

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

- (a) "OMFS" means an Oral and Maxillofacial Surgeon who has completed a full course in a post-doctoral training program in Oral and Maxillofacial Surgery approved by the American Dental Association Commission on Dental Accreditation.
- (b) "ADA" means American Dental Association.
- (c) "CSOMS" means Connecticut Society of Oral and Maxillofacial Surgeons.
- (d) "BCLS" means a course in Basic Cardiac Life Support approved by the American Red Cross or the American Heart Association.
- (e) "ACLS" means a course in Advanced Cardiac Life Support approved by the American Red Cross or the American Heart Association.
- (f) "Commissioner" means Commissioner of Public Health or his designee.
- (g) "On-Site Evaluation Team" means those individuals designated by the Commissioner to determine compliance with Section 20-123b-6 of the Regulations of Connecticut State Agencies.
- (h) "Practitioner" means a person licensed to practice dentistry pursuant to Chapter 379 of the Connecticut General Statutes who is applying for a permit or being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies.
- (i) "Anesthesia Assistant" means a chairside assistant or a dentist licensed pursuant to Chapter 379 of the Connecticut General Statutes whose sole responsibility is to monitor the patient undergoing general anesthesia.
- (j) "Calendar Quarter" means a period of three consecutive months beginning on January 1, April 1, July 1, or October 1.
- (k) "Department" means the Connecticut Department of Public Health.
(Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)

20-123b-2. Permit application procedures

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

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

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

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

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

- ten years prior to application for a general anesthesia and conscious sedation permit; and
- (b) Demonstrate current certification in ACLS; and
- (c) Successfully complete an on-site evaluation pursuant to Section 20-123b-6 of the Regulations of Connecticut State Agencies.
- (Added effective March 23, 1988; Amended effective November 4, 2004.)

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

An applicant for a conscious sedation permit shall:

- (a) Comply with one of the following:
- (1) document by patient anesthesia or sedation records the completion of a minimum of twelve parenterally administered conscious sedation procedures per year performed in the office, for each of the three one-year periods immediately preceding the date of application; and submit certification of completion of a minimum of twenty-four hours of continuing education in one of the following areas within the three year period immediately preceding the issuance of the permit; anesthesia, parenterally administered conscious sedation, or emergency medicine; or
- (2) graduate from a dental school or post-doctoral dental residency program accredited by the ADA Commission on Dental Accreditation within two years prior to applying for the permit, which included either a minimum of four weeks active participation in full-time rotation in hospital operating room anesthesia, or ten documented clinical cases utilizing parenterally administered conscious sedation in the dental operatory; and which included a didactic course in conscious sedation in dentistry with a curriculum that fulfills the minimum requirements set forth in the ADA Council on Dental Education, "Guidelines or Teaching the Comprehensive Control of Pain and Anxiety in Dentistry"; or
- (3) complete an "Intensive Course" or a "Supplemental (or Refresher) Course" (as applies) in a post-doctoral continuing education program, structured in accordance with Part Three of the ADA Council on Dental Education "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety"; or
- (4) satisfy the requirements of subsection (a) of Section 20-123b-3 of these regulations; and
- (b) demonstrate current certification in ACLS; and
- (c) successfully complete an on-site evaluation pursuant to Section 20-123b-6 of the Regulations of Connecticut State Agencies.
- (Added effective March 23, 1988; Amended effective November 4, 2004.)

20-123b-5. The evaluation team

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

- (a) Two members recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS who have fulfilled the requirements of the CSOMS to be an office anesthesia evaluator; or
- (b) one member who has fulfilled the requirements of the CSOMS to be an office anesthesia evaluator, and one member who is a fellow of the American Dental Society of Anesthesiology, both of whom shall be recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS.
- (Added effective February 1, 1988; Amended effective November 4, 2004.)

20-123b-6. Site evaluation

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

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

- not to exceed two hours.
- (b) During the on-site evaluation, an exact simulation of the method of management of medical emergencies shall be demonstrated by the practitioner with full participation of the office staff, and may include, but not be limited to, the management of: laryngospasm, bronchospasm, emesis, aspiration of vomitus, foreign body in airway, angina pectoris, acute myocardial infarction, acute hypotensive and hypertensive crises, cardiopulmonary resuscitation, acute allergic reactions, hyperventilation syndrome, syncope, and convulsions of unknown etiology.
- (c) The on-site evaluation team shall review the practitioner's office equipment, emergency drugs and anesthesia records to determine full compliance with the requirements established in Section 20-123b-9 of the Regulations of Connecticut State Agencies.
- (d) An exit interview between the practitioner and the evaluation team shall be conducted to review deficiencies and make positive suggestions for improving the office facility and patient emergency management.
- (e) The on-site evaluation team shall verify that the practitioner is currently certified in BCLS and that the practitioner's entire staff is currently certified in BCLS.
- (Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)

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

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

(Effective February 1, 1988; Amended January 27, 1994; November 4, 2004.)

20-123b-8. Frequency of inspection

- (a) Following initial issuance of the permit, the on-site evaluation specified in Section 20-123b-6 of the Regulations of Connecticut State Agencies shall be completed for each practitioner issued a permit pursuant to Sections 20-123b-1 through 20-123b-9 of the Regulations of Connecticut State Agencies in accordance with the following schedule:
- (1) For each practitioner first issued a permit on or before December 31, 1989, the on-site evaluation shall be completed not later than December 31, 1995. Thereafter, the on-site evaluation shall be completed for each such practitioner not later than five years from the last day of the calendar quarter in which last evaluated.
- (2) For each practitioner first issued a permit on or after January 1, 1990, the on-site evaluation shall be completed not later than five years from the last day of the calendar quarter in which last evaluated.

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

- (b) A practitioner may request to schedule the on-site evaluation at a time earlier than specified in subsection (a) of this Section. However, in no event shall such alternative scheduling result in an interval longer than five years to the next on-site evaluation. (Effective February 1, 1988; Amended January 27, 1994.)

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

- (a) Except as specifically noted, all practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall demonstrate and maintain the following office equipment in any and all offices where they administer general anesthesia or conscious sedation:
- (1) Portable gas delivery system capable of positive pressure ventilation;
 - (2) Equipment capable of administering 100% oxygen in all rooms (operative, recovery, examination, and reception);
 - (3) Portable bag-mask ventilator (ambu-bag);
 - (4) Full facemask:
 - (A) adult; and
 - (B) pediatric;
 - (5) Nasal hood or cannula;
 - (6) Oral airways (oropharyngeal airways):
 - (A) adult; and
 - (B) pediatric;
 - (7) Nasopharyngeal airways:
 - (A) adult; and
 - (B) pediatric;
 - (8) Endotracheal tubes with appropriate connectors and syringe for inflation, as follows: (not required for conscious sedation permit)
 - (A) adult endotracheal tubes;
 - (B) child endotracheal tubes;
 - (C) connectors;
 - (D) syringe; and
 - (E) stylet (pediatric and adult);
 - (9) Laryngoscope (straight or curved blade), as follows: (not required for conscious sedation permit)
 - (A) adult blade;
 - (B) pediatric blade;
 - (C) extra batteries; and
 - (D) extra bulb (or blade if fiberoptic blade);
 - (10) Combi tube (not required for general anesthesia permit);
 - (11) Portable suctioning equipment capable of use during electrical power failure;
 - (12) Equipment capable of suctioning the throat in all rooms;
 - (13) Nasopharyngeal suction catheter, for pulmonary lavage via endotracheal tube (not required for conscious sedation permit);
 - (14) Yankauer or similar suction;
 - (15) McGill forceps;
 - (16) Tongue grasping forceps;
 - (17) Equipment for emergency crico-thyrotomy or tracheotomy and the appropriate connectors for administering 100% oxygen;
 - (18) Blood pressure cuffs:
 - (A) adult; and
 - (B) pediatric;
 - (19) ECG;
 - (20) Defibrillator;
 - (21) Board or rigid surface for cardiopulmonary resuscitation (CPR);

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- (22) Light source capable of use during electrical power failure;
- (23) Intravenous solutions and equipment for administration:
- (A) 250 cc bags & 1000 cc bags of sterile saline; and
- (B) Sterile water for mixing or dilution of drugs; and
- (24) Appropriate intravenous needles, tubing and drips.
- (b) Except as specifically noted, all practitioners who are being evaluated pursuant to sections 20-123b-1 to 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall demonstrate and maintain the following equipment and personnel for continuous monitoring during the administration of anesthesia in any and all offices where they administer general anesthesia or conscious sedation:
- (1) Equipment and personnel for continuous monitoring during the administration of deep sedation or general anesthesia:
- (A) means of monitoring heart rate:
- (i) ECG;
- (ii) pulsemeter;
- (iii) pretracheal or Precordial stethoscope; or
- (iv) direct palpation of pulse;
- (B) means of following respirations and level of oxygenation:
- (i) pretracheal or precordial stethoscope, or capnography; and
- (ii) pulse oximeter;
- (C) means of monitoring blood pressure for child and adult.
- (2) Equipment and personnel for continuous monitoring during the administration of conscious sedation:
- (A) means of monitoring heart rate:
- (i) ECG;
- (ii) pulsemeter;
- (iii) pretracheal or precordial stethoscope; or
- (iv) direct palpation of pulse;
- (B) means of following respirations and level of oxygenation:
- (i) pretracheal or precordial stethoscope, capnography or direct observation of chest; and
- (ii) pulse oximeter;
- (C) means of monitoring blood pressure for child and adult.
- (c) All practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall maintain the following emergency drugs in any and all offices where they administer general anesthesia or conscious sedation:
- (1) anticonvulsant drugs:
- (A) midazolam; or
- (B) diazepam;
- (2) antiemetic:
- (A) droperidol;
- (B) odansetron;
- (C) prochlorperazine;
- (D) promethazine; or
- (E) metoclopramide;
- (3) beta agonist: albuterol inhaler;
- (4) cardiovascular medications:
- (A) antiarrhythmics:
- (i) lidocaine or amiodarone;
- (ii) procainamide; and
- (iii) diltiazem;

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- (B) atropine (either 0.4 mg/ml or 1.0 mg/ml);
 - (C) aspirin 160 or 325 mg dose;
 - (D) beta blocker:
 - (i) esmolol;
 - (ii) propranolol;
 - (iii) atenolol; or
 - (iv) metoprolol;
 - (E) epinephrine 1 mg:
 - (i) 1:1,000 solution; and
 - (ii) 1:10,000 solution;
 - (F) diuretic: furosemide 10mg/ml;
 - (G) nitroglycerin (tablet or spray);
 - (H) vasodilators:
 - (i) labetalol; and
 - (ii) hydralazine or diazoxide;
 - (I) vasopressors:
 - (i) ephedrine; and
 - (ii) phenylephrine;
 - (J) corticosteroids:
 - (i) dexamethasone;
 - (ii) hydrocortisone sodium succinate; or
 - (iii) methylprednisolone sodium succinate;
 - (K) dantrolene (must be in facility for offices in which agents causing malignant hypothermia are used);
 - (L) dextrose 50%;
 - (M) diphenhydramine;
 - (N) reversal agents:
 - (i) naloxone; and
 - (ii) flumazenil;
 - (O) opioid: morphine;
 - (P) procaine 10 mg/ml; and
 - (Q) succinylcholine.
- (d) All practitioners who are being evaluated pursuant to Sections 20-123b-1 through 20-123b-9, inclusive, of the Regulations of Connecticut State Agencies, or who have been issued a permit pursuant to Section 20-123b of the Connecticut General Statutes, shall maintain anesthesia or conscious sedation records which include the date of procedure, nothing by mouth (NPO) status, availability of responsible adult escort, allergies, vital signs, drugs, and doses administered.

(Effective March 23, 1988; Amended January 27, 1994; November 4, 2004.)