation</b>	<b>P101-P102</b>
	<b>Consideration of Issuing a Guidance Document on the Sedation/Anesthesia Regulations</b>	

**Adjourn**

**VIRGINIA BOARD OF DENTISTRY  
MINUTES OF REGULATORY/LEGISLATIVE COMMITTEE  
NOVEMBER 4, 2011**

**TIME AND PLACE:** The meeting of the Regulatory-Legislative Committee of the Board of Dentistry was called to order at 9:05 a.m., on November 4, 2011 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**PRESIDING:** Herbert R. Boyd, D.D.S., Chair

**MEMBERS PRESENT:** Jacqueline G. Pace, R.D.H.  
Robert B. Hall, Jr., D.D.S.

**MEMBERS ABSENT:** Meera A. Gokli, D.D.S.  
Surya P. Dhakar, D.D.S.

**STAFF PRESENT:** Sandra K. Reen, Executive Director  
Huong Q. Vu, Operations Manager

**OTHERS PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
Howard Casway, Senior Assistant Attorney General

**ESTABLISHMENT OF A QUORUM:** With three members present, a quorum was established.

**PUBLIC COMMENT:** **Dag Zapatero, D.D.S.**, from Virginia Beach noted that he addressed the Board in December 2010 about offshore dental laboratory issues. He added that he is a co-author of the VDA's Virginia Dental Laboratory Safety Act that the Committee will discuss and he is here to answer any questions the Committee has.

**APPROVAL OF MINUTES:** Dr. Boyd asked if the Committee members had reviewed the September 8, 2011 minutes. No changes or corrections were made. Dr. Hall moved to accept the September 8, 2011 minutes. The motion was seconded and passed.

**STATUS REPORT ON REGULATORY ACTIONS:** **Registration of Mobile Clinics** – Ms. Yeatts stated that regulations for mobile dental clinics are currently not in force because the 6-month extension that was granted for the Emergency regulations expired on July 6, 2011. She said she has been in constant contact with the Governor's Office about issuing the final regulations. Ms. Reen explained that the Board has no authority to act if there are complaints or if an application for registration is received. She said that she has consulted with board counsel on the registrations that will expire on December 31, 2011. Mr. Casway

advised her to notify these registrants in writing that their registrations will lapse and they will not be authorized to practice until the needed regulations are in force and new registrations are issued. Ms. Reen reported that she had yet to send the letters because Dr. Cane, DHP Director, asked her to wait while Dr. Cane worked for Governor's approval. Ms. Reen added that it is no longer possible for the regulations to be effective by December 31 even if the Governor approves the regulations now.

Ms. Yeatts added that another option is to extend the expiration date of the registration if the Board knows the regulations are approved for publication. She added that this has been done before.

**Sedation/Anesthesia Regulation** – Ms. Yeatts stated that the Board adopted the emergency regulations at its September meeting which are required to be in effect by December 27, 2011. Once approved by the Governor, these regs will stay in effect for 12 months and must be replaced by final regulations. She added that the Board also adopted the Notice of Intended Regulatory Action (NOIRA) to replace the emergency regulations at its September meeting.

**Radiation certification** – Ms. Yeatts stated that the amendment to the radiation regulations has been approved and will be effective on December 22, 2011.

**DISCUSSION OF THE  
GUIDANCE DOCUMENT  
FOR RECOVERY OF  
DISCIPLINARY COSTS:**

Ms. Reen noted that at the last meeting, the Committee discussed the guidance document needed to implement the recovery of disciplinary costs when the regulations go into effect. At that meeting, she was asked to develop the draft as discussed and to provide information on other states' practices. She was also asked to revise the worksheet to separate investigation costs and monitoring costs. Ms. Reen reported that the information from other states is on P9 and P10 of the agenda package. She added that other states are relying on statutory authority and do not have guidance documents, policy statements or forms addressing the method used to calculate costs. Ms. Reen then referred the Committee to the discussion draft starting on P11. She stated that this guidance document could be recommended for adoption to be released concurrent with the regulations.

**Policy** - Ms. Reen asked the Committee to focus on the policy language on apportioning costs to reflect the adopted findings of fact and conclusions of law in a case. She added that this raised concerns about consistency and fairness and the possibility of expanding the guidance document once we had some data for setting amounts for types of findings. Extensive discussion followed about apportioning costs, the range of time it takes to investigate a case, setting a cost per finding, deferring action to a later

meeting, concern about being objective and fair from one respondent to the next and the purpose of defraying actual costs. By consensus, the Committee amended the language as follow:

Add **“following the administrative proceeding”** after the first sentence.

Delete the third sentence that starts with **“The Board may exercise discretion to apportion...”**

Delete the last sentence that starts with **“A special conference”** and replace it with a statement that staff will prepare the worksheets.

**Assessment of Costs** - Ms. Reen said this section was developed to state the per hour costs for investigators or inspectors and to establish a base monitoring cost and a cost per sanction for sanctions imposed. She added that the regulations state the Board will assess the average hourly costs for investigations. She noted that since the costs to be assessed will be specified in the order, the amount charged could be appealed to Circuit Court and any litigation of an assessment would cost more than the amount which might be recovered. Following discussion of the proposed amounts, the Committee decided, by consensus, to advance this section as proposed.

**Disciplinary Cost Recovery Worksheet** – Ms. Reen noted that the proposed worksheet was divided in two parts as requested by the Committee at the last meeting. The Committee decided to delete the line **“Recovery limited to \$ \_\_\_\_\_ because \_\_\_\_\_”** since costs will not be apportioned.

Ms. Pace moved to recommend this guidance document as amended to the Board for adoption at its December meeting. The motion was seconded passed.

## DISCUSSION OF LEGISLATIVE PROPOSALS:

**VCU School of Dentistry 2012 Proposing Legislation Bill (relating to the licensure of dental school faculty)** – Ms. Reen noted that the Board discussed a similar bill last year and endorsed the intent. She said that the School’s 2012 proposed legislation was approved by the Virginia Dental Association House of Delegates on September 23, 2011. She asked the Committee to review the bill and to consider making a recommendation to the Board. The Committee reviewed the language and made the following recommendations for revisions:

- §54.1-2711.1.B – replace **“in other offices or clinics”** with **“in non-affiliated clinics or private practices.”**
- §54.1-2713.A (1) and (2) – replace **“and has never been licensed to practice”** with **“and has never held an unrestricted license to practice.”**
- §54.1-2713.C - replace **“in other offices or clinics”** with **“in non-affiliated clinics or private practices.”**

- §54.1-2714.A – editorial correction needed because there are two #8 items.
- §54.1-2714.C – replace “**twelve months**” with “**twenty four months**,” keep “**may not be renewed or reissued**,” and delete “**may be renewed for one 12 month period**.”
- §54.1-2725.C - replace “**in other offices or clinics**” with “**in non-affiliated clinic or private practices**.”

Ms. Pace moved to recommend that the Board recommend support of this legislation to Dr. Cane. The motion was seconded and passed.

**Virginia Dental Association (VDA)** – Ms. Reen stated that the VDA adopted a resolution to amend §54.1-2722(E) to replace the pilot project for dental hygienists employed by the Virginia Department of Health to work under remote supervision to permit such practice in all Virginia Health Districts. She added that the Board recommended support of legislation addressing the pilot project in the last two sessions of the General Assembly.

Ms. Reen added that the VDA is also proposing legislation, the Virginia Dental Laboratory Safety Act, to require dental laboratories conducting business in Virginia to register with the Board in order to engage in the manufacture and repair of dental prosthetic appliances, to disclose material content, and the point of origin and location(s) of manufacture of the prescribed restoration.

Ms. Reen indicated that she provided copies of the information received from Eric Thorn of the National Association of Dental Laboratories and said he is interested in seeing the legislation advance. She also noted that she had asked Dr. Dickinson, the executive director of the VDA, if the VDA might agree to submit a study resolution instead of this legislation.

Ms. Reen added that the Board received a presentation by Dr. Zapatero in which he requested the regulation of dental laboratories. In consideration of this request, the Board received a presentation by Dr. Carter, the executive director of the Board of Health Professions (BHP), on the study parameters used to evaluate the need to regulate a profession or facility at its December 2010 meeting. Following that presentation, the Board decided not to pursue registration of dental labs because the Board’s view was it is a business transaction between the dentist and the lab.

Ms. Yeatts then facilitated review and discussion of the proposed legislation. Ms. Yeatts commented that the proposed effective date on July 1, 2012 is not possible because no regulations would be in place. Ms. Reen added that proposed definitions may conflict with existing definitions in the Code. Dr. Boyd stated that the prescribed work order forms that were adopted by the Board cover what is asked of in the proposed legislation.

Discussion followed regarding the purpose of registration, the work order forms adopted by the Board, the responsibility of dentists to address the quality of the products, the potential for a large increase in complaints and administrative proceedings, the stated expectation that complaints will result in loss of registration, and due process requirements. By consensus, the Committee agreed that it is premature to enact this requirement into law and that a study should be recommended. Ms. Pace moved to recommend that the Board send a formal request that the VDA pursue a study resolution to have the BHP study the need to regulate labs instead of advancing legislation. The motion was seconded and passed.

**NEXT MEETING:** The proposed date of the next meeting will be determined at a later date.

**ADJOURNMENT:** With all business concluded, Dr. Boyd adjourned the meeting at 12:05 p.m.

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Herbert R. Boyd, III, D.D.S., Chair

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Sandra K. Reen, Acting Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
(As of October 23, 2012)**

<b>Board of Dentistry</b>	
<b>Chapter</b>	<b>Action / Stage Information</b>
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Sedation and anesthesia permits for dentists <u>Stage:</u> Emergency/NOIRA - Register Date: 10/8/12 Effective date of emergency regulations: 9/14/12 to 9/13/13 Close of comment on NOIRA: 11/7/12
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Periodic review; reorganizing chapter 20 into four new chapters: 15, 21, 25 and 30 <u>Stage:</u> Proposed - At Secretary's Office for 155 days
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Training in pulp capping for dental assistants II <u>Stage:</u> Fast-Track - Register Date: 10/8/12 Effective date: 11/22/12
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Radiation certification <u>Stage:</u> Fast-Track - Register Date: 10/22/12 Effective date: 12/6/12
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Recovery of disciplinary costs <u>Stage:</u> Final - Register Date: 10/22/12 Effective date: 11/21/12
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> (E) Changes to temporary and faculty licensure <u>Stage:</u> Final - Register Date: 10/22/12 Effective date: 11/21/12
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> (E) Remote supervision of dental hygienists in public health clinics <u>Stage:</u> Final - Register Date: 10/22/12 Effective date: 11/21/12

## **Reen, Sandra (DHP)**

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**From:** Hoard, Brian C \*HS [BCH3N@hscmail.mcc.virginia.edu]  
**Sent:** Monday, September 17, 2012 10:16 AM  
**To:** Yeatts, Elaine J. (DHP)  
**Cc:** Reen, Sandra (DHP)  
**Subject:** Proposal for Regulations governing practice of sedation and anesthesia for dentists

In response to the request for public comments related to any forthcoming changes in the regulations governing sedation and anesthesia in Dentistry and the establishment of a permit process, I request that the Board of Dentistry adhere to the Definition of General Anesthesia and Levels of Sedation/Analgesia adopted by the American Society of Anesthesiologists (Please google this. Basically, it is an establishment of parameters that define minimal sedation/anxiolysis, moderate sedation/conscious sedation, deep sedation/analgesia, and general anesthesia). This is what is used by the Sedation Committee and Dept. of Anesthesiology at the U. of Virginia Health System. It is the only reliable and universally accepted mechanism I know of to define levels of sedation.

The reason I bring this up is that the definitions should be what the BOD bases it's requirements on. Unfortunately, in the past, there has been a tendency both with the BOD and even my hospital to define levels of sedation by the ROUTE of administration, not by the levels of responsiveness, airway effect, presence of spontaneous ventilation, and cardiovascular function. What I mean by this, for example, is that someone might automatically define PO (oral) sedation as "anxiolysis/mild sedation", intravenous sedation as "conscious/moderate sedation" or even "deep sedation", etc. This is incorrect. A practitioner can push a person into moderate or deep sedation with PO drugs, like Triazolam, if he gives an inappropriately high dose or "stacks" the dosing. He can even push a pediatric patient into general anesthesia with a combination of nitrous oxide and some sort of oral sedation "cocktail". The flip side of this is that a practitioner can also give intravenous Valium and maybe even Valium and Sublimaze at a low enough dose to a larger individual and only have him in a state of anxiolysis. The route of administration--inhalation, oral, IM, or IV--should not factor into whatever guidelines you establish for training, monitoring, etc. regulations. It should be the LEVEL of sedation which factors into this, and those levels, as mentioned earlier, are best defined by those most expert in defining them--The American Society of Anesthesiologists.

My point is, what I do not want to see is the BOD establish a set of guidelines that say you need to have BP, pulse, O2 saturation, and respiration monitoring with "IV sedation". What the BOD should instead say is something like you need to have BP, pulse, O2 saturation, and respiration monitoring with "conscious/moderate sedation" or "deep sedation" or something along those lines, whether those levels of sedation are achieved by oral, inhalation, IM or intravenous routes. Granted, this will rely on the practitioner being "honest" about his assessment of the level of sedation, but, as I said earlier, the parameters are pretty clearly defined.

As far as monitoring requirements, I can only add what the Sedation Committee and the Dept. of Anesthesiology uses as a guideline at the U. of Virginia Health System: Anxiolysis/mild sedation, where there is a normal response to verbal stimulation, no effect on airway/spontaneous ventilation/cardiovascular function--no monitoring devices are required. Conscious/moderate sedation, where there is a purposeful response to verbal or tactile stimulation, no intervention required on airway, adequate spontaneous ventilation, and usually maintained cardiovascular function--BP, pulse, O2 saturation, and respiratory rate monitoring requirements. When you get into deep sedation, ECG monitoring is required in addition to the others, but that is more the realm of sedation used by Oral Surgeons for complex procedures.

Good luck with this--I sympathize with the challenge of coming up with something, because every special interest group is going to be weighing in on this. The DOCS guys will have their point of view, the Oral Surgeons will have theirs, the Anesthesiologists will have theirs, the malpractice attorneys will have theirs.... On that last item, please don't be swayed by an attorney's point of view unless he can back up his claims. I still remember that petition before the BOD for a permitting process about 3-4 years ago that came from an attorney in SW Virginia. In the petition, his stated reason for asking for a permit began with the statement "since all conscious sedation patients eventually wind up in deep sedation" or something like that. NOT TRUE. I even e-mailed him and very respectfully pointed out to him that I was unaware of any literature references, consensus statements, etc. that came to such a conclusion. I asked him for the reference data that was the basis for such a statement--he NEVER replied. Please don't be swayed by FALSE statements--verify everything, take your time with this.

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, September 17, 2012 8:46 AM  
**To:** ddsmcv2001@gmail.com  
**Cc:** Yeatts, Elaine J. (DHP)  
**Subject:** FW: clarification on Emergency Regulation Sedation/anesthesia permits  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Dr. Carney:

Thank you for pointing out this error in the emergency regulations. The fee for a deep sedation/general anesthesia permit is \$100. I just verified that the applications for the permits address the fee correctly.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Jacqueline Carney [<mailto:ddsmcv2001@gmail.com>]  
**Sent:** Sunday, September 16, 2012 10:28 AM  
**To:** Board of Dentistry  
**Subject:** clarification on Emergency Regulation Sedation/anesthesia permits

I am reading through the regulation listed above to prepare for the changes to my practice and I have a question about the application fees.

On page four of the regulations section K. discusses the Conscious/moderate sedation permit and states the application fee "for a permit to administer conscious/moderate sedation shall be \$100." Then section L. discusses Deep sedation/general anesthesia permit but restates the identical information for a permit to administer conscious/moderate sedation, not deep sedation/general anesthesia: "The application fee for a permit to administer conscious/moderate sedation shall be \$100." I do not see anything listed describing the application fee for deep sedation/general anesthesia.

Could you please clarify?

Thank you,

Jacqueline Carney

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, September 24, 2012 3:07 PM  
**To:** Betty Guarino  
**Cc:** Dentistry Group (DHP)  
**Subject:** RE: is permit needed to IV sedation?  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Ms. Guarino:

Thank you for your follow-up. Unfortunately, Board staff cannot make any conclusion on whether or not Dr. Ellenbogen is required to obtain a permit so the decision is his. As indicated in the September 12, 2012 notice, if he never administers conscious/moderate sedation or deep sedation/general anesthesia, he is not required to hold a permit.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Betty Guarino [<mailto:bguarino@nedentalmanagement.com>]  
**Sent:** Monday, September 17, 2012 1:28 PM  
**To:** 'gary ellenbogen'; Reen, Sandra (DHP)  
**Subject:** RE: is permit needed to IV sedation?

Sandra:

I just spoke with someone in your office just to clarify the Permits for IV Sedation, and what she told me was that if Dr. Ellenbogen does not perform the IV Sedation he is not required to file the permit for the IV Sedation. The only time we should apply for the permit is if Dr. Ellenbogen himself is performing the sedation.

Just want to clarify again that we are in compliance with the rules and regulations of the Board.

Thank you

Betty Guarino  
Administrative Director  
Northeast Dental Management  
66 Route 17, North  
Paramus, NJ 07652  
201-291-0935 Ext 60001

"A pessimist complains about the wind, an optimist counts on the wind changing, a realist adjusts his sails"

**From:** gary ellenbogen [<mailto:garyellenbogendds@aol.com>]  
**Sent:** Monday, September 17, 2012 12:31 PM

**To:** [bguarino@nedentalmanagement.com](mailto:bguarino@nedentalmanagement.com)  
**Subject:** Fwd: is permit needed to IV sedation?

Betty, See what a big help Sandra is. Dr. Ellenbogen  
gary ellenbogen  
[garyellenbogendds@aol.com](mailto:garyellenbogendds@aol.com)

-----Original Message-----

From: Reen, Sandra (DHP) (DHP) <[Sandra.Reen@DHP.VIRGINIA.GOV](mailto:Sandra.Reen@DHP.VIRGINIA.GOV)>

To: gary ellenbogen <[garyellenbogendds@aol.com](mailto:garyellenbogendds@aol.com)>

Sent: Mon, Sep 17, 2012 11:31 am

Subject: RE: is permit needed to IV sedation?

Dr. Ellenbogen:

Thank you for your inquiry. Permits will be issued to a licensed dentist rather than a practice. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. Reviewing these sections should assist you in deciding if you need to obtain a permit.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** gary ellenbogen [<mailto:garyellenbogendds@aol.com>]

**Sent:** Monday, September 17, 2012 9:01 AM

**To:** Reen, Sandra (DHP)

**Subject:** is permit needed to IV sedation?

Dear Sandra,

I wanted to know if it is necessary for my practice to obtain a permit in order to administer conscious/moderate or deep sedation/general anesthesia in my office if the persons administering it are from Horizon Anesthesia (a group of board certified anesthesiologists that also work at INOVA hospitals).. Thank you so much for your anticipated quick response, Dr. Gary Ellenbogen..... 8100 Boone Blvd. Suite 100 Vienna, Va. 22182. 703-734-1095. My email is [garyellenbogendds@aol.com](mailto:garyellenbogendds@aol.com)

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, September 24, 2012 3:39 PM  
**To:** Philip Vahab  
**Subject:** RE: ATTN: Sandra Reen  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Vahab:

If you never administer conscious/moderate sedation, deep sedation or general anesthesia, you are not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Philip Vahab [<mailto:pivahab@gmail.com>]  
**Sent:** Monday, September 17, 2012 2:17 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** ATTN: Sandra Reen

Ms. Reen,

I recently received the "Notice of requirements to Administer Conscious/moderate sedation and deep sedation ect..." dated September 12, 2012.

I am an orthodontist and I work as an independent contractor in a pedodontists office. The pedodontists has an anesthesiologist come in her office to administer anesthesia for her sedation cases. I have never placed braces on a patient under anesthesia. However, if I were to bond braces on a patient that was under conscious sedation administered by the anesthesiologist, would I need a permit?

As I have said I have never done this, but I know that there are some circumstances where a special needs patient may need to have braces applied while under conscious sedation.

Thank you in advance for taking this question. If you are unable to answer this question, please let me know who I can contact to fully understand my responsibilities in this case.

Thank you

Regards,

Philip Vahab, DDS, MS  
914-522-0567

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, September 24, 2012 4:06 PM  
**To:** Jack Allara  
**Subject:** RE: regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Allara:

The answer to your first two questions is yes. The permit fee will not be combined with your license renewal fee. You will need to renew both your dental license and permit by March 31 of each year. Please note that initial permits will be issued with an expiration date of March 31, 2014.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Jack Allara [<mailto:jackdds@ntelos.net>]  
**Sent:** Monday, September 17, 2012 3:37 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** regulations

I just received the Emergency regulations and am I correct in seeing that we are now being charged \$100. just for the privilege of providing Conscious Sedation for our patients? Will this be in addition to our license fee? Will this additional fee be added to our renewal next spring? Sincerely, Jack Allara II DDS

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, September 24, 2012 4:51 PM  
**To:** 'Christine Reardon'  
**Subject:** RE: Question on requirements for General Anesthesia regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Reardon:

If you never administer conscious/moderate sedation, deep sedation or general anesthesia, you are not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Christine Reardon [<mailto:creardon610@yahoo.com>]  
**Sent:** Monday, September 17, 2012 5:09 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Question on requirements for General Anesthesia regulations

I have a question about the language of the regulation. It states no dentist may use deep sedation/ general anesthesia in a dental office unless a permit is obtained. Does this mean a permit is necessary if a board certified anesthesiologist comes into the office to administer the general anesthesia?

As a dentist I do not administer any moderate/ deep sedation or general anesthesia myself.  
Thank you for your assistance in this matter.

Dr. Chrisitne Reardon

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 9:14 AM  
**To:** Laura Givens  
**Cc:** Dentistry Group (DHP)  
**Subject:** RE: AAOMS Certificate Requirement Question  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Laura:

Thank you for bringing this to my attention. You are correct, the certificate that should be posted is the one received for completing and passing the AAOMS Office Anesthesia Exam. I apologize for the poor choice of wording in the notice and greatly appreciate your efforts in sharing the correction with the VSOMS membership.

Smile,  
Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** Laura Givens [<mailto:Givens@vadental.org>]  
**Sent:** Wednesday, September 19, 2012 1:49 PM  
**To:** Reen, Sandra (DHP)  
**Cc:** Palmatier, kelley (DHP)  
**Subject:** AAOMS Certificate Requirement Question  
**Importance:** High

Hi Sandy,

I have had several phone calls from VSOMS members today regarding the letter that was sent informing them about the requirements for the administration of sedation and anesthesia. There is some confusion because you state in the letter that AAOMS members who complete the office anesthesia through the association must "post in plain view of patients your current AAOMS Board Certification." OMSs are certified by the ABOMS (American Board of OMS) and I believe that what you intended to require them to post is the certificate they receive for completing and passing the AAOMS Office Anesthesia Exam.

I had planned to send an email to VSOMS members this week to make sure they were aware of this new requirement and to have them contact me if they need a new copy of this certificate. Before I do so, please clarify the requirement so that I can inform them correctly.

Thanks for your help!

Laura

Laura Givens  
Executive Secretary  
Virginia Society of Oral & Maxillofacial Surgeons  
3460 Mayland Ct., Ste. 110  
Richmond, VA 23233

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 11:56 AM  
**To:** Mark Armanious  
**Subject:** RE: Permit for Sedation in Dental Offices  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Armanious:

First, let me correct the information I gave in the notice about posting an AAOMS Board Certification. The certificate that should be posted is the one received for completing and passing the AAOMS Office Anesthesia Exam. Until such time as you meet both requirements for the exemption – membership in AAOMS and you can provide (and post) the results of the AAOMS periodic office examination – you will be required to obtain a permit from the Board by March 31, 2013 in order to continue administering conscious sedation, deep sedation or general anesthesia. You may want to check with AAMOS regarding your membership and the scheduling of office examinations to see if it is possible to qualify for the exemption before March 31, 2013.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

---

**From:** Mark Armanious [<mailto:marmaniousdmd@hotmail.com>]  
**Sent:** Monday, September 17, 2012 2:35 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Permit for Sedation in Dental Offices

Ms. Reen,

My name is Mark Armanious and I am a new Oral & Maxillofacial Surgeon practicing in Falls Church, VA. I completed my residency training June 30, 2012 and have since applied for membership with AAOMS. I am also in the board certification process and scheduled to take my qualifying written examination in January of 2013. I just need some clarification regarding the need to attain a permit for sedation. Your letter states that a current AAOMS Board Certification must be posted in plain view of patients but I am not sure where this puts me since I am in the process of attaining board certification. Any feedback would be greatly appreciated!

Sincerely,

Mark M. Armanious, DMD

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 9:14 AM  
**To:** Laura Givens  
**Cc:** Dentistry Group (DHP)  
**Subject:** RE: AAOMS Certificate Requirement Question  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Laura:

Thank you for bringing this to my attention. You are correct, the certificate that should be posted is the one received for completing and passing the AAOMS Office Anesthesia Exam. I apologize for the poor choice of wording in the notice and greatly appreciate your efforts in sharing the correction with the VSOMS membership.

Smile,  
Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** Laura Givens [<mailto:Givens@vadental.org>]  
**Sent:** Wednesday, September 19, 2012 1:49 PM  
**To:** Reen, Sandra (DHP)  
**Cc:** Palmatier, kelley (DHP)  
**Subject:** AAOMS Certificate Requirement Question  
**Importance:** High

Hi Sandy,

I have had several phone calls from VSOMS members today regarding the letter that was sent informing them about the requirements for the administration of sedation and anesthesia. There is some confusion because you state in the letter that AAOMS members who complete the office anesthesia through the association must "post in plain view of patients your current AAOMS Board Certification." OMSs are certified by the ABOMS (American Board of OMS) and I believe that what you intended to require them to post is the certificate they receive for completing and passing the AAOMS Office Anesthesia Exam.

I had planned to send an email to VSOMS members this week to make sure they were aware of this new requirement and to have them contact me if they need a new copy of this certificate. Before I do so, please clarify the requirement so that I can inform them correctly.

Thanks for your help!

Laura

Laura Givens  
Executive Secretary  
Virginia Society of Oral & Maxillofacial Surgeons  
3460 Mayland Ct., Ste. 110  
Richmond, VA 23233

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 11:04 AM  
**To:** dentistkwon@gmail.com  
**Subject:** FW: This is general dentist  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Dr. Kwon:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug at a particular dose will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms “anxiolysis”, “minimal sedation”, “conscious/moderate sedation”, “deep sedation” and “general anesthesia” as defined in 18VAC60-20-10 and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient’s record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient’s age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide whether or not you are required to hold a permit and about the education and equipment requirements you must meet.

**18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** 권혁수 [mailto:dentistkwon@gmail.com]

**Sent:** Tuesday, September 18, 2012 2:54 PM

**To:** Board of Dentistry

**Subject:** This is general dentist

Dear Virginia board of dentistry department of health professions

I recently got the changed sedation regulations.

My question is Do I need permit for Valium 5mg for dental anxiety patient.

This is oral sedation, but not moderate level ASA 1 or 2 patient.

Let me know any permit or if need, do I need pulse oxymetry equipment?

Thank you.

Dr. Hyuksoo Kwon

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 12:45 PM  
**To:** jbdentist@comcast.net  
**Subject:** RE: oral sedation regs  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Blackburn:

I am working through the many e-mails I received on the emergency regulations and apologize for the time it is taking to respond. I believe you called this morning and asked about the education requirements for administering conscious/moderate sedation and I asked you to send your questions by e-mail. I should have also suggested that it might be helpful for you to review the application and instructions for a permit which are available in the "Forms and Applications" tab at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** [kbdentist@comcast.net](mailto:kbdentist@comcast.net) [<mailto:kbdentist@comcast.net>]  
**Sent:** Tuesday, September 18, 2012 8:56 AM  
**To:** Reen, Sandra (DHP)  
**Subject:** oral sedation regs

Sandra,

My name is Jeff Blackburn and I am a dentist in Midlothian Virginia. I have been trained and have performed over 200 oral/ conscious sedation cases in the last 5 years. I have followed all the regulations and requirements( and standard of care) for the state of virginia. I recently received a packet on revised requirements and I would like to discuss this with you so that I am 100% sure of the changes and anything I may need to do. My work phone # is 378-7888.

I look forward to hearing from you.

Jeff

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 12:10 PM  
**To:** info@smiles4fairfax.com  
**Subject:** FW: CE Letters Attached  
**Attachments:** HowardNgo\_SS\_DC2011.pdf; HowardNgo\_DALSRecert\_DC2011.pdf  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Ms. Magalona:

Dr. Ngo will need to apply for and hold a deep sedation/general anesthesia permit if he wishes to continue to administer general anesthesia after March 31, 2013. Applications with instructions for a permit are available in the "Forms and Applications" tab at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** Smiles 4 Fairfax Front Desk [<mailto:info@smiles4fairfax.com>]  
**Sent:** Tuesday, September 25, 2012 7:52 AM  
**To:** Board of Dentistry  
**Subject:** CE Letters Attached

Good Morning Ms. Reen,

We have received the letter from you regarding the Notice of Requirements to Administer Conscious/Moderate Sedation and Deep Sedation/General Anesthesia in a Dental Office after March 31, 2013.

I have attached with this email the CE Letters/Certificates for Dr. Howard Ngo, DDS for the following courses in Washington, D.C. on May 5-7, 2011:

Dental Advanced Life Support (DALs) - 1 Day Recertification (ACLS)  
Sedation Solutions - Caring for Challenging Patients

I believe these are sufficient to enable Dr. Ngo to continue to administer general anesthesia to patients. Please let me know if there is anything else needed.

Thank you,  
Diana Magalona

--  
Patient Care Coordinator  
Smiles 4 Fairfax, PLC

11351 Random Hills Road, Suite 290 | Fairfax, VA 22030  
p: [703.865.6677](tel:703.865.6677) | f: [703.865.6680](tel:703.865.6680) | [info@smiles4fairfax.com](mailto:info@smiles4fairfax.com)  
[www.smiles4fairfax.com](http://www.smiles4fairfax.com)

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 11:56 AM  
**To:** Mark Armanious  
**Subject:** RE: Permit for Sedation in Dental Offices  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Armanious:

First, let me correct the information I gave in the notice about posting an AAOMS Board Certification. The certificate that should be posted is the one received for completing and passing the AAOMS Office Anesthesia Exam. Until such time as you meet both requirements for the exemption – membership in AAOMS and you can provide (and post) the results of the AAOMS periodic office examination – you will be required to obtain a permit from the Board by March 31, 2013 in order to continue administering conscious sedation, deep sedation or general anesthesia. You may want to check with AAMOS regarding your membership and the scheduling of office examinations to see if it is possible to qualify for the exemption before March 31, 2013.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** Mark Armanious [<mailto:marmaniousdmd@hotmail.com>]  
**Sent:** Monday, September 17, 2012 2:35 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Permit for Sedation in Dental Offices

Ms. Reen,

My name is Mark Armanious and I am a new Oral & Maxillofacial Surgeon practicing in Falls Church, VA. I completed my residency training June 30, 2012 and have since applied for membership with AAOMS. I am also in the board certification process and scheduled to take my qualifying written examination in January of 2013. I just need some clarification regarding the need to attain a permit for sedation. Your letter states that a current AAOMS Board Certification must be posted in plain view of patients but I am not sure where this puts me since I am in the process of attaining board certification. Any feedback would be greatly appreciated!

Sincerely,

Mark M. Armanious, DMD

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 12:57 PM  
**To:** William Griffin  
**Subject:** RE: Sedation Regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Griffin:

The new provisions are underlined and the language being deleted is marked through. Unfortunately, I don't think we have the resources to create a forum.

Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** William Griffin [<mailto:williamgriffindds@gmail.com>]  
**Sent:** Monday, September 24, 2012 5:15 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Re: Sedation Regulations

Sandra, thank you for getting back to me. I am not exactly sure where to start, but how about this: What has changed from the previous regulations?

Also, might it be possible for there to be some type of online forum for questions?

Thank You,  
Bill Griffin

On Mon, Sep 24, 2012 at 4:17 PM, Reen, Sandra (DHP) <[Sandra.Reen@dhp.virginia.gov](mailto:Sandra.Reen@dhp.virginia.gov)> wrote:

Hi Dr. Griffin:

Currently, there is no summary or overview document available. I would be happy to respond to any questions you have about the requirements. I am currently addressing such questions as they arrive and will plan to post some of those questions and answers on our web page in the near future.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** William Griffin [mailto:[williamgriffindds@gmail.com](mailto:williamgriffindds@gmail.com)]  
**Sent:** Monday, September 17, 2012 3:47 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Sedation Regulations

Dear Ms. Reen,

I have been offering sedation dentistry to my patients for about 8 years now, and everything has gone well. However, I am unable to sort through the regulations you recently mailed to me. Is there a source of information that could summarize these issues for simplicity's sake? I will be recertifying in ACLS at the VAGD meeting in Richmond in November, might an explanation of these regulations be expected as part of the course?

Thank You,  
Bill Griffin, DDS  
Yorktown, VA

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William T. Griffin, DDS, P.C.  
City Center Dental Care  
709 Mobjack Place  
Newport News, VA 23606  
[\(757\)873-3001](tel:(757)873-3001)

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William T. Griffin, DDS, P.C.  
City Center Dental Care  
709 Mobjack Place  
Newport News, VA 23606  
[\(757\)873-3001](tel:(757)873-3001)

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William T. Griffin, DDS, P.C.  
City Center Dental Care  
709 Mobjack Place  
Newport News, VA 23606  
[\(757\)873-3001](tel:(757)873-3001)

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 5:35 PM  
**To:** Hazem Seirawan  
**Subject:** RE: Conscious moderate sedation permit  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Seirawan:

Since the residency program you completed was accredited by the ADA Commission on Dental Accreditation, the only information you need to send is your certificate of completion. Applicants that have not completed an accredited residency program need to provide information about the number of hours and subject matter of the coursework they completed.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

-----Original Message-----

**From:** Hazem Seirawan [<mailto:mhseirawan@gmail.com>]  
**Sent:** Wednesday, September 19, 2012 1:11 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Conscious moderate sedation permit

Dear Sandra Dean:

I am a licensed dentist in the state of Virginia, and a pediatric dentist graduated from accredited ADA program: NOVA Southeastern University in Ft. Lauderdale, FL. I am applying for a conscious moderate sedation permit in VA and I am not sure whether you want a copy of my certificate in pediatric dentistry training, or you want the curriculum of that training. The application states: "A transcript, certification and/or documentation of training content for a permit for administration by any method", what exactly meant by training content?

Thank you!

Mouhammad Hazem Seirawan  
259 Hydraulic Ridge Rd. Suite #101  
Charlottesville, VA 22901

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 2:47 PM  
**To:** Tricia Tran  
**Subject:** RE: Sedation requirements  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Tran:

I've added my response under each of your questions below.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Tricia Tran [<mailto:tdnth@hotmail.com>]  
**Sent:** Tuesday, September 18, 2012 2:24 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Sedation requirements

Good afternoon:

I have received the new guidelines in the mail yesterday and I am considering using anesthesia services from an independent anesthesiologist (who would bring in his own emergency equipments) to sedate a few pediatric cases per month and a bit confused about the new regulations. If it's okay, I'd like to ask a few questions to clarify some concerns I have regarding March 31, 2012 deadline.

1. I just want to make sure I understand correctly that as long as I am not providing deep sedation but I do have an anesthesiologist that does it, my practice does not have to get a permit.  
RESPONSE: Permits will only be issued to dentists and not dental practices. If you never administer conscious/moderate sedation, deep sedation or general anesthesia, you are not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.
2. Does this anesthesiologist need to have his license/or certificate display?  
RESPONSE: If the anesthesiologist is a licensed dentist, he is required to comply with the regulations of the Board of Dentistry, including the posting of his license. If the anesthesiologist is a licensed physician, he is required to comply with the regulations for Office-Based Anesthesia of the Board of Medicine.
3. Should he also supply own his sedatives and emergency medicines and should they be located at our practice? In other words, can we order anesthetic medications and antagonists, etc. and have them stored here for him to dispense the medications as long as we keep our log properly?  
RESPONSE: I am not aware of a state law or regulation that responds to your question about who should purchase and maintain drugs when a dentist is delegating administration of sedation or general anesthesia to an anesthesiologist.
4. What is the proper storage solution for controlled substances, I know it needs to be locked up and in a limited access but does it need to be bolted to the wall or ground?

RESPONSE: You should review the Code of Federal Regulations, CFR 1301.75, regarding the storage of Schedule II through V controlled substances. If the drugs you want to maintain are Schedule VI drugs, you might contact the Virginia Board of Pharmacy, [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov), about requirements for maintaining these state controlled drugs.

Thank you for your time and thank you for taking the time to explain my questions very much.

**Tricia Tran, DDS**

**Diplomate, American Board of Pediatric Dentistry**

**Kidz Dentistry**

**Providing Advanced Pediatric Dentistry & Orthodontics**

**6101 Redwood Square Center, Ste. 300**

**Centreville, VA 20121**

**(O) 703-222-0111**

**(F) 703-222-0888**

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 5:51 PM  
**To:** Louise Scates  
**Subject:** RE: sedation questions  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Ms. Scates:

If a dentist never administers conscious/moderate sedation or deep sedation/general anesthesia, he is not required to hold a permit. I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered since you report using nitrous.

**18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Louise Scates [<mailto:lwscates@gmail.com>]  
**Sent:** Wednesday, September 19, 2012 1:32 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** sedation questions

To whom it may concern

Could you please tell me what license, if any that i need for my office.

we administer nitrous for anxiety and pain management.  
hyg use infrequently, under supervision..

No i.v.  
no deep sedation

thank you for your time

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 5:56 PM  
**To:** drmonsalve@verizon.net  
**Subject:** RE: Anesthesia Permit  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Monsalve:

If you never administer conscious/moderate sedation, deep sedation or general anesthesia, you are not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** [drmonsalve@verizon.net](mailto:drmonsalve@verizon.net) [<mailto:drmonsalve@verizon.net>]  
**Sent:** Wednesday, September 19, 2012 4:26 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Anesthesia Permit

Dear Mrs. Reen,

I am a pediatric dentist practicing in the Northern Virginia area. I have been providing dental treatment to children in my office for the last 5 years with the services of an anesthesia group that provides an anesthesiologist, a nurse, all the monitoring, emergency equipment and medications needed for general anesthesia treatment on healthy patients. Do I need to have a permit to provide general anesthesia in my office and if I do need a permit, what am I required to do to obtain the permit?  
Thank you.

Carlos Monsalve DDS  
Diplomate, American Board of Pediatric Dentistry.

**Reen, Sandra (DHP)**

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, September 25, 2012 5:54 PM  
**To:** jennifer woodside  
**Subject:** RE: permits  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Woodside:

If you never administer conscious/moderate sedation, deep sedation or general anesthesia, you are not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** jennifer woodside [<mailto:lienwoodside@yahoo.com>]  
**Sent:** Wednesday, September 19, 2012 3:05 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** permits

Good afternoon.

I am a Pediatric Dentist that has an anesthesiologist come into the office to administer IV Sedation. Do I need a permit, despite not administering the drugs?

Thank you for your time.

Jennifer Woodside

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 11:46 AM  
**To:** John T. Will, DDS  
**Subject:** RE: Anesthesia Permit Questions  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Will:

I've added my response after each question below.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** johnwill22@gmail.com [mailto:johnwill22@gmail.com] **On Behalf Of** John T. Will, DDS  
**Sent:** Thursday, September 20, 2012 12:51 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Anesthesia Permit Questions

**Hi Sandra,**

**My name is John Will. I am a dental anesthesiologist working at Children's Dentistry of Charlottesville. We are a large pediatric office employing multiple providers who are qualified to administer conscious/moderate sedation as well as deep sedation/general anesthesia. I have several questions regarding the permit application process to ascertain that we are in compliance with the board's new requirements.**

- 1. I assume that we will need to do a separate application for each dentist to hold a permit to administer sedation/anesthesia. Is this correct? RESPONSE: Yes, permits are issued to dentists rather than a practice.**
- 2. Do we need multiple inspections for each dentist that is qualified to administer the sedation, or will we be able to do one inspection that certifies that we have the necessary emergency equipment and documentation required to administer sedation? RESPONSE: The policies and procedures for conducting inspections have yet to be developed but will address the management of inspections in practices with multiple permit holders.**
- 3. With regards to ancillary assistants, we have several assistants that will assist in monitoring patients during recovery only, while under the indirect supervision of the dentist administering sedation/anesthesia. Am I correct in interpreting the new guidelines that these assistants will now be required to hold a CAA certification from AAOMS or ADSA? Of course, the dentist administering the sedation/anesthesia is on the premises and immediately available during the recovery period, and evaluates the patient prior to discharge, but I'm just asking for further clarification to make sure that we will be in compliance with the regulations. RESPONSE: There are 2 options for meeting the training**

**requirement for ancillary personnel in 18VAC60-20-135 which I have provided below with the "or" highlighted:**

~~After June 20, 2006, dentists~~ Dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious/moderate sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

1. Minimal training resulting in current certification in basic resuscitation techniques, with hands-on airway training for healthcare providers, such as Basic Cardiac Life Support for Health Professionals or an ~~approved~~, a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; ~~or~~
2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

**I believe that these are all the questions I have regarding the application process for the sedation and anesthesia permits at this time. If I think of others I will contact you again. Thank you, in advance, for any information you can provide to further clarify the above issues.**

**John Will, DDS  
434-817-1817**

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 12:43 PM  
**To:** Dr. Michele Mills  
**Subject:** RE: emergency regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Mills:

The section you are asking about, 18VAC60-20-120.H.3, applies only when a patient has self-administered minimal sedation prior to arrival at the dental office. It restricts the personnel who might administer local anesthesia to numb an injection or treatment site for these patients to the licensed professionals listed in 18VAC60-20-120.H.2 who are qualified to administer conscious/moderate sedation.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4438

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**From:** Dr. Michele Mills [[mailto:dr\\_mills@verizon.net](mailto:dr_mills@verizon.net)]  
**Sent:** Wednesday, September 19, 2012 10:18 AM  
**To:** Reen, Sandra (DHP)  
**Subject:** emergency regulations

Hi Sandra,

Thank you for the copy of the updated regulations. They provided much needed clarity on the anxiolysis and minimal sedation. We stopped using nitrous and meds for anxiolysis a few years back when the regulations changed because they were so unclear. I understand now that we can provide anxiolysis with meds without a permit.

I have one question that from section H3 on page 12. It says "if minimal sedation is self-administered by or to a patient before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2...to administer local anesthesia". That subsection lists dentists with conscious sedation permits, anesthesiologists, etc. Does this ONLY apply to patients that self-administer before receiving moderate conscious sedation? We have a few patients that self administer Valium, Xanax prior to routine dental care. Is that acceptable under this part of the regulation?

I understand the board has no authority to "assist in decision making". Can you provide clarification on that one section?

Thank you again. I feel this was a much needed update to the regulation and we appreciate it.

Michele M. Mills, DMD, PC

Mills & Shannon Dentistry  
[www.millsandshannon.com](http://www.millsandshannon.com)

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 1:13 PM  
**To:** Chris Houser  
**Subject:** RE: Question  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Houser:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide whether or not you are required to hold a permit.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Chris Houser [<mailto:drhouser@hotmail.com>]  
**Sent:** Thursday, September 20, 2012 2:39 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Question

Sandra,

I'm having a hard time figuring out the difference in the board's definitions of "conscious/moderate sedation" and "minimal sedation".

I use enteral Halcion (Triazolam) for dental phobic patients on a few occasions per year. The dosage I prescribe normally produces what I would characterize as a minimal sedation.

Please advise.

Dr. Chris Houser

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 9:33 AM  
**To:** Alan Mahanes  
**Subject:** Administering Sedation and Anesthesia  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Ms. Gooden:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug or a combination of drugs at a particular dose will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

Licenseses are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then are responsible for applying these terms and the associated regulations to their practices. I hope the following regulation (18VAC60-20-107.D.) will assist Dr. Mahanes in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as Dr. Mahanes decides whether or not he is required to hold a permit and to understand the education and equipment requirements associated with minimal sedation.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Alan Mahanes [<mailto:dental@mahanes.hrcoxmail.com>]

**Sent:** Thursday, September 20, 2012 10:35 AM

**To:** Reen, Sandra (DHP)

**Subject:**

Good Morning Sandra,

Dr Mahanes has a question regarding the certification requirements.

"At what point does anxiolysis turn into depression of conciosness. For example, if I prescribe 10mg of Valuim and 50mg of Vistaril to reduce or eliminate patien aniey, what are the clinical parameters that I have/have not depressed thier conciousness? "

I appreciate you time regarding this matter and look forward to hearing from you soon.

Thank You,

Mary Gooden  
Office Manager  
Mahanes Dentistry  
(757)430-9448

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 9:43 AM  
**To:** smitasabharwal.dds@gmail.com  
**Subject:** FW: Sedation Permit Requirements  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Dr. Sabharwal:

No, there is no time frame for when training had to be completed. If your training was not obtained through an accredited dental program, you will need to submit enough information about your training so that it is evident that your program was based on the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry and that it included the required hours of instruction and patient experiences.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Smita Sabharwal [<mailto:smitasabharwal.dds@gmail.com>]  
**Sent:** Thursday, September 20, 2012 10:06 AM  
**To:** Board of Dentistry  
**Subject:** Sedation Permit Requirements

To Whom It May Concern,

Is there a time frame in which the required training for the Conscious/Moderate Sedation permit is valid? (For example, is a course taken 2 and 1/2 years ago still applicable to applying for a permit?) Will a recertification be required, and if so, how often?

Thank you,  
Smita Sabharwal DDS

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 9:51 AM  
**To:** dkallas@drkallas.com  
**Subject:** RE: Permit  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Francesca:

The application and instructions for obtaining a permit are available in the "Forms and Applications" tab at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

Only the dentist who administers the sedation or anesthesia is required to hold a permit.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

-----Original Message-----

**From:** [dkallas@drkallas.com](mailto:dkallas@drkallas.com) [<mailto:dkallas@drkallas.com>]  
**Sent:** Thursday, September 20, 2012 12:00 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Permit

Good Morning Director Reen,

My name is Francesca Pregano, I am the office manager of a dental office in Vienna, VA. I would like to know how we can obtain the permit required for conscious/moderate sedation. Our periodontist prescribes a medication (Halcion) for conscious sedation.

My second question is, will he need the permit only? or will the owner need the permit for the drug to be used in the facility?

Please let me know at your earliest convenience.

I appreciate your time.

Thank you,

Francesca

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 12:16 PM  
**To:** Carol Beland  
**Subject:** RE: Certification courses  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Ms. Beland:

There are 2 options for meeting the training requirement for ancillary personnel in 18VAC60-20-135 which I have provided below with the "or" highlighted:

~~After June 29, 2006, dentists~~ Dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious/moderate sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

1. Minimal training resulting in current certification in basic resuscitation techniques, with hands-on airway training for healthcare providers, such as Basic Cardiac Life Support for Health Professionals or ~~an approved~~, a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; **or**
2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

The Board does not maintain any listing of courses so you may want to check the offerings of the ADA, AGD, AAMOS and ADSA.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Carol Beland [<mailto:CBeland@amdpi.com>]  
**Sent:** Thursday, September 20, 2012 1:06 PM  
**To:** Reen, Sandra (DHP)  
**Cc:** [drsynnott@verizon.net](mailto:drsynnott@verizon.net)  
**Subject:** Certification courses

Good afternoon Ms. Reen,  
My oral surgeon just brought in a notification of the new requirements to administer Conscious/Moderate sedation effective 03/31/2013. He is fully covered as a diplomate with AAOMS, but I have a concern regarding my two assistants. As you know, Virginia has no dental assisting schools so most of our assistants are not certified. I see in the legislation

that the oral surgeon's assistants but be certified by the AAOMS or ADSA. Would you be able to provide me with locations/contacts of where this course is being held in the state of Virginia? I'll get them registered as soon as I can. Thank you so much for your help!!  
Carol

Carol Beland  
Practice Manager

Fusion Dental  
11503 Sunrise Valley Dr.  
Reston, VA 20191-1505  
Tel: 703-437-5700 | Fax: 703-391-8828 | Email: [CBeland@amdpi.com](mailto:CBeland@amdpi.com)

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## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 5:12 PM  
**To:** anh tran  
**Subject:** RE: IV sedation certifications for dental offices.  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Tran:  
My answers are noted below each of your questions.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** anh tran [<mailto:olympicpc@gmail.com>]  
**Sent:** Sunday, September 23, 2012 1:02 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** IV sedation certifications for dental offices.

Dear Mrs. Reen:

I am an office based anesthesiologist providing IV sedation services to 20 pediatric dentists in Northern Va. Most of the dentist use my services as needed on a regular basis like once a month. And in most offices, oral sedation by the dentist is not even offered to patients. I do like you to clarify the following issues raised by the dentists:

1- Does each of the dental office still need certification/ inspection if I am providing exclusive anesthesia services. The dentist is not directly administering the sedation? Essentially, am I and the dentist excluded from the regulations if this is the case like an oral surgeon? As part of the sedation services, we bring in all the emergency supplies and equipment and monitors for every sedation so the dentist don't have the burden of keeping and monitoring items he or she may not be familiar with.

RESPONSE: If a dentist never administer conscious/moderate sedation, deep sedation or general anesthesia, he is not required to obtain a permit. The Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist. The exemption for oral and maxillofacial surgeons only applies to oral and maxillofacial surgeons. Since you are a licensed physician, you are required to comply with the regulations for Office-Based Anesthesia of the Board of Medicine.

2-If the office still need to be certified, then which certification application does the dentist needs to apply for? Permits are only issued to dentists.

3- As you may already be aware, I can not transport controlled drugs from my office to a dental office per DEA DIRECTIVE. Similar to an surgical center or a hospital, or in the event the oral surgeon coming to another dental office for a wisdom teeth extraction under sedation, most drugs are provided by the facility, not purchased by the anesthesiologist, even though we are administering it. Under this case, could the dentist purchase the controlled drugs, even though I would be administering it? Otherwise, I would have to obtain 25

DEA licences- one for each office I go to? At 600.00 dollars per licences for every 3 years or so, that would put a tremendous additional cost to the business and ultimately to patients as well.

RESPONSE: I am not aware of a state law or regulation that responds to you question about who should purchase and maintain drugs when a dentist is delegating administration of sedation or general anesthesia to an anesthesiologist.

You might consider contacting the Drug Enforcement Administration, the Board of Medicine and the Board of Pharmacy regarding your practice.

I appreciate your assisting in this matter. My dentists' client and I are committed in complying with the regulations as soon as possible. Thank you.

--

Anh Tran MD

Phone: 571 234 1964

Cell: 571-243-4451

Fax: 703-991-8761

Email: [Olympicpc@gmail.com](mailto:Olympicpc@gmail.com)

12359 Sunrise Valley Dr

Unit 330

Reston Va 20191

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Wednesday, September 26, 2012 3:45 PM  
**To:** Shenandoah Valley Implant Institute  
**Subject:** RE: Regulations Involving Sedations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Saunders:

The Board does not use the term light sedation and has no guidance available regarding its meaning and application. Please consider the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" which are defined in 18VAC60-20-10 of the Emergency Regulations.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide where your practices fall within the scope of the regulations.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Shenandoah Valley Implant Institute [mailto:sviiimplants@yahoo.com]  
**Sent:** Thursday, September 20, 2012 4:13 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Regulations Involving Sedations

Dear Mrs. Reen,

I am writing to you in reference to the regulations involving sedation/anesthesia permits. I have read the regulations on page 13 to include moderate to conscious sedation, however it does not specify whether it applies to light sedation. I contacted the Virginia Board of Dentistry and have been advised to contact you by email. Please clarify as to whether these regulations apply to light sedation. Any additional information you may have would be greatly appreciated.

Sincerely,

Victor G. Saunders, D.D.S.  
Shenandoah Vally Implant Institute

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Thursday, September 27, 2012 3:08 PM  
**To:** Givens@vadental.org  
**Subject:** FW: Please review  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Laura:  
I've noted my responses following your questions below.  
Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Laura Givens [mailto:[Givens@vadental.org](mailto:Givens@vadental.org)]  
**Sent:** Monday, September 24, 2012 1:01 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** OMS Questions Re: New Emergency Regulations

Good afternoon Sandy,

I had emailed you last week regarding the letter that was sent to all dentists about the Emergency regulations on permits for administering anesthesia. I have several questions regarding the requirements for AAOMS members. I know you have been out of the office so I thought maybe an email would be better than bothering you with a phone call. Please see my questions below.

1. Some of the OMSs of course have more than one office location. Can they make photo copies of their AAOMS certificates to post in the additional offices or do they need an original copy for each?

RESPONSE: Yes, photocopies are permissible.

2. Do the OMSs need any other documentation to provide the Board with other than this certificate? (i.e. copy of evaluation form). This is important to know as I will need to provide each doctor with a copy of this form since I keep them on file.

RESPONSE: Sometime after March 31, 2013, the list of registered oral and maxillofacial surgeons will be reviewed to determine who did not obtain a permit. Those licensees will be asked to send in the results of their most recent AAOMS office examination results.

3. AAOMS gives VSOMS the authority to waive exams for members who are full-time faculty members in a teaching institution (those who are on faculty at VCU) and those members who are full-time in a federal service facility. I've attached that form. Will these members now need to complete the exam through us to be exempted from the permit regulations?

RESPONSE: In keeping with the exemption in §54.1-2701 of the Code of Virginia, the Dentistry Chapter and therefore the requirement to hold a sedation or general anesthesia permit does not apply to any dentist of the United States Army, Navy, Coast Guard, Air Force, Public Health Service or Veterans Administration. There is no exemption for faculty members at teaching institutions so they will either need to qualify for the AAMOS exemption or obtain a permit.

4. We (VSOMS) give new members 2 years from the date they join to complete and pass the anesthesia exam. Will we need to change this deadline to abide by these requirements?

RESPONSE: Until such time as an OMS meets both requirements for the exemption – membership in AAOMS and is able to provide the Board with the results of an AAOMS periodic office examination – an OMS is required to obtain a permit from the Board by March 31, 2013 in order to continue administering conscious sedation, deep sedation or general

anesthesia. VSOMS has full discretion in deciding whether to change its policy in this matter. In making a decision, your membership might want to consider that the Emergency Regulations for Sedation/Anesthesia Permits include provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation. These sections permit dentists who are not qualified or who do not hold a permit to use the services of a qualified dentist who holds a permit, an anesthesiologist or in certain circumstances the services of a certified registered nurse anesthetist.

Our exam process is administered through VSOMS (me) so I have received the above questions many times over in the past week from VSOMS members. I have informed them that I will make sure everyone has all of the necessary documentation so they are able to get their ducks in a row well-before the March 31, 2013 deadline. I first need these questions answered so I know how to help them. If there is any additional information that you feel I should share with the VSOMS members to clarify their requirements, please let me know.

Thanks so much for your help in advance.

Best regards,  
Laura

Laura Givens  
Executive Secretary  
Virginia Society of Oral & Maxillofacial Surgeons  
3460 Mayland Ct., Ste. 110  
Richmond, VA 23233  
(P) 804-523-2185  
(F) 804-288-1880

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Thursday, September 27, 2012 4:21 PM  
**To:** cribaby@gmail.com  
**Subject:** FW: Please review  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Dr. Morgan:

The Emergency Regulations only set a delayed date for obtaining a permit. All other provisions went into effect on September 14, 2012. Please note that the Board announced that these regulations were pending implementation in the August 2011, January 2012 and August 2012 editions of BRIEFS (the Board's biannual newsletter) which were sent to licensees via e-mail.

You should come into compliance with the regulations applicable to your practices as soon as possible. Should the Board receive a complaint against you in the interim, it will take into consideration whether or not you took reasonable action to be in compliance.

You state that your office does minimal sedation so I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide where your practices fall within the scope of the regulations. Please note that the General Provisions in 18VAC60-20-107 of the Emergency Regulations do apply to all levels of sedation.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

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**From:** Pam Morgan [<mailto:cribaby@gmail.com>]  
**Sent:** Thursday, September 20, 2012 1:36 PM  
**To:** Reen, Sandra (DHP)  
**Cc:** Tom and Christy Hubbard/Hamlin  
**Subject:** Virginia Board of Dentistry

Ms. Reen,

We received the notification in our office yesterday in regards to the new requirements for sedation in the dental office. Our pediatric dental office does a minimal sedation and will need to make some significant changes to our office policies to become compliant with the prescribing and administration of medications in the office instead of out of the office. Do we have until March 31, 2013 to become fully compliant with the change? The letter states these emergency regulations go into effect on September 14, 2012, yet we received notification just this week.

Thank you in advance for clarification,  
Pamela Morgan, DDS

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Thursday, September 27, 2012 9:51 AM  
**To:** Eliot Bird  
**Subject:** RE: emerg regs  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Bird:

Please consider the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 of the Emergency Regulations and apply these terms and the associated regulations to your practice.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide where your practices fall within the scope of the regulations.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Eliot Bird [mailto:etbird2@msn.com]  
**Sent:** Monday, September 24, 2012 12:24 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** emerg regs

With regard to the recent emergency regulations mailed out by the Board of Dentistry, does this include the use of N2O2 in conjunction with local anesthetic without the use of any additional analgesics?

Thanks

Eliot Bird DDS

## Reen, Sandra (DHP)

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**From:** Chris Houser [drhouser@hotmail.com]  
**Sent:** Thursday, September 27, 2012 11:48 AM  
**To:** Reen, Sandra (DHP)  
**Subject:** RE: Question

**Importance:** Low

Sandra,

Thank you for your response. I would just like to make a recommendation to the board to clarify their definition of minimal and conscious/moderate sedation - I find them to be very ambiguous. The only difference that I could infer was that conscious/moderate sedation **may** (but not necessarily) require tactile stimulation in order to obtain a response to a verbal command.

Sincerely,  
Dr. Houser

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**From:** [Sandra.Reen@DHP.VIRGINIA.GOV](mailto:Sandra.Reen@DHP.VIRGINIA.GOV)  
**To:** [drhouser@hotmail.com](mailto:drhouser@hotmail.com)  
**Subject:** RE: Question  
**Date:** Wed, 26 Sep 2012 17:13:03 +0000

Hi Dr. Houser:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide whether or not you are required to hold a permit.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

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1. Medications used, the appropriate dosages and the potential complications of administration.
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B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
  2. Positive pressure oxygen.
  3. Mechanical (hand) respiratory bag.
- C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist

shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.

2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.

3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Chris Houser [mailto:[drhouser@hotmail.com](mailto:drhouser@hotmail.com)]

**Sent:** Thursday, September 20, 2012 2:39 PM

**To:** Reen, Sandra (DHP)

**Subject:** Question

Sandra,

I'm having a hard time figuring out the difference in the board's definitions of "conscious/moderate sedation" and "minimal sedation".

I use enteral Halcion (Triazolam) for dental phobic patients on a few occasions per year. The dosage I prescribe normally produces what I would characterize as a minimal sedation.

Please advise.

Dr. Chris Houser

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, October 01, 2012 10:04 AM  
**To:** 'Dr Sklar Dental Office'  
**Subject:** RE: new conscious/moderate sedation guidelines  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Sklar:

As stated on the first page, the Emergency Regulations are effective from 9/14/12 to 9/13/13. The Administrative Process Act does permit the Board to request a six month extension if we are unable to complete work on the final regulations in the one year time-frame.

The Emergency Regulations only set a delayed date for obtaining a permit. All other provisions went into effect on September 14, 2012. Please note that the Board announced that these regulations were pending implementation in the August 2011, January 2012 and August 2012 editions of BRIEFS (the Board's biannual newsletter) which were sent to licensees via e-mail.

You should come into compliance with the regulations applicable to your practices as soon as possible. Should the Board receive a complaint against you in the interim, it will take into consideration whether or not you took reasonable action to be in compliance.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Dr Sklar Dental Office [<mailto:office@drsklar.com>]  
**Sent:** Friday, September 28, 2012 12:06 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** RE: new conscious/moderate sedation guidelines

Sandra

Thank you for your response and for offering to share our concerns with the Board as it works on final regulations. Does that mean that the regulations outlined in the statute are only temporary? Do the guidelines in the statute go into effect immediately or as of April 2013? While we already implement most of what has been outlined, we want to be sure we comply with the new stipulations that have been added.

Thank you,

Andrew M Sklar, DDS.  
703-931-3141

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**From:** Reen, Sandra (DHP) [<mailto:Sandra.Reen@DHP.VIRGINIA.GOV>]  
**Sent:** Wednesday, September 26, 2012 3:33 PM  
**To:** Dr Sklar Dental Office  
**Subject:** RE: new conscious/moderate sedation guidelines  
**Importance:** Low

Hi Dr. Sklar:

Yes, the requirement is that both the dentist and a second person must be with the patient throughout the dental procedure. I appreciate knowing of your concern and will share it with the Board as it works on final regulations.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Dr Sklar Dental Office [mailto:[office@drsklar.com](mailto:office@drsklar.com)]  
**Sent:** Thursday, September 20, 2012 3:38 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** new conscious/moderate sedation guidelines

Dear Sandra-

I have received and read the copy of the statute and believe I understand most of it. I will download the application for a permit and send that in as soon as possible. I assume there will be instructions on the dhp website as to where to send the application.

I do have a question and concern regarding the monitoring requirements. It has always been a requirement that the sedation patient not be left alone at any time. But I see that the monitoring requirements in the new statute specifies that BOTH the doctor and the second person assisting must be in the operatory throughout the dental procedure. Does that really mean the doctor cannot leave the room at any time, even during a long (sometimes several hour) procedure? This seems unreasonable and also potentially more risky for the patient than giving the doctor a needed break while leaving the patient in the care of the assistant.

Thank you for your input and assistance.

Sincerely,

Dr. Andrew M Sklar

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, October 01, 2012 9:43 AM  
**To:** 'mspedo1@gmail.com'  
**Subject:** FW: "emergency regulations" code 54.12709.5  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Dr. Hamlin:

Thank you for reporting your concern about the Emergency Regulations for Sedation/Anesthesia Permits. The Board of Dentistry reviewed multiple national standards in deciding how to update its regulations in the areas of sedation and anesthesia. One of the documents considered was the 2006 – 2007 Reference Manual, Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, which was developed and endorsed by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry. These guidelines begin with the following statement which is repeated in the text of the guidelines: "The safe sedation of children for procedures requires a systematic approach that includes the following: no administration of sedating medication without the safety net of medical supervision, careful pre-sedation evaluation for underlying medical or surgical conditions ....."

In the coming months, the Board will announce a public comment period before final promulgation of these emergency regulations. I am having you added to our public participation list so you might receive notice of the opportunity to submit your comments at that time.

The Emergency Regulations do not address particular drugs and do not permit making an assumption that a particular drug at a particular dose will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 of the emergency regulations and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

Please note that the general provisions in 18VAC60-70-107 of the emergency regulations apply to all levels of sedations. I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia (minimal sedation) which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide where your practices fit in the scope of the regulations.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.

3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.

2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.

3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** chris hamlin [mailto:mspedo1@gmail.com]  
**Sent:** Wednesday, September 26, 2012 5:11 PM  
**To:** Board of Dentistry  
**Subject:** "emergency regulations" code 54.12709.5

Dear Dr. Reynolds-Cane and Ms. Reen,

While I applaud your efforts to stem potential dental disasters in pediatric dental offices by limiting the prescribing of medications for sedation for children under the age of 12, some clarifications are in order. Our office only prescribes Hydroxyzine or Diazepam, and never together. It is important that we be able to prescribe these medications, to give to the child in the comfort of the child's home an hour before the appointment. Hydroxyzine and Diazepam have a wide margin of safety, as any PDR, or Handbook of Pediatric Drug Therapy will attest. We do not administer any other medications in our office, but do administer Nitrous Oxide.

The children that have experienced morbidity in the dental office, have been administered Chloral Hydrate in conjunction with other medications, delivered IN the dental office. So an attempt to limit the prescribing of drugs for sedation to be taken prior to child's arrival in the office will do nothing to prevent these problems from occurring. It will only add another layer of expense for the patient, more time for the child and parent to remain in the dental office and another layer of complications related to patient flow in the office.

I ask that the effectiveness and safety of Hydroxyzine and Diazepam, as prescribed as antianxiety agents for children under the age of 12, to be taken prior to the arrival in the dental office, be reviewed. Please advise if these two agents fall outside of the regulations.

Thank you.

Sincerely,

Christopher Hamlin, DDS  
Board Certified by the American Board of Pediatric Dentistry  
Adjunct Faculty in the Dept of Pediatric Dentistry, MCV-VCU  
Active Staff of Children's Hospital of the King's Daughters, Norfolk, VA

## Yeatts, Elaine J. (DHP)

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**From:** Michele Satterlund [MSatterlund@macbur.com]  
**Sent:** Monday, October 01, 2012 4:09 PM  
**To:** Douglas, Jay P. (DHP); Yeatts, Elaine J. (DHP)  
**Subject:** BOD Draft Regs

Jay & Elaine,

I am reviewing the proposed draft anesthesia permitting regs for dentists. See Town Hall notice below.

If I read the draft language correctly, it appears that a dentist may delegate the administration of conscious/moderate sedation to the following personnel (see draft language under 18VAC60-20-120 (H) 2 ):

- Dentist with specific training
- Anesthesiologist
- CRNA
- Registered Nurse

The BOD Guidance Document 60-13 does not include RNs as a qualified provider of conscious sedation, so the draft regulatory language is a change that VANA does not believe falls within an RN's scope of practice.

While VANA plans to comment on this, I also wanted to apprise the BON of this draft regulatory change.

### The following regulatory stages have been submitted for publication in the Virginia Register

Board of Dentistry	
<b>Agency</b>	Department of Health Professions
<b>Chapter</b>	Regulations Governing Dental Practice (18 VAC 60-20)
<b>Action</b>	Sedation and anesthesia permits for dentists
<b>Stage</b>	Emergency/NOIRA
<b>Comment Period</b>	10/08/2012 - 11/07/2012
<b>Effective Date</b>	9/14/2012
<a href="#">More details on this stage</a>	

You are signed up for the automatic e-mail notification service provided by the Virginia Regulatory Town Hall. If you no longer wish to receive these messages, visit the Town Hall to modify your preferences or remove your account.  
<http://TownHall.virginia.gov/L/PublicLogin.cfm>

Please address any questions or comments to [Rachael.Harrell@dpb.virginia.gov](mailto:Rachael.Harrell@dpb.virginia.gov).

Michele L. Satterlund  
Macaulay & Burtch, P.C.  
1015 East Main Street  
Richmond, VA 23219

Mailing Address:  
P.O. Box 8088  
Richmond, VA 23223

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, October 01, 2012 12:21 PM  
**To:** 'Hazem Seirawan'  
**Subject:** Conscious moderate sedation permit  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Seirawan:

For the administration of conscious/moderate sedation, the suction apparatus is the standard suctioning equipment a dentist uses in an operatory during dental procedures. The point in listing it in 18VAC60-20-120.I of the regulations, as required emergency equipment, is to be clear that a suction apparatus, whether it is stationary or portable, must be immediately available to the areas where patients will be sedated and will recover as well as during treatment.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

-----Original Message-----

**From:** Hazem Seirawan [<mailto:mhseirawan@gmail.com>]  
**Sent:** Friday, September 21, 2012 3:54 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Re: Automatic reply: Conscious moderate sedation permit

Dear Sandra:

With regard to the new emergency requirements for moderate conscious sedation: What exactly meant by suction apparatus? Thank you very much!

Mouhammad Hazem Seirawan, DDS, MPH, MS

On Wed, Sep 19, 2012 at 1:11 PM, Reen, Sandra (DHP)

<[Sandra.Reen@dhp.virginia.gov](mailto:Sandra.Reen@dhp.virginia.gov)> wrote:

> I am not in to respond to your message personally. I will return to my  
> office on Monday, September 24, 2012 and will respond shortly thereafter.  
> You might forward your message to [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) or call  
> 804-367-4538 for assistance in my absence. Sandra K. Reen Executive  
Director  
> Virginia Board of Dentistry

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Monday, October 01, 2012 10:16 AM  
**To:** Karen Wallace  
**Subject:** RE: Sedation question  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Ms. Wallace:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

Licensees are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then are responsible for applying these terms and the associated regulations to their practice. I hope the following regulation (18VAC60-20-107.D.) will underscore the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as licensees decide where their practices fall within the scope of the regulations and whether or not they are required to hold a permit.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Karen Wallace [mailto:kwallace@herbertdentalgroup.com]  
**Sent:** Friday, September 28, 2012 12:33 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Sedation question

Dear Ms. Reen,

Good afternoon. We have received the Board's Emergency Regulation document regarding dental sedation and need to confirm that the use of Halcion falls within the Minimal sedation distinction according to the Board's definitions, reiterated below.

"Minimal sedations means a minimally depressed level of consciousness, produced by a pharmacological method, which 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, ventilator and cardiovascular functions are unaffected."

"Conscious/moderate sedation means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained."

Thank you for your time.

Best regards,  
Karen Wallace

*Karen L. Wallace*



DRS. AMANDA BROWN & WALTER COLLARD  
2 Cardinal Park Drive SE  
Suite 201A  
Leesburg, VA 20175  
703-777-8777 phone  
703-777-6901 fax

[www.herbertdentalgroup.com](http://www.herbertdentalgroup.com)

*Please consider the environment before printing this e-mail.*

## Reen, Sandra (DHP)

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**To:** Shepherd Sittason, D.D.S.  
**Subject:** RE: Sedation Permits

**Importance:** Low

Hi Dr. Sittason:

Yes, an electrocardiographic monitor (often abbreviated as an EKG) is required for the administration of conscious/moderate sedation.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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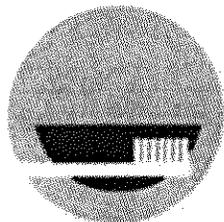
**From:** Shepherd Sittason, D.D.S. [<mailto:ssittason@smilelynchburg.com>]  
**Sent:** Wednesday, October 03, 2012 4:53 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Sedation Permits

Sandra Reen,

Confirming that an EKG monitor is required for Moderate Conscious Sedation ?

Thanks,  
Shep

*Shepherd Sittason, D.D.S.*



Children's  
Dentistry &  
Orthodontics  
of Lynchburg

105 Paulette Circle  
Lynchburg, VA 24502  
**Phone (434) 237-0125**  
**[www.smilelynchburg.com](http://www.smilelynchburg.com)**  
Fax (434) 237-0498

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Friday, October 05, 2012 5:37 PM  
**To:** 'Jerry Canaan'  
**Subject:** Emergency Regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** High

Hi Jerry:  
Please see my responses following the comments/questions below.  
Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4437

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**From:** Jerry Canaan [mailto:jcanaan@hdjn.com]  
**Sent:** Thursday, October 04, 2012 9:30 AM  
**To:** Reen, Sandra (DHP)  
**Subject:** question about emergency sedation regs

Sandy,

Below is an email from a client with a question about the regs. I told the client to email you directly, that you don't bite, and you would answer the question. But the client is afraid to do so....alas, I send the questions to you for comment and I will then forward to my client. Thanks.

Jerry

" I have been reading the new emergency regulations by the Board and there are a few confusing aspects. My confusion centers around delegation of administration of conscious sedation.  
18VAC60-20-120

H.

2.
  - a. A dentist with the training required by subsection D ( should this be E) to administer by an enteral method **RESPONSE:** Yes. The document on the Board's web site, [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry), has been corrected.
  - b. A dentist with the training required by subsection C ( should this be D) to administer by any method **RESPONSE:** Yes, see response above.

Is the essence I can delegate to another DDS only up to the level of his training. **RESPONSE:** So long as both dentists hold a permit which authorizes him to administer, the answer is yes. Please note that dentists who hold a permit for deep sedation/general anesthesia automatically qualify to administer conscious/moderate sedation, see 18VAC60-20-120.B. If another DDS is trained to my level or above he can practice to the level of his training. **RESPONSE:** Subsection 2 of 18VAC60-20-120.H requires the delegating dentist to be qualified to administer moderate/conscious sedation so it should be noted that for the purposes of this section "qualified" includes holding a permit. With that understood and factored in this statement would be correct if you added in keeping with the permit held.

d. CRNAs Does this sentence mean that a CRNA can only administer to the trained level of the DDS?  
**RESPONSE:** Yes

If I have an associate or partner DDS and they are not qualified for any level of sedation can I have a CRNA administer for a patient they are working on if it is done under my medical direction and indirect supervision. Indirect supervision

meaning that I have to be in the office or on the premises for direction or assistance if needed. I do not have to be the treating clinical DDS. In other words the treatment team would consist of the other DDS and CRNA. I would just need to be there for medical direction and on the premises? **RESPONSE: No, The Emergency Regulations at 18VAC60-20-120.H subsection 1 clearly states that a dentist not qualified to administer shall only use the services of a permitted dentist or an anesthesiologist to administer conscious/moderate sedation in a dental office.**

This section is a little confusing the way it is worded. I am asking because I have considered a possible merger with a neighboring DDS. If done under my direction we could have a CRNA sedate her patient at the same time I have a patient, but I would be accessible at any given time."

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## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Friday, October 05, 2012 10:25 AM  
**To:** 'Dr Sklar Dental Office'  
**Subject:** RE: new conscious/moderate sedation guidelines  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Sklar:

Unfortunately, I am unable to expand upon the regulation so you will need to rely on the requirement as stated and your own judgment. As indicated previously, I will share your concern with the Board as it works on final regulations.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Dr Sklar Dental Office [<mailto:office@drsklar.com>]  
**Sent:** Friday, September 28, 2012 4:20 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** RE: new conscious/moderate sedation guidelines

Sandra,

Another question occurred to me. How is the statute defining "dental procedure"? If the treatment consists of several "procedures" (e.g. several crowns, an extraction, etc.), can the Dr. leave the operatory, if necessary, between "procedures" leaving the sedated patient in the care of the assistant? Or is "the dental procedure" considered the entire time the patient is sedated?

Thanks again,  
Dr. Sklar

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**From:** Reen, Sandra (DHP) [<mailto:Sandra.Reen@DHP.VIRGINIA.GOV>]  
**Sent:** Wednesday, September 26, 2012 3:33 PM  
**To:** Dr Sklar Dental Office  
**Subject:** RE: new conscious/moderate sedation guidelines  
**Importance:** Low

Hi Dr. Sklar:

Yes, the requirement is that both the dentist and a second person must be with the patient throughout the dental procedure. I appreciate knowing of your concern and will share it with the Board as it works on final regulations.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Dr Sklar Dental Office [<mailto:office@drsklar.com>]  
**Sent:** Thursday, September 20, 2012 3:38 PM

**To:** Reen, Sandra (DHP)

**Subject:** new conscious/moderate sedation guidelines

Dear Sandra-

I have received and read the copy of the statute and believe I understand most of it. I will download the application for a permit and send that in as soon as possible. I assume there will be instructions on the dhp website as to where to send the application.

I do have a question and concern regarding the monitoring requirements. It has always been a requirement that the sedation patient not be left alone at any time. But I see that the monitoring requirements in the new statute specifies that BOTH the doctor and the second person assisting must be in the operatory throughout the dental procedure. Does that really mean the doctor cannot leave the room at any time, even during a long (sometimes several hour) procedure? This seems unreasonable and also potentially more risky for the patient than giving the doctor a needed break while leaving the patient in the care of the assistant.

Thank you for your input and assistance.

Sincerely,

Dr. Andrew M Sklar

## Reen, Sandra (DHP)

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**To:** amiv  
**Subject:** RE: Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

**Importance:** Low

Hi Dr. McMillan:

Since the Virginia Board of Dentistry does not review and approve courses, I am unable to give you a definitive answer. Please review the course content being offered to determine that it is a clinically oriented course devoted primarily to responding to clinical emergencies. It might be helpful to compare the course content being offered to the content typically included in hands-on basic resuscitation training to assist you in making a decision.

You should also verify that DOCS is an approved sponsor as addressed in 18VAC60-20-50.C of the **Regulations Governing Dental Practice** which I have provided below. This section of the regulations was not changed so it is not included in the **Emergency Regulations**. Please note that providers who are recognized by the American Dental Association as being a CERP approved provider or by the Academy of General Dentistry as a PACE approved provider are accepted by the Board.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

### **18VAC60-20-50. Requirements for continuing education.**

C. Continuing education credit may be earned for verifiable attendance at or participation in any courses, to include audio and video presentations, which meet the requirements in subsection B of this section and which are given by one of the following sponsors:

1. American Dental Association and National Dental Association, their constituent and component/branch associations;
2. American Dental Hygienists' Association and National Dental Hygienists Association, their constituent and component/branch associations;
3. American Dental Assisting Association, its constituent and component/branch associations;
4. American Dental Association specialty organizations, their constituent and component/branch associations;
5. American Medical Association and National Medical Association, their specialty organizations, constituent, and component/branch associations;
6. Academy of General Dentistry, its constituent and component/branch associations;
7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;
8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Health Care Organizations;
9. The American Heart Association, the American Red Cross, the American Safety and Health Institute and the American Cancer Society;
10. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;
11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);
12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic and Research Foundation;

14. The Dental Assisting National Board; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

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**From:** amiv [mailto:amiv@smileeasy.com]

**Sent:** Thursday, October 04, 2012 8:02 AM

**To:** Reen, Sandra (DHP)

**Subject:** RE: Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

Thanks, Sandra,

As a member of the Dental Organization for Conscious Sedation, I have been in discussion with them about getting my assistants properly certified to satisfy the new regulations. They assure me that their three day chairside assistant certification course should meet the guidelines put forth in the new regulations set to take effect next year.

Before I proceed down this pathway, I wanted to find out if the Board indeed recognizes the course that DOCS provides, and if having my assistants take it will satisfy the new regulations.

Thanks,

**Alex McMillan IV, DDS**

**McMillan & Associates**  
6035 Burke Centre Pkwy Suite 330  
Burke, VA 22015  
Phone 703-503-9490  
Fax 703-503-3083

**McMillan & Associates**  
831 South Washington Street  
Alexandria, VA 22314  
Phone 703-549-3300  
Fax 703-549-0555

**[amiv@smileeasy.com](mailto:amiv@smileeasy.com)**

**Like us on Facebook! <http://facebook.com/McMillanandAssociates>**

**OR**

**Leave a Google Review! <http://g.co/maps/jz7r8>**

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**From:** Reen, Sandra (DHP) [Sandra.Reen@DHP.VIRGINIA.GOV]

**Sent:** Friday, September 28, 2012 4:46 PM

**To:** amiv

**Subject:** RE: Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

Hi Dr. McMillan:

Dental assistants are subordinate to a dentist and therefore are ancillary personnel so if they are assisting in the administration and monitoring patients under conscious/moderate sedation 18VAC60-20-135 does apply.

Please note that the administration team for conscious sedation is required by 18VAC60-20-120.J (bottom of page 13 of 15) to consist of the operating dentist and a second person to assist, monitor and observe the patient.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** amiv [mailto:amiv@smileeasy.com]  
**Sent:** Monday, September 24, 2012 5:22 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** RE: Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

Thanks for your response.

I would like to bother you with one final question in the general provisions doc that I wasn't certain about, and that dealt with the item on page 14, "Ancillary Personnel". I am interpreting that to refer to someone other than a dental assistant, as I don't involve them with assisting in the administration or monitoring of any of my sedation procedures. They assist with dental procedures only, and either the anesthesiologist, in deep sedation cases, or myself, in conscious/moderate sedation cases are the individuals administering and monitoring. Am I correct in this assumption, and that I won't have to run out and get my assistants additional training beyond BLS so they can work with me in these cases? Thanks again for your time and help with this,

**Alex McMillan IV, DDS**

**McMillan & Associates**  
6035 Burke Centre Pkwy Suite 330  
Burke, VA 22015  
Phone 703-503-9490  
Fax 703-503-3083

**McMillan & Associates**  
831 South Washington Street  
Alexandria, VA 22314  
Phone 703-549-3300  
Fax 703-549-0555

**[amiv@smileeasy.com](mailto:amiv@smileeasy.com)**

Like us on Facebook! **<http://facebook.com/McMillanandAssociates>**  
OR

Leave a Google Review! **<http://g.co/maps/jz7r8>**

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**From:** Reen, Sandra (DHP) [Sandra.Reen@DHP.VIRGINIA.GOV]  
**Sent:** Monday, September 24, 2012 4:45 PM  
**To:** amiv  
**Subject:** RE: Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

Hi Dr. McMillan:

The only relevant record the Board of Dentistry might have is a supplemental notation that would have been added in 1989 to record that a dentist self-certified that he administers general anesthesia or conscious sedation. Such a self-certification will allow a dentist to apply for a temporary conscious/moderate sedation permit. I have checked your records and there is no record that you self-certified.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** amiv [mailto:amiv@smileeasy.com]  
**Sent:** Monday, September 17, 2012 3:50 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Notice of Requirements to Admin Conscious/Moderate Sedation/Deep Sedation/GA in a Dental Office

Hi Sandra,

I received the notification for requirements in today's mail.

As I am quite certain you will be inundated with questions with the notification, I wanted to try to get ahead of the curve with some of the requirements and registration circumstances.

In particular, I know that some 6-7 years ago when the state began to be aware of dentists providing oral conscious sedation and beyond in their offices, there was some movement to establish operating parameters. A former colleague of mine even went to Richmond to testify to the Board of Dentistry with some representatives of the Dental Organization for Conscious Sedation (DOCS). As I recall, the outcome was that any dentist in the state practicing with oral conscious sedation, whether in the conscious or moderate form would have to show certification of completion of adequate training, with the DOCS model of training being an informal guideline, along with ACLS certification. That was pretty much it until now.

My question for you, because I don't recall if a registration for those of us practicing oral conscious sedation back then was made or not, is if I have any registration with the Board beyond standard licensure which might pertain to this particular issue. If for nothing else but to save the time of having to send some form of training completion along with the other work these new requirements entail, I would appreciate any additional information you could provide. Thank you very much,

**Alex McMillan IV, DDS**

**McMillan & Associates**  
6035 Burke Centre Pkwy Suite 330  
Burke, VA 22015  
Phone 703-503-9490  
Fax 703-503-3083

**McMillan & Associates**  
831 South Washington Street  
Alexandria, VA 22314  
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**[amiv@smileeasy.com](mailto:amiv@smileeasy.com)**

Like us on Facebook! **<http://facebook.com/McMillanandAssociates>**

or

Leave a Google Review! **<http://g.co/maps/jz7r8>**

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, October 09, 2012 3:26 PM  
**To:** P Lotfi D.M.D.  
**Subject:** RE: sedation permit  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Lotfi:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide whether or not you are required to hold a permit.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

---

**From:** P Lotfi D.M.D. [<mailto:plotfi001@gmail.com>]  
**Sent:** Tuesday, October 09, 2012 12:21 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** sedation permit

Dear Ms. Reen,

I am a general dentist in woodbridge, virginia, I have completed the D.O.C.S. sedation course, and have so far met the virginia requirements to perform oral conscious sedation. My patients are always minimally sedated, and always monitored with pulseox/blood pressure monitor system. I recently received the notice of requirements to administer conscious/moderate sedation. I am confused by the definition and distinction of minimal sedation vs moderate sedation. Im not sure if my protocol requires a permit. I do not perform IV sedation. I do not administer, dispense more than .25mg of halcion prior to the apt.

please advise.

Regards.

Patrick P. Lotfi DMD

## Reen, Sandra (DHP)

---

**From:** Reen, Sandra (DHP)  
**Sent:** Tuesday, October 09, 2012 2:22 PM  
**To:** 'Daniel Yeager'  
**Subject:** RE: Conscious Sedation Regulations  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Yeager:

Thank you for your recommendations for amending the regulations. I will share them with the Board as adoption of final regulations is considered. I am adding you to the Board's public participation list so we might notify you of the upcoming public comment opportunity.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Daniel Yeager [<mailto:yeagerdj@gmail.com>]  
**Sent:** Monday, October 08, 2012 10:23 AM  
**To:** Reen, Sandra (DHP)  
**Subject:** Re: Conscious Sedation Regulations

Dear Mrs. Reen:

I have several questions concerning the emergency requirements for the administration of conscious/moderate sedation, as provided by the board on 9/12/12. I have been trained for Oral Sedation Dentistry by enteral administration only, and would like some clarification on the regulations.

18VAC60-20-120 governs conscious/moderate sedation as a whole, and standardizes monitoring for the route of administration by intravenous and enteral administration only.

1. Subsection I requires an electrocardiogram monitor.
2. Subsection J requires the operating dentist to remain in the operatory throughout the dental procedure.

I would like to submit to the Board for consideration an amendment to these monitoring requirements:

1. For conscious/moderate sedation by intravenous administration:
  - Patient monitoring must include an electrocardiographic monitor with pulse oximetry and blood pressure.
  - The operating dentist and certified ancillary personnel must remain in the operatory throughout the dental procedure.
2. For conscious/moderate sedation by enteral administration only:
  - Patient monitoring must include pulse oximetry with blood pressure.
  - The operating dentist may leave the operatory during the dental procedure, but not the premises. A certified ancillary personnel must remain with the sedated patient when the operating dentist is not present in the operatory.

Thank you in advance for your consideration.

Sincerely,

**Reen, Sandra (DHP)**

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**To:** Brian Levitin  
**Subject:** RE: Requirements to administer conscious/moderate sedation  
**Importance:** Low

Hi Dr. Levitin:

Please compare your training to the requirements specific to the three options for qualifying for a conscious/moderate sedation permit. These are the options stated on the application for obtaining a conscious/moderate sedation permit:

- (1) \_\_\_ I am applying for a temporary conscious/moderate sedation permit. Prior to January 1989, I certified to the Board that I was qualified to administer anesthesia and conscious sedation and **I am attaching the letter I received from the Board acknowledging my self-certification.** I understand that a temporary permit issued after September 17, 2012 will permanently expire on September 14, 2014. Further, I understand in order to administer conscious/moderate sedation after September 14, 2014, I must qualify for and obtain a permit to administer by any method of administration or by enteral administration only.

or

I qualify and am applying for a permit to administer conscious/moderate sedation by:

- (2) \_\_\_ any method of administration and **I am attaching the transcript, certification and/or documentation of training content which confirms that I meet the education requirement checked below:**

\_\_\_\_\_ Completion of training for administering conscious/moderate sedation according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred, while enrolled in a CODA accredited doctoral dental program or a post-doctoral university or teaching hospital program.

\_\_\_\_\_ Completion of a continuing education course offered by a provider approved in 18VAC60-20-50(C) of the **Regulations Governing Dental Practice** consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

or

- (3) \_\_\_ an enteral method of administration only and **I am attaching the transcript or the certification and documentation of training content which confirms that I completed** a continuing education course offered by a provider approved in 18VAC60-20-50(C) of the **Regulations Governing Dental Practice** of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

Applications for conscious/moderate sedation permits and deep sedation/general anesthesia permits are available in the Applications & Forms tab on our web page at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry). Please note that an application should include information on the number of hours and content covered and the number of clinically oriented experiences that were included in any continuing education taken to address the requirements in the second option in #2 above or option #3 above.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

**From:** Brian Levitin [mailto:levitinbri@aol.com]  
**Sent:** Tuesday, October 09, 2012 8:38 PM  
**To:** Reen, Sandra (DHP)  
**Subject:** Re: Requirements to administer conscious/moderate sedation

Mrs. Reen,

Sorry, my fault. Maybe my question didn't come across correctly. I wasn't trying to ask if I should get a permit or not. I know I need to get one. I just wanted to know with the qualifications I gave you in the previous email, where do I stand based off of the new laws for Moderate Sedation requirements. I don't mean the equipment. I understand that part. It's lecture and clinical based requirements I need to know about. I have read over the paper work given to me a couple of times. Does my previous CE and clinical experiences with sedation qualify me? Does that make sense?

Sorry for any confusion. Thanks again for your time.

Dr. Brian Levitin  
Levitin Dental Center  
3938 Springfield Road  
Glen Allen, VA 23059

On Oct 9, 2012, at 3:01 PM, "Reen, Sandra (DHP)" <[Sandra.Reen@DHP.VIRGINIA.GOV](mailto:Sandra.Reen@DHP.VIRGINIA.GOV)> wrote:

Hi Dr. Levitin:

Unfortunately, I am unable to assist you in deciding whether or not you should obtain a permit. Licensees are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then are responsible for applying these terms and the associated regulations to their practice. I hope the following regulation (18VAC60-20-107.D.) will underscore the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as licensees decide where their practices fall within the scope of the regulations and whether or not they are required to hold a permit.

**18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.

2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.

3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

---

**From:** [levitinbri@aol.com](mailto:levitinbri@aol.com) [mailto:levitinbri@aol.com]  
**Sent:** Monday, October 08, 2012 8:27 AM  
**To:** Board of Dentistry  
**Subject:** Requirements to administer conscious/moderate sedation

To Whom it concerns,

I know you are probably being bombarded by emails regarding the changes in requirements for conscious sedation. I myself have a couple too.

I took my initial oral/conscious sedation course about six years ago(it was a 2 day 20 C.E. credit course) and have taken the necessary follow up courses every two years as instructed. All have been done through the VCU school of dentistry. I have maintained and kept up to date ACLS courses along with BLS courses too. I have treated successfully with no problems (so far)140 cases. So based off of that information and the rules in 18VAC60-20-120 section E, where do I stand in terms of compliance? I just want to cover myself should patients go from minimal sedation to moderate sedation.

Thank you in advanced for your time. I know this is a busy transition for our profession but a much needed one!

Dr. Brian Levitin  
Levitin Dental Center  
3938 Springfield Road  
Glen Allen, VA 23059

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Thursday, October 11, 2012 11:57 AM  
**To:** MSatterlund@macbur.com  
**Cc:** Yeatts, Elaine J. (DHP)  
**Subject:** FW: Question  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

Hi Ms. Satterlund:

I can confirm that the provisions which address delegation of administration in 18VAC60-20-110(E) for deep sedation and general anesthesia and in 18VAC60-20-120(H) for conscious/moderate sedation of the Emergency Regulations for Sedation/Anesthesia Permits do allow dentists who do not hold a permit to use the services of a dentist who holds a permit, an anesthesiologist or, in a licensed outpatient surgery center, a certified registered nurse anesthetist to administer sedation and general anesthesia.

The Board did not define the terms you are asking about, "qualified dentist" and "not qualified dentist" so I am unable to discuss their meaning or to address your interpretation based on the "no dentist may employ or use" language stated in 18VAC60-20-110(A) and in 18VAC60-20-120(A). I will share your inquiry with the Board so that, as it works on final regulations, it might consider adding clarifying language and possibly moving the provisions addressing dentists who do not hold permits to the General Provisions section, 18VAC60-20-107.

Thank you for bringing this language to my attention.

Sandy

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Michele Satterlund [<mailto:MSatterlund@macbur.com>]  
**Sent:** Wednesday, October 10, 2012 3:53 PM  
**To:** Reen, Sandra (DHP)  
**Cc:** Yeatts, Elaine J. (DHP)  
**Subject:** Question

Dear Ms. Reen,

I am struggling with my understanding of the differences between a "qualified dentist" and a "not qualified dentist" as defined under the proposed dental regulations related to anesthesia permits. I am happy to meet or discuss by phone, which may be easier. Here's my confusion:

Under the proposed regulations, 18VAC60-20-110 Subsection E, it states "A dentist not qualified to administer deep sedation and general anesthesia shall only use the services of a dentist with a current deep sedation/general anesthesia or an anesthesiologist to administer deep sedation or general anesthesia in a dental office."

However, from my reading of Subsection A, it says "...no dentist may employ or use deep sedation /general anesthesia in a dental office unless...issued a permit." (These same requirements are mandated for conscious sedation under 18VAC60-20-120).

A permit requires certain anesthesia related education, which, as I understand it, means all dentists using deep/conscious sedation or general anesthesia will be "qualified."

Under the proposed regulations, I am unclear as to what dentist would be "not qualified," and how would a non-qualified dentist use an anesthesiologist? If the dentist is not qualified, I understand it to mean they could not obtain a permit and hence could not use any practitioner to administer anesthesia.

May I discuss this matter with you? I'm guessing I may be missing a key element.

Thanks so much,

Michele L. Satterlund  
Macaulay & Burtch, P.C.  
1015 East Main Street  
Richmond, VA 23219

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P.O. Box 8088  
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## Reen, Sandra (DHP)

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**To:** cpatel@gmail.com  
**Subject:** FW: Anesthesia Permit

Hi Dr. Patel:

Thank you for voluntarily sending your OMS credentials to the Board. I just want to let you know this information is not required and will only be maintained by the Board for a short period of time as correspondence. Please note that the only action you are required to take at this time is to post your AAOMS office anesthesia evaluation certificate. The Board will contact you at a later date to request the report issued to you as a result of your most recent AAOMS office evaluation.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** Chirag Patel [<mailto:cpatel@gmail.com>]  
**Sent:** Wednesday, October 17, 2012 8:25 PM  
**To:** Board of Dentistry  
**Subject:** Anesthesia Permit

Hello,

I am an OMS with a VA dental license who received the notice regarding the new anesthesia requirements for deep sedation/general anesthesia in the dental office.

VA Dental Lic: 0401413635  
VA OMS Lic: 0438000307

I am AAOMS board certified and hold an AAOMS certificate of office anesthesia evaluation. The office anesthesia evaluation certificate was issued to me in August 2009 and is required to be renewed every 5 years by AAOMS. I realize that I would have to display this certificate in my office.

I have attached a letter and certificate that acknowledges that I am AAOMS board certified- an AAOMS diplomate. Also attached is my AAOMS certificate of office anesthesia evaluation.

Please let me know if the VA board of Dentistry requires anything further from me.

Thank you very much,

Chirag Patel, DDS, MD  
202.230.1240

## Reen, Sandra (DHP)

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**From:** Reen, Sandra (DHP)  
**Sent:** Friday, October 19, 2012 11:40 AM  
**To:** 'parastu mirmonsef'  
**Subject:** RE: conscious sedation letter  
**Signed By:** Sandra.Reen@DHP.VIRGINIA.GOV

**Importance:** Low

Hi Dr. Mirmonsef:

The Emergency Regulations for Sedation/Anesthesia Permits do not address particular drugs and do not permit making an assumption that a particular drug will always have the same effect on every patient. The regulations require the treating dentist to determine the level of sedation that should be achieved based on his knowledge of the individual patient and the intended use of a drug.

As a licensee, you are responsible for understanding the meaning of the terms "anxiolysis", "minimal sedation", "conscious/moderate sedation", "deep sedation" and "general anesthesia" as defined in 18VAC60-20-10 and then you are responsible for applying these terms and the associated regulations to your practice. I hope the following regulation (18VAC60-20-107.D.) will assist you in understanding the importance of becoming knowledgeable about the requirements for administration of drugs:

The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

I have provided below the section of the Regulations Governing Dental Practice on anxiolysis and inhalation analgesia which is also currently in effect. This section of regulations was not included in the Emergency Regulations because the section was not changed but it should be considered as you decide whether or not you are required to hold a permit and about the education and equipment requirements you must meet.

### **18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.**

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.
2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.
3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

Sandra K. Reen, Executive Director  
Virginia Board of Dentistry  
804-367-4538

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**From:** parastu mirmonsef [[mailto:osha\\_me@yahoo.com](mailto:osha_me@yahoo.com)]

**Sent:** Wednesday, October 17, 2012 12:43 PM

**To:** Reen, Sandra (DHP)

**Subject:** conscious sedation letter

Hi Ms. Reen

I received a letter about general dentist administrating Conscious sedation. Would Valium be one drug that would require and fall after the new regulations?

Thank you

Parastu Mirmonsef DDS

**NOVEMBER 9, 2012 DISCUSSION DRAFT**

**Review of Highlighted Comments and Questions on Emergency Regulations**

**BOARD OF DENTISTRY**

**Sedation/anesthesia permits**

Part I

General Provisions

**18VAC60-20-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

~~The ASA language recommended by Dr. Hoard combines this term with minimal sedation.~~

"CODA" means the Commission on Dental Accreditation of American Dental Association.

~~"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 commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.~~

"Conscious/moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

The underlined language mirrors the ASA language recommended by Dr. Hoard but the term used by ASA is Moderate Sedation/Analgesia ("Conscious Sedation"). ASA notes that \*\*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

~~"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof~~ a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

The underlined language mirrors the ASA language recommended by Dr. Hoard. The term used by the ASA is Deep Sedation/Analgesia. ASA notes that \*\*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

"Dental assistant I " means any unlicensed person under the direction of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered to perform reversible, intraoral procedures as specified in this chapter.

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision that a dentist is required to exercise with a dental hygienist, a dental assistant I or a dental assistant II or that a dental hygienist is required to

exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

The underlined language mirrors the ASA language recommended by Dr. Hoard.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. The order may authorize the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist or dental hygienist, or (iii) preparing the patient for dismissal following treatment.

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Minimal sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, which 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.

ASA language recommended by Dr. Hoard:  
Minimal sedation (Anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Moderate sedation" (see meaning of conscious/moderate sedation)

ASA language recommended by Dr. Hoard:  
Moderate Sedation/Analgesia ("Conscious Sedation") is a drug-induced depression of consciousness during which patients respond purposefully\*\* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.  
\*\*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

"Monitoring" means to observe, interpret, assess and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part IV.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Portable dental operation" means a nonfacility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patients' homes, schools, nursing homes, or other institutions.

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

**18VAC60-20-30. Other fees.**

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be \$400. The application fee for dental license by credentials shall be \$500.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be \$175. The application fee for dental hygienist license by endorsement shall be \$275.

C. Dental assistant II registration application fee. The application fee for registration as a dental assistant II shall be \$100.

D. Wall certificate. Licensees desiring a duplicate wall certificate or a dental assistant II desiring a wall certificate shall submit a request in writing stating the necessity for a wall certificate, accompanied by a fee of \$60.

E. Duplicate license or registration. Licensees or registrants desiring a duplicate license or registration shall submit a request in writing stating the necessity for such duplicate, accompanied by a fee of \$20. If a licensee or registrant maintains more than one office, a notarized photocopy of a license or registration may be used.

F. Licensure or registration certification. Licensees or registrants requesting endorsement or certification by this board shall pay a fee of \$35 for each endorsement or certification.

G. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of \$285.

H. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be \$25.

I. Returned check. The fee for a returned check shall be \$35.

J. Inspection fee. The fee for an inspection of a dental office shall be \$350 with the exception of a routine inspection of an office in which the dentist has a conscious/moderate sedation permit or a deep sedation/general anesthesia permit.

**Insert mobile facility fees**

K. Conscious/moderate sedation permit. The application fee for a permit to administer conscious/moderate sedation shall be \$100. The annual renewal fee shall be \$100 and shall be due by March 31. A late fee of \$35 shall be charged for renewal received after that date.

L. Deep sedation/general anesthesia permit. The application fee for a permit to administer deep sedation/general anesthesia shall be \$100. The annual renewal fee shall be \$100 and shall be due by March 31. A late fee of \$35 shall be charged for renewal received after that date.

Part IV

Anesthesia, Sedation and Analgesia

**18VAC60-20-107. General provisions.**

A. This part (18VAC60-20-107 et seq.) shall not apply to:

1. The administration of local anesthesia in dental offices; or
2. The administration of anesthesia in (i) a licensed hospital as defined in § 32.1-123 of the Code of Virginia or state-operated hospitals or (ii) a facility directly maintained or operated by the federal government.

B. Appropriateness of administration of general anesthesia or sedation in a dental office.

1. Anesthesia and sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).
2. Conscious sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA risk categories of Class IV and V.
3. Patients in ASA risk category Class III shall only be provided general anesthesia, deep sedation, conscious/moderate sedation or minimal sedation by:

- a. A dentist after he has documented a consultation with their primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary; or
- b. An oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

C. Prior to administration of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the anesthesia or sedation planned along with the risks, benefits and alternatives and shall obtain informed, written consent from the patient or other responsible party. The written consent shall be maintained in the patient record.

Staff recommendation: after "administration of" add "any level of" before sedation to clarify that this does apply to minimal sedation

D. The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and

dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render an unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

~~E. A dentist who is administering anesthesia or sedation to patients prior to June 29, 2005 shall have one year from that date to comply with the educational requirements set forth in this chapter for the administration of anesthesia or sedation. When conscious/moderate sedation, deep sedation or general anesthesia is administered, the patient record shall also include:~~

1. Notation of the patient's American Society of Anesthesiologists classification;
2. Review of medical history and current conditions;
3. Written informed consent for administration of sedation and anesthesia and for the dental procedure to be performed;
4. Pre-operative vital signs;
5. A record of the name, dose, strength of drugs and route of administration including the administration of local anesthetics with notations of the time sedation and anesthesia were administered;
6. Monitoring records of all required vital signs and physiological measures recorded every five minutes; and
7. A list of staff participating in the administration, treatment and monitoring including name, position and assigned duties.

F. Pediatric patients.

No sedating medication shall be prescribed for or administered to a child aged 12 and under prior to his arrival at the dentist office or treatment facility.

Dr. Hamlin requests review of this provision and that dentists be allowed to prescribe anti-anxiety agents to children aged 12 and under to be taken prior to arrival in the dental office.

G. Emergency management.

1. If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendation: Change "qualified" to "permitted"

2. A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.

**18VAC60-20-110. Requirements for a permit to administer deep sedation/general anesthesia.**

A. Educational requirements After March 31, 2013, no dentist may employ or use deep sedation/general anesthesia in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports which result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendation: Change "employ or use" to "administer"

B. To determine eligibility for a deep sedation/general anesthesia permit, a dentist shall submit the following:

1. A completed application form;
2. The application fee as specified in 18VAC60-20-30;
3. A copy of the certificate of completion of a CODA accredited program or other documentation of training content which meets the educational and training qualifications specified in subsection C; and
4. A copy of current certification in ACLS or PALS as required in subsection C.

C. Educational and training qualifications for a deep sedation/general anesthesia permit.

1. A dentist may employ or be issued a permit to use deep sedation/general anesthesia on an outpatient basis in a dental office by meeting one of the following educational criteria, and by posting the educational certificate, in plain view of the patient, which verifies completion of the advanced training as required in subdivision 1 or 2 of this subsection. These requirements shall not apply nor interfere with requirements for obtaining hospital staff privileges.

~~1.a. Has completed~~ Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred; or ~~2.b. Completion of an American Dental Association approved~~ a CODA accredited residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in published guidelines by the American Dental Association for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred.

~~After June 29, 2006, dentists~~ 2. Dentists who administer deep sedation/general anesthesia shall hold current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation, such as courses in Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals and current Drug Enforcement Administration registration.

B. Exceptions.

~~1. A dentist who has not met the requirements specified in subsection A of this section may treat patients under deep sedation/general anesthesia in his practice if a qualified anesthesiologist or a dentist who fulfills the requirements specified in subsection A of this section, is present and is responsible for the administration of the anesthetic.~~

~~2. If a dentist fulfills the requirements specified in subsection A of this section, he may employ the services of a certified nurse anesthetist.~~

C.D. Posting. Any dentist who utilizes deep sedation/general anesthesia shall post with the dental license and current registration with the Drug Enforcement Administration, the certificate of education deep sedation/general anesthesia permit or AAOMS certificate required under subsection A of this section.

E. Delegation of administration.

1. A dentist not qualified to administer deep sedation and general anesthesia shall only use the services of a dentist with a current deep sedation/general anesthesia permit or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist not qualified to administer deep

sedation or general anesthesia shall use either a permitted dentist, an anesthesiologist or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendations: 1) Change the highlighted phrase to "A dentist who does not hold a permit to administer"

2) Consider moving this provision to General Provisions, 18VAC60-20-107 or creating a new subsection to separate this from 18VAC60-20-110. Requirements for a permit to administer deep sedation/general anesthesia.

3) Consider addressing who is responsible for equipment and staffing requirements for administration. Is this the delegating dentist or the designated professional or by agreement of the two?

2. A dentist qualified pursuant to subsection B may administer or use the services of the following personnel to administer deep sedation or general anesthesia:

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendation: Change the highlighted phrase to "A dentist with a permit"

a. A dentist with a current deep sedation/anesthesia permit;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the educational requirements of subsection B of this section.

3. Preceding the administration of deep sedation or general anesthesia, a permitted dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to numb the injection or treatment site:

a. A dental hygienist with the training required in 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 or older; or

b. A dental hygienist, dental assistant, registered nurse or licensed practical nurse to administer Schedule VI topical oral anesthetics.

D.F. Emergency equipment and techniques. A dentist who administers deep sedation/general anesthesia shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency equipment in the dental facility working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask for children or adults, as appropriate for the patient being treated;
2. Oral and nasopharyngeal airways airway management adjuncts;
3. Endotracheal tubes for children or adults, or both, with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;
4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both;
5. Source of delivery of oxygen under controlled positive pressure;
6. Mechanical (hand) respiratory bag;
7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;
8. Appropriate emergency drugs for patient resuscitation;
9. EKG monitoring equipment and temperature measuring devices;
10. Pharmacologic antagonist agents;
11. External defibrillator (manual or automatic); ~~and~~
12. For intubated patients, an End-Tidal CO<sup>2</sup> monitor;
13. Suction apparatus;
14. Throat pack; and
15. Precordial or pretracheal stethoscope.

E.G. Monitoring requirements.

1. The treatment team for deep sedation/general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental procedure.

Dr. Sklar asks how the Board is defining "dental procedure" and reports concern about the monitoring requirement.

2. Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation of the patient by a member of the team, is to begin prior to induction of anesthesia and shall take place continuously during the dental procedure and recovery from anesthesia. The person who administered the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

3. Monitoring deep sedation/general anesthesia shall include the following: recording and reporting of blood pressure, pulse, respiration and other vital signs to the attending dentist.

a. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility to include: temperature, blood pressure, pulse, pulse oximeter, oxygen saturation, respiration and heart rate.

b. The patient's vital signs shall be monitored, recorded every five minutes and reported to the treating dentist throughout the administration of controlled drugs and recovery. When depolarizing medications are administered temperature shall be monitored constantly.

c. A secured intravenous line must be established and maintained throughout the procedure.

H. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number for the dental practice.

3. Patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

**18VAC60-20-120. Requirements for a permit to administer conscious sedation.**

Staff recommendation: add "/Moderate" following "conscious"

A. After March 31, 2013, no dentist may employ or use conscious/moderate sedation in a dental office unless he has been issued a permit by the board. The requirement for a

permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports which result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendation: Change "employ or use" to "administer"

B. Automatic qualification. Dentists qualified who hold a current permit to administer deep sedation/general anesthesia may administer conscious/moderate sedation.

C. To determine eligibility for a conscious/moderate sedation permit, a dentist shall submit the following:

1. A completed application form indicating one of the following permits for which the applicant is qualified:
  - a. Conscious/moderate sedation by any method;
  - b. Conscious/moderate sedation by enteral administration only; or
  - c. Temporary conscious/moderate sedation permit (may be renewed one time);
2. The application fee as specified in 18VAC60-20-30;
3. A copy of a transcript, certification or other documentation of training content which meets the educational and training qualifications as specified in D or E, as applicable;  
and
4. A copy of current certification in ACLS or PALS as required in subsection F.

B.D. Educational requirements for administration of a permit to administer conscious/moderate sedation by any method.

1. A dentist may be issued a conscious/moderate sedation permit to employ or use any method of conscious sedation by meeting one of the following criteria:
  - a. Completion of training for this treatment modality according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred, while enrolled at an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of an approved a continuing education course, offered by a provider approved in 18VAC60-20-50, and consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

2. A dentist who was self-certified in anesthesia and conscious sedation prior to January 1989 may be issued a temporary conscious/moderate sedation permit to continue to administer only conscious sedation until September 14, 2014. After September 14, 2014, a dentist shall meet the requirements for and obtain a conscious/moderate sedation permit by any method or by enteral administration only.

~~G.E.~~ Educational requirement for enteral administration of conscious sedation only. A dentist may be issued a conscious/moderate sedation permit to only administer conscious sedation by an enteral method if he has completed an approved a continuing education program, offered by a provider approved in 18VAC60-20-50, of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with the guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred. The certificate of completion and a detailed description of the course content must be maintained.

~~D.F.~~ Additional training required.

~~After June 29, 2006, dentists~~ Dentists who administer conscious sedation shall hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretation, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals as evidenced by a certificate of completion posted with the dental license, and current registration with the Drug Enforcement Administration.

G. Posting. Any dentist who utilizes conscious/moderate sedation shall post with the dental license and current registration with the Drug Enforcement Administration, the conscious/moderate sedation permit required under subsection A and issued in accordance with subsection C of this section or the AAOMS certificate issued to an oral and maxillofacial surgeon.

H. Delegation of administration.

1. A dentist not qualified to administer conscious/moderate sedation shall only use the services of a permitted dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist not qualified to administer conscious/moderate sedation shall use either a permitted dentist, an anesthesiologist or a certified registered nurse anesthetist to administer such sedation.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI

Staff recommendations: 1) Change the highlighted phrase to "A dentist who does not hold a permit to administer"

2) Consider moving this provision to General Provisions, 18VAC60-20-107 or creating a new subsection to separate this from 18VAC60-20-120.

Requirements for a permit to administer conscious sedation

3) Consider addressing who is responsible for equipment and staffing requirements for administration. Is this the delegating dentist or the designated professional or by agreement of the two?

2. A qualified dentist may administer or use the services of the following personnel to administer conscious/moderate sedation:

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI

Staff recommendation: Change the highlighted phrase to "A dentist with a permit"

a. A dentist with the training required by subsection E to administer by an enteral method;

b. A dentist with the training required by subsection D to administer by any method;

c. An anesthesiologist;

d. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the education and training requirements of subsection D or E; or

e. A registered nurse upon his direct instruction and under the immediate supervision of a dentist who meets the education and training requirements of subsection D.

Ms. Satterlund reports that VANA does not believe this provision falls within the scope of practice of RNs.

3. If minimal sedation is self-administered by or to a patient age 13 or above before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a child aged 12 and under prior to his arrival at the dentist office or treatment facility.

Dr. Hamlin requests review of this provision and that dentists be allowed to prescribe anti-anxiety agents to children aged 12 and under to be taken prior to arrival in the dental office.

Staff question: Should this item number 3 also be included in the deep sedation/general anesthesia monitoring provisions?

4. Preceding the administration of conscious/moderate sedation, a qualified dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to numb the injection or treatment site:

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

Staff recommendation: Change the highlighted phrase to "A dentist with a permit"

a. A dental hygienist with the training required by 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 or older; or

b. A dental hygienist, dental assistant, registered nurse or licensed practical nurse to administer Schedule VI topical oral anesthetics.

E-1. Emergency equipment and techniques. A dentist who administers conscious sedation shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment

of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency airway equipment in the dental facility working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask for children or adults, as appropriate for the patient being treated;
2. Oral and nasopharyngeal airways airway management adjuncts;
3. Endotracheal tubes for children or adults, or both, with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway and a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both. ~~In lieu of a laryngoscope and endotracheal tubes, a dentist may maintain airway adjuncts designed for the maintenance of a patent airway and the direct delivery of positive pressure oxygen;~~
4. Pulse oximetry;
5. Blood pressure monitoring equipment;
6. Pharmacologic antagonist agents;
7. Source of delivery of oxygen under controlled positive pressure;
8. Mechanical (hand) respiratory bag; and
9. Appropriate emergency drugs for patient resuscitation;
10. Defibrillator;
11. Electrocardiographic monitor;

Dr. Yeager recommends limiting this requirement to intravenous administration.

12. Suction apparatus;

Dr. Seirawan asks what is meant by this term.

Staff recommendation. If language is changed here also consider modifying this provision for deep sedation and general supervision at 18VAC60-20-110.F(13)

13. Temperature measuring device;
14. Throat pack; and
15. Precordial and pretracheal stethoscope.

F-J. Monitoring requirements.

1. The administration team for conscious sedation shall consist of the operating dentist and a second person to assist, monitor and observe the patient. Both shall be in the operatory with the patient throughout the dental procedure.

Dr. Sklar asks how the Board is defining "dental procedure" and reports concern about the monitoring requirement.

Dr. Yeager recommends limiting this requirement to intravenous administration.

2. Monitoring of the patient under conscious sedation, including direct, visual observation of the patient by a member of the team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, when the patient arrives at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is responsive and is discharged.

3. Monitoring conscious/moderate sedation shall include the following:

a. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge.

b. Blood pressure, oxygen saturation, pulse and heart rate shall be monitored continually during the administration and recorded every five minutes.

c. Monitoring of the patient under moderate sedation is to begin prior to administration of sedation, or, if pre-medication is self-administered by the patient, immediately upon the patient's arrival at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

Dr. Sklar asks how the Board is defining "dental procedure" and reports concern about the monitoring requirement.

Ms. Satterlund requests clarification of the terms "qualified dentist", "not qualified dentist" and "no dentist may employ or use" as used in Part VI.

K. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number of the dental practice.

3. Patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

**18VAC60-20-135. Ancillary personnel.**

~~After June 29, 2006, dentists~~ Dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious/moderate sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

Dr. McMillan questioned if the term "ancillary personnel" means someone other than a dental assistant.

1. Minimal training resulting in current certification in basic resuscitation techniques, with hands-on airway training for healthcare providers, such as Basic Cardiac Life Support for Health Professionals or ~~an approved~~, a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; or

2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

**CONTINUUM OF DEPTH OF SEDATION:  
DEFINITION OF GENERAL ANESTHESIA AND LEVELS OF SEDATION/ANALGESIA \***

Committee of Origin: Quality Management and Departmental Administration

(Approved by the ASA House of Delegates on October 13, 1999, and amended on  
October 21, 2009)

	<i>Minimal Sedation Anxiolysis</i>	<i>Moderate Sedation/ Analgesia</i> <i>("Conscious Sedation")</i>	<i>Deep Sedation/ Analgesia</i>	<i>General Anesthesia</i>
<i>Responsiveness</i>	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulus
<i>Airway</i>	Unaffected	No intervention required	Intervention may be required	Intervention often required
<i>Spontaneous Ventilation</i>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<i>Cardiovascular Function</i>	Unaffected	Usually maintained	Usually maintained	May be impaired

**Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.

**Moderate Sedation/Analgesia ("Conscious Sedation")** is a drug-induced depression of consciousness during which patients respond purposefully\*\* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

\* Monitored Anesthesia Care does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure."

\*\* Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

**CONTINUUM OF DEPTH OF SEDATION:  
DEFINITION OF GENERAL ANESTHESIA AND LEVELS OF SEDATION/ANALGESIA**

**Deep Sedation/Analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully\*\* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**General Anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue\*\*\* patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia ("Conscious Sedation") should be able to rescue\*\*\* patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation/Analgesia should be able to rescue\*\*\* patients who enter a state of General Anesthesia.

\*\* Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

\*\*\* Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.