

ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

WAC 246-817-701 Administration of anesthetic agents for dental procedures. The purpose of WAC 246-817-701 through 246-817-790 is to govern the administration of anesthetic, sedation, and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 246-320-010 and ambulatory surgical facilities as defined in WAC 246-310-010, pursuant to the ~~DQAC~~Dental Quality Assurance Commission or commission authority in RCW 18.32.640.

(1) The ~~DQAC~~commission has determined that sedation or anesthesia permitting should be based on the "level" of anesthesia because ~~anesthesia/sedation or anesthesia~~ is a continuum, and the route of administration and drug combinations are both capable of producing a deeper level of sedation or /anesthesia than is initially intended. Practitioners intending to produce a given level of sedation should be able to rescue patients who enter a state deeper than initially intended.

(2) All anesthesia providers must provide twenty-four hour, on-call availability following an anesthesia procedure, ~~excluding those procedures using only local anesthetic.~~

(a) In the event a provider will be unavailable for prompt assistance, the provider shall have a pre-arranged agreement with another provider that is readily available to provide care to a patient.

(b) A provider that only administers local anesthesia shall provide timely telephonic or electronic communication with the patient or their representative by the provider or a designated provider.

(3) The dental assistant and expanded function dental auxiliary may not administer any general or local anesthetic, including intravenous sedation.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 10-23-001, § 246-817-701, filed 11/3/10, effective 12/4/10; WSR 09-04-042, § 246-817-701, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-701, filed 10/10/95, effective 11/10/95.]

WAC 246-817-710 Definitions. The definitions in this section apply throughout WAC 246-817-701 through 246-817-790 unless the context clearly requires otherwise.

(1) **"Advanced cardiac life support" or "ACLS"** means a set of clinical interventions for the urgent treatment of cardiac arrest, stroke and other life-threatening medical emergencies, as well as the knowledge and skills to deploy those interventions.

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(2) **"Analgesia"** ~~is~~ means the diminution of pain in the conscious patient.

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(23) "Anesthesia" ~~is~~ means the loss of feeling or sensation, especially loss of sensation of pain.

(34) "Anesthesia monitor" means a credentialed health care provider specifically trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(45) "Anesthesia provider" means a dentist, physician anesthesiologist, dental hygienist, or certified registered nurse anesthetist (CRNA) licensed and authorized to practice anesthesia within the state of Washington.

~~(56)~~ "Automated external defibrillator" or "AED" means a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia, and is able to treat through defibrillation.

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(7) "Basic life support" or "BLS" means a type of care health care providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress, or an obstructed airway.

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(8) "Carbon dioxide" or "CO2" means a gas consisting of one part carbon and two parts oxygen.

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(9) **"Close supervision"** means that a supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. ~~The term~~ Close supervision does not require a supervising dentist to be physically present in the operatory.

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(10) **"Commission on dental accreditation" or "CODA"** means a national organization that develops and implements accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

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

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(12) **"Dental anesthesia assistant"** means a health care provider certified under chapter 18.350 RCW and specifically trained to perform

the functions authorized in RCW 18.350.040 under supervision of an oral and maxillofacial surgeon or dental anesthesiologist.

~~(8) "Direct visual supervision" means supervision by an oral and maxillofacial surgeon or dental anesthesiologist by verbal command and under direct line of sight.~~

(13) "Enteral" means any technique of administration in which an agent is absorbed through the gastrointestinal tract or nasal mucosa.

~~(9) (14) "General anesthesia" is means~~ a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof may be 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.

~~(10) "Local anesthesia" is the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.~~

~~(11) (15) "Minimal sedation" is means~~ a minimally depressed level of consciousness, produced by a pharmacological method, that retains the

patient's ability to independently and continuously maintain an airway and drug induced state during which patients respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

(162) **"Moderate sedation"** ~~is 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. Moderate sedation can include both ~~moderate sedation/analgesia (conscious sedation) and moderate sedation with~~ enteral and parenteral ~~agent~~routes of administration.

(173) **"Parenteral"** means a technique of administration in which the drug bypasses the gastrointestinal (GI) tract, including but not limited to ~~(i.e., intramuscular, intravenous, intranasal intranasal,~~ submuscular, subcutaneous, and ~~intraosseous).~~

(18) **"Pediatric"** means a child 12 years of age or younger.

(19) **"Pediatric advanced life support"** or **"PALS"** means a type of care that focuses on providing advanced airway and life support skills in immediate emergency care to children.

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~~[Statutory Authority: Chapter 18.350 RCW, RCW 18.32.0365, 18.32.640, 18.130.050(14), and 18.260.120. WSR 13-15-144, § 246-817-710, filed 7/23/13, effective 8/23/13. Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-710, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-710, filed 10/10/95, effective 11/10/95.]~~

WAC 246-817-720 Basic life support requirements. Dental staff providing direct patient care in an in-office or out-patient setting must hold a current and valid health-care provider ~~basic life support~~ ~~(BLS)~~ certification. The initial certification must include both didactic and hands-on components. Certification renewal does not require hands-on component. Dental staff providing direct patient care include: Licensed dentists, licensed dental hygienists, licensed expanded function dental auxiliaries, certified dental anesthesia assistants, and registered dental assistants.

Newly hired office staff providing direct patient care are required to obtain the required certification within forty-five days from the date hired.

[Statutory Authority: Chapter 18.350 RCW, RCW 18.32.0365, 18.32.640, 18.130.050(14), and 18.260.120. WSR 13-15-144, § 246-817-720, filed

7/23/13, effective 8/23/13. Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-720, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-720, filed 10/10/95, effective 11/10/95.]

WAC 246-817-722 Defibrillator. (1) Every dental office in the state of Washington that administers ~~minimal, moderate, or deep sedation, or general anesthesia, as defined in WAC 246-817-710~~anesthetic agents of any kind, must have an ~~automated external defibrillator (AED)~~ or defibrillator.

(2) The dentist and staff must have access to the AED or defibrillator in an emergency. ~~The AED or defibrillator, and it~~ must be available and in reach within sixty seconds.

~~(3) A dental office may share a single AED or defibrillator with adjacent businesses if it meets the requirements in this section.~~

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 10-23-001, § 246-817-722, filed 11/3/10, effective 12/4/10; WSR 09-04-042, § 246-817-722, filed 1/30/09, effective 3/2/09.]

WAC 246-817-724 Recordkeeping, equipment, and emergency medications or drugs. Every dental office in the state of Washington~~required in all~~

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~~sites~~ where anesthetic agents of any kind are administered must comply with the requirements in this section. (1) Dental records must contain

an appropriate medical history and patient evaluation. Any adverse reactions, and all medications and dosages, must be recorded.

(2) When sedation of any level is to be administered, excluding minimal sedation by inhalation, pre-sedation vitals including, but not limited to, blood pressure and heart rate must be obtained and recorded, unless the cooperation of the patient or circumstances of the case will not allow it. If pre-sedation vitals cannot be obtained, the reason or reasons ~~(s)~~ why must be recorded.

(3) ~~Office-f~~Facilities and equipment must include:

(a) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(b) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;

(c) Blood pressure cuff for ~~sphygmomanometer~~ of appropriate size;

(d) Stethoscope or equivalent monitoring device.

(4) The following emergency drugs must be available and maintained:

(a) Bronchodilator, including but not limited to albuterol;

(b) Sugar or ~~glucose~~;

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(c) Aspirin;

(d) Antihistaminic, including but not limited to diphenhydramine;

(e) Coronary artery vasodilator, including but not limited to nitroglycerin;

(f) Anti-anaphylactic agent, including but not limited to epinephrine.

(5) A licensed dentist shall develop and maintain written emergency protocols. All staff must be trained in the protocols wherever anesthetic agents of any kind are administered. The emergency preparedness written protocols must include training requirements and procedures specific to the licensed dentist's equipment and drugs for responding to emergency situations involving sedation or anesthesia, including information specific to respiratory emergencies. The licensed dentist shall annually review the emergency protocols and update as necessary. The licensed dentist shall document this review. Protocols must include basic life support protocols, advanced cardiac life support protocols, or pediatric advanced life support protocols based on the licensed dentist's the sedation or anesthesia administering.

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[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 16-06-106, § 246-817-724, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-724, filed 1/30/09, effective 3/2/09.]

WAC 246-817-730 Local anesthesia. Local anesthesia ~~shall~~ must be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(1) "Local anesthesia" means the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

~~(2) All offices must~~ A licensed dentist shall comply with record-keeping, equipment, and emergency medication~~the~~ requirements listed in WAC 246-817-724.

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~~(2)~~ A permit of authorization is not required.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-730, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-730, filed 10/10/95, effective 11/10/95.]

WAC 246-817-740 "Minimal sedation by withinhalation" (to include, but not limited to, nitrous oxide). (1) ~~Training requirements: To administer inhalation minimal sedation a~~ A licensed dentist shall~~must~~ have completed a course containing a minimum of fourteen hours of ~~either~~ predoctoral dental school, ~~or~~ postgraduate instruction~~education, or~~

continuing education in ~~inhalation minimal sedation~~ nitrous oxide to ad-
minister minimal sedation with nitrous oxide.

(2) A licensed dentist shall comply with the pProcedures for ad-
ministration of minimal sedation with nitrous oxide in this section.+

(a) ~~Inhalation~~ minimal sedation with nitrous oxide must be admin-
istered under the close supervision of a person qualified under this
chapter and dental hygienists as provided in chapter 18.29 RCW.+

(ab) ~~When administering inhalation minimal sedation, a~~ second in-
dividual must be on the ~~office~~ premises and able to immediately respond
to any request from the person administering the ~~inhalation~~ minimal
sedation with nitrous oxide.+

(bc) The patient must be continuously observed while ~~inhalation~~
minimal sedation with nitrous oxide is administered.

(3) A licensed dentist shall comply with recordkeeping, Equipment,
and emergency medications requirements: All offices in which inhalation
minimal sedation is administered must comply with the recordkeeping and
equipment standards listed in WAC 246-817-724.

(4) Dental records must contain documentation in the chart of either
nitrous oxide, oxygen or any other inhalation sedation agent adminis-
tered or dispensed.

(a) In the case of nitrous oxide sedation only "N₂O used" is required.

(b) Other inhalation agents require a dose record noting the time each concentration or agent was ~~used~~ administered or dispensed.

(5) ~~Continuing education:~~ A licensed dentist who administers minimal sedation with nitrous oxide inhalation sedation to patients must ~~shall participate~~ complete ~~in~~ seven hours of continuing education ~~or equivalent~~ every five years.

(a) The continuing education must include instruction in one or more of the following areas:

- (i) Sedation;
- (ii) Physiology;
- (iii) Pharmacology;
- (iv) Inhalation analgesia;
- (v) Patient evaluation;
- (vi) Patient monitoring; and
- (vii) Medical emergencies.

(b) In addition to the seven hours of continuing education requirements in (a) of this subsection, ~~the a licensed~~ dentist ~~must~~ shall obtain have a health-care provider ~~basic life support (BLS), or advanced cardiac life support (ACLS, or PALS)~~ certification. Hourly credits earned from

certification in healthcare provider BLS or ACLS courses may not be used to meet the continuing education requirements in (a) of this subsection. However, the hourly credits earned in healthcare provider BLS ~~or~~ ACLS, or PALS certification may be used, as listed in WAC 246-817-440 (3) (b) and (c), to meet the requirements of WAC 246-817-440 ~~to renew the dentist license.~~

(6) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 16-06-106, § 246-817-740, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-740, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-740, filed 10/10/95, effective 11/10/95.]

WAC 246-817-745 "Minimal sedation." (1) ~~Training requirements: To administer "minimal sedation," including:~~

~~(a) A single oral agent, a dentist must have completed a course containing a minimum of fourteen hours of a predoctoral dental school, postgraduate instruction, or continuing education (as defined in WAC 246-817-440) in the use of oral agents;~~

~~(b) Any oral agent in combination with a different agent or multiple agents other than nitrous oxide or injectable agents, a dentist must~~

~~have~~ A licensed dentist shall ~~completed~~ a course containing a minimum of ~~twenty onesixteen~~ hours of ~~either~~ predoctoral dental school, ~~or~~ post-graduate ~~instruction~~ education, or continuing education to administer minimal sedation using a single dose of an a single oral agent and nitrous oxide.

(2) A licensed dentist shall comply with the ~~P~~ procedures for administration of minimal sedation in this section.

(a) Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure.

(i) Review of the patient's current medical history and medication use is required for healthy or medically stable individuals with american society of anesthesiologists patient classification of I or II.

(ii) Consultation with the patient's primary care physician or consulting medical specialist is required for patients with significant medical considerations with american society of anesthesiologists patient classification III or IV.

(b) Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment;

(c) A second individual must be on the office premises and able to immediately respond to any request from the person administering ~~the drug~~ minimal sedation;

(~~ed~~) The patient must be continuously observed while in the office under the influence of the drug;

(~~de~~) Recordkeeping, equipment, and emergency medication requirements listed in WAC 246-817-724.

(f) Any adverse reactions must be documented in the records;

(eg) If a patient unintentionally enters into a moderate level of sedation, the patient must be returned to a level of minimal sedation as quickly as possible. While returning the patient to the minimal sedation level, periodic monitoring of pulse, respiration, and blood pressure must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(3) ~~Dental records must contain~~ A licensed dentist shall documentation in the patient record~~chart of~~ all agents administered, time administered, and dosage for minimal sedation.

(a) In the case of nitrous oxide sedation only, "N₂O used" is required.

(b) Other inhalation agents require a dose record noting the time each concentration and agent was ~~used~~ administered or dispensed.

(4) ~~Continuing education:~~ A licensed dentist who administers minimal sedation ~~to patients must participate in~~ shall complete seven hours of continuing education ~~or equivalent~~ every five years.

(a) The continuing education must include instruction in one or more of the following areas:

- (i) Sedation;
- (ii) Physiology;
- (iii) Pharmacology;
- (iv) Nitrous oxide analgesia;
- (v) Patient evaluation;
- (vi) Patient monitoring; and
- (vii) Medical emergencies.

(b) In addition to the seven hours of continuing education requirements in (a) of this subsection, ~~the a licensed dentist must~~ shall obtain have a health-care provider ~~basic life support (BLS), or advanced cardiac life support (ACLS), or PALS~~ certification. Hourly credits earned from certification in healthcare provider BLS, or ACLS, or PALS courses may not be used to meet the continuing education requirements in (a) of this subsection. However, the hourly credit hours earned in healthcare provider BLS or ACLS certification may be used, as listed in WAC 246-817-

440 (3) (b) and (c), to meet the renewal requirements of WAC 246-817-440 ~~to renew the dentist license.~~

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 16-06-106, § 246-817-745, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-745, filed 1/30/09, effective 3/2/09.]

WAC 246-817-755 Moderate sedation with enteral agents. (1) ~~Training requirements: To administer moderate sedation the~~A licensed dentist ~~must have~~shall completed a course containing a minimum of ~~twenty-one~~seven hours of ~~a predoctoral dental school,~~7 postgraduate ~~instruction~~educa-
tion, ~~or continuing education (as defined in WAC 246-817-440), or con-~~
tinuing education in moderate sedation, in addition to the sixteen hours
required in WAC 246-817-745 ~~in addition to twenty-one hours for minimal~~
~~sedation~~to obtain a moderate sedation with enteral agents permit.

(2) The use of any drugs classified under the Food and Drug Admin-
istration as general anesthetic agents, including but not limited to
Propofol, Ketamine, Remifentanyl, Sevoflurane, Halothane, and

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Isofluarane are considered outside the scope of a moderate sedation with enteral agents permit.

(3) A licensed dentist who holds a valid moderate sedation with enteral agents permit shall comply with the procedures for administration of moderate sedation with enteral agents in this section.

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(a) Patients considered for moderate sedation with enteral agents must undergo an evaluation prior to the administration of any sedative.

(i) Review at an appropriate time of the patient's medical history and medication use and nothing by mouth status.

(ii) Consultation with the patient's primary care physician or consulting medical specialist is required for patients with significant medical considerations with american society of anesthesiologists patient classification of III or IV.

(iii) Patients body mass index must be assessed as part of a pre-procedural workup.

(b) Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

(c) A second individual must be on the ~~office~~ premises who can immediately respond to any request from the person administering the ~~drug~~ moderate sedation with enteral agents.

~~(ed)~~ The patient must be continuously observed while in the office ~~under when the influence of the drug~~ moderate sedation with enteral agents has been administered.

~~(de)~~ Any adverse reactions must be documented in the patient records.

~~(ef)~~ If a patient unintentionally enters a deeper level of sedation, the patient must be returned to a level of moderate sedation as quickly as possible. While returning the patient to the moderate level of sedation, periodic monitoring of pulse, respiration, and blood pressure and pulse oximetry must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

~~(fg)~~ Patients receiving ~~these forms of moderate~~ sedation with enteral agents must be accompanied by a responsible adult upon departure from the treatment facility.

~~(34)~~ A licensed dentist who holds a valid moderate sedation with enteral agents permit shall comply with the ~~Be~~equipment and emergency medications in this section.

~~(a)~~ All offices must comply with the Recordkeeping, equipment, and emergency medication requirements ~~listed~~ in WAC 246-817-724.

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(b) When a sedative drug is used that has a reversal agent, the reversal agent must be in the office emergency kit and the equipment to administer the reversal agent must be stored with the delivery device.

(c) Pulse oximetry equipment or equivalent respiratory monitoring equipment must be available in the office.

(45) ~~Continuing education:~~ A licensed dentist who administers who holds a valid moderate sedation with enteral agents permit to patients ~~must participate~~ shall complete ~~in~~ seven hours of continuing education ~~or equivalent~~ every five years.

(a) The continuing education must include instruction in one or more of the following areas:

- (i) Sedation;
- (ii) Physiology;
- (iii) Pharmacology;
- (iv) Nitrous oxide analgesia;
- (v) Patient evaluation;
- (vi) Patient monitoring; and
- (vii) Medical emergencies.

(b) In addition to continuing education requirements in (a) of this subsection, the licensed dentist who holds a valid moderate sedation with enteral agents permit ~~must~~ shall obtain health-care provider ~~basic~~

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~~life support (BLS), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) certification to renew the moderate sedation permit.~~ Hourly credits earned from certification in healthcare provider BLS, ACLS, or PALS courses may not be used to meet the continuing education requirements in (a) of this subsection. However, the hourly credits earned in healthcare provider BLS, ACLS, or PALS certification may be used, as listed in WAC 246-817-440 (3) (b) and (c), to meet the requirements of WAC 246-817-440 ~~to renew the dentist license.~~

(~~5~~6) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 16-06-106, § 246-817-755, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-755, filed 1/30/09, effective 3/2/09.]

WAC 246-817-760 Moderate sedation with parenteral agents. (1)

~~Training requirements: To administer moderate sedation with parenteral agents, the~~ A licensed dentist ~~must have successfully~~shall completed a postdoctoral course or courses(e) of sixty clock hours or more which includes training in basic moderate sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in

providing moderate sedation with parenteral agents to ~~fifteen~~ twenty or more patients to obtain a moderate sedation with parenteral agents permit.

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(a) If treating an adult, the dentist must have training in adult sedation.

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(b) If treating a ~~minor~~ pediatric patient, the dentist must have training in pediatric sedation.

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(2) In addition to meeting the criteria in subsection (1) of this section, the licensed dentist ~~must also~~ shall have a current certification in ~~advanced cardiac life support (ACLS)~~ or ~~pediatric advanced life support (PALS)~~.

(a) If treating an adult, the dentist must have ACLS certification.

(b) If treating a ~~minor~~ pediatric patient, the dentist must have PALS certification.

(3) The use of any drugs classified under the Food and Drug Administration as general anesthetic agents, including but not limited to Propofol, Ketamine, Remifentanyl, Sevoflurane, Halothane, and Isoflurane are considered outside the scope of a moderate sedation with parenteral agents permit.

(4) The drugs, drug amounts, and techniques used must carry a margin of safety wide enough to render unintended loss of consciousness highly unlikely.

(45) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall comply with the Pprocedures for administration of moderate sedation with parenteral agents in this section.
~~by a dentist and an individual trained in monitoring sedated patients.~~

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(a) In the treatment setting, a patient receiving moderate sedation with parenteral agents must have that sedation administered by a person qualified under this chapter.

(b) Patients considered for moderate sedation with parenteral agents must undergo an evaluation prior to the administration of any sedative.

(i) Review at an appropriate time of the patient's medical history and medication use and nothing by mouth status.

(ii) Consultation with the patient's primary care physician or consulting medical specialist is required for patients with significant medical considerations with american society of anesthesiologist patient classification of III or IV.

(iii) Patients body mass index must be assessed as part of a pre-procedural workup.

(c) A patient may not be left alone in a room and must be continually monitored by a licensed dentist ~~with who holds~~ a valid moderate sedation with parenteral agent permit or trained anesthesia monitor as defined in WAC 246-817-772.

(ed) An intravenous infusion must be maintained during the administration of a parenteral agent. Two exceptions for intravenous infusion may occur, but reasons why intravenous infusion was not used must be documented for:

(i) Pediatric sedation cases using agents for brief procedures; and

(ii) When the pediatric patient is uncooperative or the emotional condition is such that intravenous access is not possible.

(de) When the operative dentist is also the person administering the moderate sedation with parenteral agents, the operative dentist must be continuously assisted by ~~at least one individual experienced in monitoring sedated patients~~ a trained anesthesia monitor, as defined in WAC 246-817-772.

(i) If treating an adult, the additional individual must have experience or training in adult sedation.

(ii) If treating a ~~minor~~ pediatric patient, the additional individual must have experience or training in pediatric sedation.

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(ef) In the treatment setting, a patient experiencing moderate sedation with parenteral agents must be visually and tactilely monitored by the dentist or an individual trained in monitoring sedated patients.

Patient monitoring must include:

- (i) Heart rate;
- (ii) Blood pressure;
- (iii) Respiration;
- (iv) Pulse oximetry; and

(v) Expired ~~carbon dioxide~~ (CO₂). Two exceptions for expired CO₂ monitoring may occur, but reasons why expired CO₂ monitoring was not used must be documented for:

- (A) Pediatric sedation cases using agents for brief procedures; and
- (B) When the pediatric patient is uncooperative or the emotional condition is such that CO₂ monitoring is not possible.

(fg) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall comply with Rrequirements of immobilization devices for pediatric patients.+

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(i) Immobilization devices, such as, papoose boards, must be applied in such a way as to avoid airway obstruction or chest restriction.

(ii) The pediatric patient head position and respiratory excursions must be checked frequently to ensure airway patency.

(iii) If an immobilization device is used, a hand or foot must be kept exposed.

(~~g~~h) The patient's blood pressure and heart rate must be recorded every five minutes, pulse oximetry recorded every five minutes, and respiration rate must be recorded at least every fifteen minutes.

(~~h~~i) The patient's level of consciousness must be recorded prior to the dismissal of the patient.

(~~i~~j) Patients receiving moderate sedation with parenteral agents must be accompanied by a responsible adult upon departure from the treatment facility.

(~~j~~k) If a patient unintentionally enters a deeper level of sedation, the patient must be returned to a level of moderate sedation as quickly as possible. While returning the patient to the moderate level of sedation, periodic monitoring of pulse, respiration, blood pressure and continuous monitoring of oxygen saturation must be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness must be recorded during the sedation and prior to dismissal of the patient.

(~~5~~6) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall document in the patient record~~Dental~~

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~~records must contain~~ appropriate medical history and patient evaluation.

Sedation records must be recorded during the procedure in a timely manner and must include:

(a) Blood pressure;

(b) Heart rate;

(c) Respiration;

(d) Pulse oximetry;

(e) End-tidal CO₂. Two exceptions for end-tidal CO₂ monitoring may occur, but reasons why end-tidal CO₂ monitoring was not used must be documented for:

(i) Pediatric sedation cases using agents for brief procedures; and

(ii) When the pediatric patient is uncooperative or the emotional condition is such that end-tidal CO₂ monitoring is not possible.

(f) Drugs administered including amounts and time administered;

(g) Length of procedure; and

(h) Any complications of sedation.

~~(67) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall comply with the equipment and emergency medications in this section. All offices in which moderate sedation with parenteral agents is administered or prescribed must comply with the following equipment standards.~~

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~~Office facilities and equipment shall include:~~

(a) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.~~+~~

(b) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways.

(i) If treating an adult, the equipment must be appropriate for adult sedation.

(ii) If treating a ~~minor~~pediatric patient, the equipment must be appropriate for pediatric sedation;

(c) A blood pressure cuff ~~for sphygmomanometer~~ of appropriate size and stethoscope; or equivalent monitoring devices.~~+~~

(d) End-tidal CO₂ monitor.~~+~~

(e) Pulse oximetry.~~+~~ ~~and~~

(f) An emergency drug kit with minimum contents of:

(i) Sterile needles, syringes, and tourniquet;

(ii) Narcotic antagonist;

(iii) Alpha and beta adrenergic stimulant;

(iv) Vasopressor;

(v) Coronary vasodilator, including but not limited to nitroglycerin;

(vi) Antihistamine, including but not limited to diphenhydramine;

(vii) Parasympatholytic;

(viii) Intravenous fluids, tubing, and infusion set; and

(ix) Sedative antagonists for drugs used, if available.

~~(78) A licensed dentist who holds a valid moderate sedation with parental agents permit shall complete~~
~~Continuing education: A dentist who administers moderate sedation with parenteral agents must participate in~~ eighteen hours of continuing education ~~or equivalent~~ every three years.

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(a) The continuing education must include instruction in one or more of the following areas:

(i) Venipuncture;

(ii) Intravenous sedation;

(iii) Physiology;

(iv) Pharmacology;

(v) Nitrous oxide analgesia;

(vi) Patient evaluation;

(vii) Patient monitoring; and

(viii) Medical emergencies.

(b) In addition to the continuing education requirements in (a) of this subsection, the licensed dentist who holds a valid moderate sedation with parenteral agents permit ~~must~~ shall have a current certification in ~~advanced cardiac life support (ACLS)~~ or ~~pediatric advanced life support (PALS)~~ to renew the moderate sedation with parenteral agents permit. Hourly credits earned from certification in ~~BLS~~, ACLS, or PALS courses may not be used to meet the continuing education requirements in (a) of this subsection ~~to renew a moderate sedation with parenteral agents permit~~. However, the hourly credits earned in ACLS or PALS certification may be used, as listed in WAC 246-817-440 (3)(b), to meet the requirements of WAC 246-817-440 ~~to renew the dentist license~~.

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(9) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

(10) A moderate sedation with parenteral agents permit allows the holder to deliver moderate sedation with enteral agents without obtaining a separate permit.

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[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 17-07-037, § 246-817-760, filed 3/8/17, effective 4/8/17; WSR 16-06-106, § 246-817-760, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-760, filed

1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-760, filed 10/10/95, effective 11/10/95.]

NEW SECTION

WAC 246-817-765 Pediatric sedation endorsement.

Since the pediatric patient is physiologically and anatomically unlike the adult, and that different sedation drugs and practices may be used for this population, a pediatric sedation endorsement is necessary to ensure that adequately trained and skilled individuals are treating pediatric patients using moderate sedation.

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(1) **Effective (use 6 month delayed date)**, a pediatric sedation endorsement is required to administer moderate sedation with enteral agents or moderate sedation with parenteral agents, to pediatric patients. A moderate sedation with enteral agents or moderate sedation with parenteral agents permit is required to obtain the pediatric sedation endorsement.

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(2) A licensed dentist who holds a valid moderate sedation with enteral agents permit and a pediatric sedation endorsement may administer a single sedating agent expected to produce a moderate level of sedation intranasally to a pediatric patient. This modality may be administered without a moderate sedation with parenteral agents permit.

(3) A licensed dentist who holds a valid moderate sedation with enteral agents or moderate sedation with parenteral agents permit must provide the following to obtain a pediatric sedation endorsement:

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- a. A completed application on forms provided by the secretary;
- b. Evidence of education and training in:

i. A CODA postgraduate instruction in pediatric dentistry, oral and maxillofacial surgery, or dental anesthesiology; or

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ii. Predoctoral dental school, postgraduate instruction, or continuing education of at least thirty-seven hours in minimal and moderate sedation and an additional fourteen hours in pediatric sedation.

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A. The fourteen hours in pediatric sedation must include:

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i. Pediatric specific anatomical and physiological considerations;

ii. Pediatric behavioral management during administration of sedating medication and intraoperatively;

iii. Pediatric drugs, dosages, and routes of administration;

- iv. Appropriate use of immobilization devices;
- v. Record-keeping;
- vi. Nitrous oxide in combination with other sedating medications; and
- vii. Prevention, recognition and management of complications;
- viii. Four or more hours must include hands-on instruction, simulations, live supervised pediatric sedation case management, or a combination of those modalities. Observation alone is not acceptable.

B. The twenty-one hours in minimal and moderate sedation must include:

- i. Physical evaluation;
- ii. Technical administration;
- iii. Drugs and routes of administration;
- iv. Recognition and management of complications and emergencies; and
- v. Monitoring and monitoring equipment including training in expired CO₂.

c. Current healthcare provider BLS and PALS certifications.

(4) A licensed dentist who holds a valid pediatric sedation endorsement shall complete fourteen hours of continuing education every three years.

a. These fourteen hours may count toward moderate sedation with enteral agents or moderate sedation with parenteral agents permit continuing education requirements but do not count towards dentist license continuing education requirements.

b. The continuing education must be in pediatric sedation as detailed in (3) (b) (ii) (A) of this section.

c. In addition to the continuing education requirements in (4) of this section, the licensed dentist shall have current certifications in healthcare provider BLS and PALS. Hourly credits earned from certification in healthcare provider BLS and PALS courses may not be used to meet the continuing education requirements in (4) of this section. However, the hourly credits earned in healthcare provider BLS and PALS

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certification may be used, as listed in WAC 246-817-440 (3)
(b) and (c), to meet the requirement of WAC 246-817-440.

WAC 246-817-770 General anesthesia and deep sedation. Deep sedation and general anesthesia must be administered by an individual qualified to do so under this chapter.

(1) ~~Training requirements: To administer deep sedation or general anesthesia, the~~ A licensed dentist ~~must~~ shall meet one or more of the following criteria to obtain a general anesthesia permit:

~~(a) Any provider currently permitted as of the effective date of this revision to provide deep sedation or general anesthesia by the state of Washington will be grandfathered regarding formal training requirements, provided they meet current continuing education and other ongoing applicable requirements.~~

~~(b_a) New applicants with anesthesia residency training will be required to have had t~~ Two years of continuous full-time anesthesia training meeting the following requirements based on when they began their anesthesia training:

(i) For dentists who began their anesthesia training prior to 2008, training must include two full years of continuous full-time training in anesthesiology beyond the undergraduate dental school level, in a

training program as outlined in part 2 of "*Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*," published by the American Dental Association, Council on Dental Education, ~~last revised October 2005~~.

(ii) For dentists who begin their anesthesia training in January 2008 or after, must have either received a certificate of completion.

(A) From a dental anesthesiology program accredited by CODA ~~(ADA Commission on Dental Accreditation)~~, "*Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology*," January 2007~~;~~ or

(B) From a dental anesthesiology program approved by the ~~Dental Quality Assurance Commission~~; or

(C) With a minimum of two years of full-time anesthesia residency training at a medical program accredited by the Accreditation Council for Graduate Medical Education ~~(ACCME)~~.

(e) New applicants who completed residency training in oral and maxillofacial surgery must meet at least one of the following requirements:

(i) Be a diplomate of the American Board of Oral and Maxillofacial Surgery;

(ii) Be a fellow of the American Association of Oral and Maxillofacial Surgeons; or

(iii) Be a graduate of an Oral and Maxillofacial Residency Program accredited by CODA.

(2) In addition to meeting one or more of the above criteria, the ~~licensed dentist must also shall~~ have a current ~~and documented proficiency in advanced cardiac life support (ACLS)~~ certification.

(3) A licensed dentist who holds a valid general anesthesia permit shall comply with the procedures for administration of deep sedation or general anesthesia in this section.

(a) Patients considered for general anesthesia must undergo an evaluation prior to the administration of any sedative.

(i) Review of the patient's medical history and medication use and nothing by mouth status.

(ii) Consultation with the patient's primary care physician or consulting medical specialist is required for patients with significant medical considerations with american society of anesthesiologist patient classification of III or IV.

(iii) Patients body mass index must be assessed as part of a pre-procedural workup.

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(b) Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, respiration, and expired ~~carbon dioxide~~ (CO₂). In so doing, the licensee dentist must ~~shall~~ utilize electrocardiographic monitoring, pulse oximetry, and end-tidal CO₂ monitoring. ~~+~~

(c) The patient's blood pressure and heart rate shall be recorded every five minutes and respiration rate shall be recorded at least every fifteen minutes. ~~+~~

(d) During deep sedation or general anesthesia, the person administering the anesthesia and the person monitoring the patient may not leave the immediate area. ~~+~~

(e) During the recovery phase, the patient must be continually observed by the anesthesia provider or credentialed personnel. ~~+~~

(f) A discharge entry ~~shall~~ must be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(4) A licensed dentist who holds a valid general anesthesia permit shall document in the patient record ~~Dental records must contain~~ appropriate medical history and patient evaluation. Anesthesia records ~~shall~~ must be recorded during the procedure in a timely manner and must include:

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- (a) Blood pressure;
- (b) Heart rate;
- (c) Respiration;
- (d) Pulse oximetry;
- (e) End-tidal CO₂;
- (f) Drugs administered including amounts and time administered;
- (g) Length of procedure; and
- (h) Any complications of anesthesia.

(5) A licensed dentist who holds a valid general anesthesia permit

shall comply with the ~~the~~ equipment and emergency medications in this section. ~~All offices in which general anesthesia (including deep sedation) is administered must comply with the following equipment standards:~~

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(a) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support.

(c) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure.~~†~~

(d) Suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device must be available.~~†~~

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system.~~†~~

(f) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater.~~†~~

(g) Ancillary equipment which must include the following:

(i) Laryngoscope complete with adequate selection of blades, spare batteries, and bulb;

(ii) Endotracheal tubes and appropriate connectors, and laryngeal mask airway ~~(LMA)~~ and other appropriate equipment necessary to do an intubation;

(iii) Oral airways;

(iv) Tonsillar or pharyngeal suction tip adaptable to all office outlets;

(v) Endotracheal tube forceps;

(vi) Sphygmomanometer and stethoscope;

(vii) Adequate equipment to establish an intravenous infusion;

(viii) Pulse oximeter or equivalent;

(ix) Electrocardiographic monitor;

(x) End-tidal CO₂ monitor; and

(xi) AED or dDefibrillator ~~or automatic external defibrillator~~ ~~(AED)~~ available and in reach within sixty seconds from any area where general or deep anesthesia care is being delivered. Multiple AEDs or defibrillators may be necessary in large facilities. The AED or defibrillator must be on the same floor. ~~In dental office settings where sedation or general anesthesia are not administered, AEDs or defibrillators are required as defined in WAC 246-817-722.~~

(h) Emergency drugs of the following types ~~shall~~ must be maintained:

(i) Vasopressor or equivalent;

(ii) Corticosteroid or equivalent;

(iii) Bronchodilator, including but not limited to albuterol;

(iv) Muscle relaxant;

(v) Intravenous medications for treatment of cardiac arrest;

(vi) Narcotic antagonist;

(vii) Benzodiazepine antagonist;

(viii) Antihistaminic, including but not limited to diphenhydramine;

(ix) Anticholinergic;

(x) Antiarrhythmic;

(xi) Coronary artery vasodilator, including but not limited to nitroglycerin;

(xii) Antihypertensive; and

(xiii) Anticonvulsant.

(6) ~~Continuing education:~~ A licensed dentist who holds a valid

~~(a) A dentist granted a permit to administer~~ general anesthesia permit (including deep sedation) under this chapter, must shall complete eighteen hours of continuing education every three years.

~~A dentist granted a permit must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years.~~

~~(b) The continuing education must be provided by organizations approved by the DQAC and must include instruction~~ be in one or more of the following areas:

(i) General anesthesia;

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- ~~(ii) e~~Conscious sedation;
- ~~(iii) p~~Physical evaluation;
- ~~(iv) m~~Medical emergencies;
- ~~(v) pediatric advanced life support (PALS);~~
- ~~(vi) m~~Monitoring and use of monitoring equipment;
- ~~(vii) p~~Pharmacology of drugs; and
- ~~(viii) a~~Agents used in sedation and anesthesia.

~~(e) In addition to the continuing education requirements in (a) of this subsection, the licensed dentist who holds a valid general anesthesia permit shall have a current certification in ACLS to renew the general anesthesia permit. Hourly credits earned from certification in health care provider basic life support (BLS) and advanced cardiac life support (ACLS) courses may not be used to meet the continuing education hourly requirements for obtaining or renewing a general anesthesia and deep sedation permit, in (a) of this subsection. However, these the hourly credits earned in healthcare provider BLS or ACLS continuing education hours may be used, as listed in WAC 246-817-440 (3) (b) and (c), to meet the renewal requirements of WAC 246-817-440 for the dental license.~~

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(7) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.

(8) A general anesthesia permit allows the holder to deliver moderate sedation with enteral agents and moderate sedation with parenteral agents without obtaining a separate permit.

[Statutory Authority: RCW 18.32.0365, 18.32.640 and 18.32.002. WSR 14-21-068, § 246-817-770, filed 10/10/14, effective 11/10/14. Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-770, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-770, filed 10/10/95, effective 11/10/95.]

WAC 246-817-771 Dental anesthesia assistant. (1) A dental anesthesia assistant ~~must~~shall be certified under chapter 18.350 RCW and WAC 246-817-205.

(2) A dental anesthesia assistant may only accept delegation from an oral and maxillofacial surgeon or dental anesthesiologist who holds a valid Washington state general anesthesia permit.

(3) Under close supervision, the dental anesthesia assistant may:

(a) Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and

(b) Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

(4) Under direct visual supervision, the dental anesthesia assistant may:

(a) Draw up and prepare medications;

(b) Follow instructions to deliver medications into an intravenous line upon verbal command;

(c) Adjust the rate of intravenous fluids infusion beyond a keep open rate;

(d) Adjust an electronic device to provide medications, such as an infusion pump;

(e) Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency.

(5) The responsibility for monitoring a patient and determining the selection of the drug, dosage, and timing of all anesthetic medications rests solely with the supervising oral and maxillofacial surgeon or dental anesthesiologist.

(6) A certified dental anesthesia assistant shall notify the commission in writing, on a form provided by the department, of any changes in his or her supervisor.

(a) The commission must be notified of the change prior to the certified dental anesthesia assistant accepting delegation from another supervisor. The certified dental anesthesia assistant may not practice under the authority of this chapter unless he or she has on file with the commission such form listing the current supervisor.

(b) A supervisor must be an oral and maxillofacial surgeon or dental anesthesiologist who holds a valid Washington state general anesthesia permit.

(c) For the purposes of this subsection:

(i) "Any change" means the addition, substitution, or deletion of supervisor from whom the certified dental anesthesia assistant is authorized to accept delegation.

(ii) "Direct visual supervision" means supervision by an oral and maxillofacial surgeon or dental anesthesiologist by verbal command and under direct line of sight.

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[Statutory Authority: Chapter 18.350 RCW, RCW 18.32.0365, 18.32.640, 18.130.050(14), and 18.260.120. WSR 13-15-144, § 246-817-771, filed 7/23/13, effective 8/23/13.]

WAC 246-817-772 Requirements for anesthesia monitor. (1) When ~~the~~ a licensed dentist is also administering moderate sedation with parenteral agents, ~~the~~ deep sedation or general anesthesia, one additional appropriately trained team member must be designated for patient monitoring.

(2) When moderate sedation with parenteral agents, deep sedation or general anesthesia is administered by a dedicated anesthesia provider, the anesthesia provider may serve as the monitoring personnel.

(3) ~~The~~ A licensed dentist cannot employ an individual to monitor patients receiving moderate sedation with parenteral agents, deep sedation or general anesthesia unless that individual has received a minimum of fourteen hours of documented training, ~~such as national certification American Association of Oral and Maxillofacial Surgeons "AAOMS")~~ ~~in a course~~ specifically designed to include instruction and practical experience in use of equipment to include, but not be limited to, the following equipment:

- (a) Sphygmomanometer; or a device able to measure blood pressure;
- (b) Pulse oximeter; or other respiratory monitoring equipment;
- (c) Electrocardiogram;
- (d) Bag-valve-mask resuscitation equipment;
- (e) Oral and nasopharyngeal airways;

(f) Defibrillator; automatic external defibrillator.

(4) The ~~course~~ training referred to in subsection (3) of this section must also include instruction in:

- (a) Basic sciences;
- (b) Evaluation and preparation of patients with systemic diseases;
- (c) Anesthetic drugs and techniques;
- (d) Anesthesia equipment and monitoring; and
- (e) Office anesthesia emergencies.

[Statutory Authority: RCW 18.32.0365 and 18.32.640. WSR 16-06-106, § 246-817-772, filed 3/1/16, effective 4/1/16; WSR 09-04-042, § 246-817-772, filed 1/30/09, effective 3/2/09.]

WAC 246-817-774 Permitting ~~and~~ renewal requirements. (1) To administer moderate sedation, moderate sedation with parenteral agents ~~(oral and/or parenteral)~~, or general anesthesia ~~(including deep sedation)~~ :

(a) A licensed dentist ~~must shall first~~ meet the requirements of this chapter;

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(b) Possess and maintain a ~~current dental~~ valid dentist license pursuant to chapter 18.32 RCW; and

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(c) Obtain a permit of authorization from the ~~DQAC commis-~~
~~sion through the department of health.~~

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(2) A pediatric sedation endorsement is required to administer
moderate sedation or moderate sedation with parenteral agents to
pediatric patients. A moderate sedation or moderate sedation with
parenteral agents permit is required to obtain the pediatric seda-
tion endorsement as described in WAC 246-817-765.

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(3) Application forms for permits and endorsement may be obtained
online or from the department and must be fully completed and
include the ~~current-applicable~~ application fee.

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(24) A permit of authorization is valid for three years from the
date of issuance ~~and must be renewed prior to the expiration date.~~

(35) ~~In addition to the renewal application form~~The permit holder
shall renew the permit prior to the expiration date, the permit holder
shall provide, the permit holder must:

(a) ~~Demonstrate~~ Written declaration of continuing compliance with
this chapter.

(b) Written declaration of an acceptable on-site inspection by a commission approved organization, as described in WAC 246-817-775, within the previous five years.

(i) The permit holder shall maintain on-site documentation for five years.

(ii) The commission may randomly audit up to twenty-five percent of permit holders after the permit is renewed.

(c) ~~Submit satisfactory evidence~~Written declaration of continuing education hours as required by this chapter.

~~The dentist-~~(i) The permit holder ~~must~~shall maintain ~~records~~continuing education documentation for four years as required in chapter 246-12 WAC, Part 7.

(ii) The commission ~~that can be~~may randomly audited up to twenty-five percent of permit holders as required in chapter 246-12 WAC, Part 7.

(ii) ~~and must submit~~Documentation must include course titles, instructors, dates of attendance, sponsors and number of hours for each course ~~every three years as required by this chapter.~~

(ed) ~~Pay t~~Written declaration that a minimum of 12 emergency drill scenarios was performed biannually.

(i) The permit holder shall maintain emergency drill documentation for three years.

(ii) The commission may randomly audit up to twenty-five percent of permit holders after the permit is renewed.

(e) The applicable renewal fee.

~~(4) Site visits may be conducted at the DQAC discretion. Site visits will be conducted by an anesthesia provider permitted at the same level, in conjunction with a department of health investigator. Site visits may include the evaluation of equipment, medications, patient records, documentation of training of personnel, and other items as determined necessary.~~

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-774, filed 1/30/09, effective 3/2/09.]

New Section

WAC 246-817-775 On-site Inspections

(1) A licensed dentist who holds a moderate sedation with parental agents or general anesthesia permit must:

(a) Obtain an on-site inspection where sedation or anesthesia is provided every five years by an approved organization.

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(b) Choose one office to have inspected, if the permit holder provides sedation or anesthesia in more than one office.

The permit holder must provide an attestation that all the same standards from the inspection are met in all offices where sedation or anesthesia is provided.

(2) On-site inspections by approved organizations include:

(a) The Washington State Society of Oral and Maxillofacial Surgeons; or

(b) Accreditation Association for Ambulatory Health Care; or

(c) Department of Health ambulatory surgical facility license survey as required in chapter 246-330 WAC; or

(d) Joint Commission; or

(e) American Association for Accreditation of Ambulatory Surgery Facilities; or

(f) The Centers for Medicare and Medicaid Services; or

(g) Substantially equivalent organizations approved by the commission;

(3) On-site inspections for general anesthesia permit holders must begin by the end of the first full permit renewal period after June 30, 2020 or five years after initial permit issuance, whichever is later.

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(4) On-site inspection for moderate sedation with parenteral agents permit holders must begin by the end of the first full permit renewal period after June 30, 2021 or five years after initial permit issuance, whichever is later.

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WAC 246-817-776 Discharge criteria for all levels of sedation~~/~~ or general anesthesia. The anesthesia provider must assess patient responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

- (1) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- (2) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (3) The patient can talk and respond coherently to verbal questioning as appropriate to age and preoperative psychological status;
- (4) The patient can sit up unassisted;
- (5) The patient can walk with minimal assistance;
- (6) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness;

(7) A discharge entry must be made in the patient's record by the anesthesia provider. Discharge entries must include:

(a) ~~indicating~~ the patient's condition upon discharge, ~~and~~

(b) ~~and~~ the name of the responsible party to whom the patient is released, ~~if a patient is required to be released to a responsible party~~;

(8) If the patient does not meet established discharge criteria, the anesthesia provider must evaluate the patient and determine if the patient has safely recovered to be discharged. The evaluation determining that the patient can be safely discharged must be noted in the patient's record.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-776, filed 1/30/09, effective 3/2/09.]

WAC 246-817-778 Nondental anesthesia providers. (1) A licensed dentist must have a contract in place when working with a non-dental anesthesia provider. The contract must include:

(a) That all facility, equipment, monitoring, and training requirements, for all personnel required in WAC 246-817-701 through 790 have been met.

(b) That the anesthesia provider is responsible for the pre, intra, postoperative, and discharge anesthetic management of the patient.

(c) Delineation of responsibilities. The dentist and the anesthesia provider shall agree upon and arrange for the provision of items such as facility, equipment, monitoring, and training requirements to be met by either party. The dentist and the anesthesia provider shall establish written emergency protocols, as required in WAC 246-817-724, and all clinical staff must be trained.

(2) A non-dental anesthesia provider may be a certified registered nurse anesthetist or licensed physician anesthesiologist.

(3) Sedation or general anesthesia must be provided by a certified registered nurse anesthetist, licensed physician anesthesiologist, or a licensed dentist with an appropriate sedation or general anesthesia permit.

(4) A licensed dentist must ensure compliance with WAC 246-817-701 through 790 whenever sedation or general anesthesia is administered in their dental facility.

(5) A licensed dentist with a moderate sedation, moderate sedation with parenteral agents, or general anesthesia permit must ensure compliance with WAC 246-817-701 through 790 everywhere they administer sedation or general anesthesia.

~~, certified registered nurse anesthetist (CRNA) or physician anesthesiologist may provide anesthesia services in dental offices where dentists do not have an anesthesia permit when the anesthesia provider ensures that all equipment, facility, monitoring and assistant training requirements as established within this chapter related to anesthesia have been met. The anesthesia provider is exclusively responsible for the pre, intra, and post operative anesthetic management of the patient.~~

~~(2) The dentist without a general anesthesia permit must establish a written contract with the anesthesia provider to guarantee that when anesthesia is provided, all facility, equipment, monitoring and training requirements, for all personnel, as established by DQAC related to anesthesia, have been met.~~

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~~(a) The dentist and the anesthesia provider may agree upon and arrange for the provision of items such as facility, equipment, monitoring and training requirements to be met by either party, provided the delineation of such responsibilities is written into the contract.~~

~~(b) Any contract under this section must state that the anesthesia provider must ensure anesthesia related requirements as set forth in this chapter have been met.~~

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-778, filed 1/30/09, effective 3/2/09.]

WAC 246-817-780 Mandatory Reporting~~Mandatory reporting of death or significant complication as a result of any dental procedure. All licensees engaged in the practice of dentistry~~ A licensed dentist must shall submit a report of any patient death or other life-threatening incident or complication, permanent injury or admission to a hospital that results in a stay at the hospital for more than twenty-four hours, which is or may be a result of a dental procedure caused by a dentist or dental treatment.

(1) ~~The dentist involved must~~ A licensed dentist shall notify the ~~department of health/DQAC~~ commission, by telephone, email, or facsimile.

within seventy-two hours of discovery and must submit a complete written report to the ~~DQAC~~-commission within thirty days of the incident.

(2) When a patient comes into an office with an existing condition, and hospital admission is the result of that condition and not the dental procedure, it is not reportable.

(3) The written report must include the following:

(a) Name, age, and address of the patient.

(b) Name of the dentist and other personnel present during the incident.

(c) Address of the facility or office where the incident took place.

(d) Description of the type of sedation or anesthetic being utilized at the time of the incident.

(e) Dosages, if any, of drugs administered to the patient.

(f) A narrative description of the incident including approximate times and evolution of symptoms.

(g) Hospital discharge records if available.

(h) Additional information which the ~~DQAC~~-commission may require or request.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. WSR 09-04-042, § 246-817-780, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW

18.32.035. WSR 95-21-041, § 246-817-780, filed 10/10/95, effective 11/10/95.]

WAC 246-817-790 Application of chapter 18.130 RCW. The provisions of the Uniform Disciplinary Act, chapter 18.130 RCW, apply to the permits and endorsements of authorization that may be issued and renewed under this chapter.

[Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-790, filed 10/10/95, effective 11/10/95.]