

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) 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.

(b) 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.

(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) **"American Society of Anesthesiologist patient classification I"** means a normal healthy patient.

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(3) **"American Society of Anesthesiologist patient classification II"** means a patient with mild systemic disease.

(4) "American Society of Anesthesiologist patient classification III" means a patient with severe systemic disease.

(5) "American Society of Anesthesiologist patient classification IV" means a patient with severe systemic disease that is a constant threat to life.

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

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

(348) "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.

(459) "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.

~~(5610)~~ "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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(711) "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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(812) "Carbon dioxide" or "CO2" means a gas consisting of one part carbon and two parts oxygen.

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(913) "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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(~~610~~14) "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~~15) "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

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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.

~~(71216)~~ **"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.~~

~~(1317) "Enteral" means any technique of administration in which an agent is absorbed through the gastrointestinal tract or nasal mucosa.~~

~~(9) (1418) "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.~~

~~(11519) "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.

~~(16220) "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.

(~~17321~~) **"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,~~ submuscosal, subcutaneous, and intraosseous—.

(~~1922~~) **"Pediatric"** means a child 12 years of age or younger.

(~~1923~~) **"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. Initial and renewal certification must include both didactic and hands-on components. 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 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.

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(2) When ~~sedation-anesthetic agents of any kind are of any level is to be~~ administered, ~~excluding minimal sedation by inhalation, excluding pediatric patients receiving local anesthetic or minimal sedation with nitrous oxide,~~ presedation 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 ~~presedation~~ vitals cannot be obtained, the reason or reasons ~~(e)~~ 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 ~~or 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~~;

(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.

(a) All staff must be trained in the protocols wherever anesthetic agents of any kind are administered.

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(b) 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.

(c) The licensed dentist shall annually review the emergency protocols and update as necessary.

(d) The licensed dentist shall document the annual review.

(e) Protocols must include basic life support protocols, advanced cardiac life support protocols, or pediatric advanced life support protocols based on the level of anesthetics being administered.

[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.

~~(23)~~ 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 inhalation" (to include, but not limited to, with nitrous oxide)~~. (1) ~~Training requirements: To administer inhalation minimal sedation 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 administer minimal sedation with nitrous oxide.

(2) ~~A licensed dentist shall comply with the p~~ Procedures for administration of minimal sedation with nitrous oxide in this section.

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

~~(a)~~ ~~When administering inhalation minimal sedation, a~~ second individual 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.

~~(b)~~ 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 medication ~~s 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 min-imal sedation with nitrous oxide ~~inhalation sedation to patients~~

~~must~~shall ~~participate~~complete ~~in~~ seven hours of continuing education ~~or equivalent~~ every ~~five~~three years. See WAC 246-817-773 for continuing education requirements.

(6) A licensed dentist who administers minimal sedation with nitrous oxide must hold a current and valid BLS or ACLS certification.

~~(a) The 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 education requirements in (a) of this subsection, the dentist must obtain health care provider basic life support (BLS), or advanced cardiac life support (ACLS) certification. Hourly credits earned from certification in BLS or ACLS courses may not be used to meet the education requirements in (a) of this subsection. However, the hourly credits earned in BLS or ACLS certification may be used to meet the requirements of WAC 246-817-440 to renew the dentist license.~~

(67) 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~~ postgraduate ~~instruction~~ education, or continuing education to administer minimal sedation using which is limited to a single dose of ~~an~~ a single oral agent and with or without nitrous oxide.

(2) A licensed dentist shall comply with the 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;

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

(e) 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~~three~~ years. See WAC 246-817-773 for continuing education requirements.

(5) A licensed dentist who administers minimal sedation must hold a current and valid BLS or ACLS certification.

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~~(a) The 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 education requirements in (a) of this subsection, the dentist must obtain health care provider basic life support (BLS) or advanced cardiac life support (ACLS) certification. Hourly credits earned from certification in BLS or ACLS courses may not be used to meet the education requirements in (a) of this subsection. However, the hourly credit hours earned in BLS or ACLS certification may be used to meet the renewal requirements of WAC 246-817-440 to renew the dentist license.~~

(56) 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~~education, or continuing education (as defined in WAC 246-817-440), or continuing 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.

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(2) 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 enteral agents permit.

(3) A licensed dentist who holds a valid moderate sedation with enteral agents permit shall comply with the P~~rocedures~~ 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 NPO or 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.

(~~b~~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.

(~~e~~d) 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.

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

(~~e~~f) 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.

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

~~(3)~~ 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.

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

~~(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 three years. See WAC 246-817-773 for continuing education requirements.~~

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~~(6) A licensed dentist who holds a valid moderate sedation with enteral agents permit must hold a current and valid BLS or ACLS certification.~~

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~~(a) The 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 education requirements in (a) of this subsection, the dentist must obtain health care provider basic 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 BLS, ACLS, or PALS courses may not be used to meet the education requirements in (a) of this subsection. However, the hourly credits earned in BLS, ACLS, or PALS certification may be used to meet the requirements of WAC 246-817-440 to renew the dentist license.~~

(57) 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~~(s)~~ 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 NPO or 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.

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

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

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

~~(jk)~~ 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.

~~(56) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall document in the patient record. Dental 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~~~~

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~~with parenteral agents is administered or prescribed must comply with the following equipment standards:~~

~~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 parenteral agents permit and administers moderate sedation with parenteral agents in another licensed dentist office, must have a contract in place that contains the provisions described in WAC 246-817-778 (1) (a) through (c).

(9) 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-fourteen~~ hours of continuing education ~~or equivalent~~ every three years. See WAC 246-817-773 for continuing education requirements.

(10) A licensed dentist who holds a valid moderate sedation with parenteral agents permit must hold a current and valid ACLS certification.

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~~(a) The 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 education requirements in (a) of this subsection, the dentist must 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 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 to meet the requirements of WAC 246-817-440 to renew the dentist license.~~

~~(811) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.~~

(12) 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)~~ January 1, 2023, 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

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.

A. The fourteen hours in pediatric sedation must include:

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~~thirty-seven 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. See WAC 246-817-773 for continuing education requirements.

(5) A licensed dentist who holds a valid pediatric endorsement must hold a current and valid BLS and PALS certification.

(6) An endorsement of authorization is required. See WAC 246-817-774 for endorsement requirements.

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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 complete two years of continuous full-time anesthesia training in 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.~~

~~(ba) New applicants with anesthesia residency training will be required to have had tTwo 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).~~

~~(iia) For dentists who begin their anesthesia training in January 2008 or after, must have either received a~~ certificate of completion in one or more of the following anesthesia trainings:~~i~~

~~(Ai) 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)~~ at the time the training was completed; or

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

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

~~(eb) New a~~ 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.

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(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 NPO or 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.

(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 licensed dentist ~~must~~shall utilize electrocardiographic monitoring, pulse oximetry, and end-tidal CO₂ monitoring.†

(c) The patient's blood pressure, ~~and~~ heart rate, and respiration 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:~~

(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.

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(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 defibrillator ~~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) A licensed dentist who holds a valid general anesthesia permit and administers general anesthesia in another licensed dentist office, must have a contract in place that contains the provisions described in WAC 246-817-778 (1) (a) through (c).

~~(7) 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. See WAC 246-817-773 for continuing education requirements.~~

(8) A licensed dentist who holds a valid general anesthesia permit must hold a current and valid ACLS certification.

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~~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 education must be provided by organizations approved by the DQAC and must be in one or more of the following areas: General anesthesia; conscious sedation; physical evaluation; medical emergencies; pediatric advanced life support (PALS); monitoring and use of monitoring equipment; pharmacology of drugs; and agents used in sedation and anesthesia.~~

~~(c) 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, however these continuing education hours may be used to meet the renewal requirement for the dental license.~~

~~(9⁷) A permit of authorization is required. See WAC 246-817-774 for permitting requirements.~~

~~(10) 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.]

New Section

WAC 246-817-773 Continuing education for dentists administering sedation

Continuing education must contribute to the professional knowledge and development of the licensed dentist to enhance sedation services provided to patients.

The continuing education reporting period for a licensed dentist that administers sedation in Washington before **December 31, 2021** begins **January 1, 2022**.

The three-year continuing education reporting period for a licensed dentist that administers minimal sedation with nitrous oxide or minimal sedation in Washington on **January 1, 2022** or later begins the date of first administration of sedation.

The three-year continuing education reporting period for a licensed dentist initially issued a sedation permit in Washington on **January 1, 2022** or later begins the date of permit issuance.

Verification of completion of continuing education hours will be due on the dentist's sedation permit renewal date beginning in **2025**.

(1) A licensed dentist who administers minimal sedation with nitrous oxide, minimal sedation, or holds a valid moderate sedation with enteral agents permit, shall complete seven hours of continuing education as required in WAC 246-817-740, 745, and 755 every three years. Continuing education must be completed in one or more of the following subject categories:

- (a) Oral Sedation;
- (b) Physiology;
- (c) Pharmacology;
- (d) Nitrous oxide analgesia;

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- (e) Patient evaluation;
- (f) Patient monitoring;
- (g) Medical emergencies; and
- (h) PALS.

(2) A licensed dentist who holds a valid moderate sedation with parenteral agents permit shall complete fourteen hours of continuing education as required in WAC 246-817-760 every three years. Continuing education must be completed in one or more of the following subject categories:

- (a) Oral or Intravenous Sedation;
- (b) Physiology;
- (c) Pharmacology;
- (d) Nitrous oxide analgesia;
- (e) Patient evaluation;
- (f) Patient monitoring;
- (g) Medical emergencies; and
- (h) PALS.

(3) A licensed dentist who holds a valid pediatric endorsement shall complete fourteen hours of continuing education as required in WAC 246-817-765 every three years. These fourteen hours may count toward moderate sedation with enteral agents or moderate sedation with parenteral agents permit continuing education requirements. Continuing education must be completed in one or more of the following subject categories:

- (a) Pediatric sedation;
- (b) Pediatric physiological;
- (c) Pediatric pharmacology;
- (d) Nitrous oxide analgesia;
- (e) Patient evaluation;
- (f) Patient monitoring;
- (g) Pediatric behavioral management;
- (h) Appropriate use of immobilization devices; and
- (i) Medical emergencies.

(4) A licensed dentist who holds a valid general anesthesia permit shall complete eighteen hours of continuing education as required in WAC 246-817-770 every three years. Continuing education must be completed in one or more of the following subject categories:

- (a) General anesthesia;

- (b) Physiology;
- (c) Pharmacology;
- (d) Inhalation analgesia;
- (e) Patient evaluation;
- (f) Patient monitoring;
- (g) Medical emergencies;
- (h) Behavioral management; and
- (i) PALS.

(5) Continuing education in subject categories identified in subsection (1) through (4) of this section may be completed using any of the following activities or methods:

- (a) Attendance at local, state, national, or international continuing education courses, live interactive webinars, dental study clubs, postdoctoral education, and dental residencies;
- (b) Self-study by various means, relevant to dentistry, without an instructor physically present.

(i) Self-study can be continuing education provided online or through the mail provided by a continuing education provider. Thirty minutes will count for every one hour completed for this activity;

(ii) Self-study can be reading a book that contributes to the professional knowledge and development of the licensed dentist, or enhance services provided to patients.

A two-page synopsis of what was learned written by the licensed dentist is required. Two hours of continuing education for each book and synopsis will be granted. A licensed dentist may not count more than three hours every three years for this activity.

(c) Teaching, presenting, or lecturing in a course, only if the presentation or lecture is created or authored by the dentist claiming the continuing education hours. A licensed dentist may not count more than two hours every three years in this activity;

(d) Direct clinical supervision of dental students and dental residents. A licensed dentist may not count more than two hours every three years in this activity;

(e) Publishing a paper related to sedation in a peer review journal. A licensed dentist may count two hours the year the paper is published and may not count more than a total of three hours every three years in this activity. A copy of the publication is required;

(f) Reading and critically evaluating any hypothesis-driven scientific journal article on a topic that has relevance to dentistry sedation and is published in a peer-reviewed journal devoted to dentistry, medicine, or useful to dentistry. A licensed dentist may not count more than two hours every three years.

(i) Before completing this activity, the licensed dentist must complete at least four hours of education in evidence-based dentistry or medicine that includes journal article evaluation. The four-hour education may count toward the required sixty-three hour requirement. The four-hour education is a one-time requirement. A licensed dentist may not count more than two hours every three years.

(ii) A licensed dentist may count one hour for each article that the dentist completes a "Critical Evaluation of a Journal Article" questionnaire. The questionnaire may be obtained from the commission. The completed questionnaire is required;
(6) Proof of continuing education is a certificate of completion, letter, or other documentation verifying or confirming attendance or completion of continuing education hours. Documentation must be from the organization that provided the activity, except in subsection (5)(b)(ii), (e), and (f)(ii) of this section, and must contain at least the following:
(a) Date of attendance or completion;
(b) Hours earned; and
(c) Course title or subject.

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

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

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

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(c) ~~e~~ 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 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 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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(4) A permit of authorization is valid for three years from the date of issuance ~~and must be renewed prior to the expiration date.~~

(5) ~~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) For a licensed dentist with a moderate sedation with parenteral agents or general anesthesia permit a 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 inspection 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~~in WAC 246-817-773.

~~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:

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(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.

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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.

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(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, 2022~~0~~ or five years after initial permit issuance, whichever is later.

(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, 2023~~4~~ 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~~. Two exceptions for vital signs may occur, but reasons why vital signs were not taken must be documented for:~~

- (a) Pediatric ASA I or ASA II patients undergoing routine dental procedures using local anesthetic and/or nitrous oxide with no other sedating medications; or
- (b) When vital signs are not possible due to the pediatric patient's behavioral or emotional state.

(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 t~~The patient's condition upon discharge, ~~and~~

~~(b) and (c)~~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~~dentist anesthesia providers. (1) A licensed dentist must have a contract in place when working with a non-dentist 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 nondentist 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.]