TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control:	270	
Department or Agency:	Board of Dental Examiners of Alabama	
Rule No.:	270-X-221	
Rule Title:	Oral Conscious Sedation	
Intended Action	Amend	
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?		Yes
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?		Yes
Is there another, less restrictive method of regulation available that could adequately protect the public?		No
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved?		No
To what degree?: N/A		
Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule?		NA
Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?		Yes
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?		No
Does the proposed rule have an economic impact?		No
If the proposed rule has an economic impact, the proposed rule is required t accompanied by a fiscal note prepared in accordance with subsection (f) of S $41-22-23$, Code of Alabama 1975 .		

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, <u>Code of Alabama 1975</u>, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

W. Blake Strickland

W. Blake Strickland PFC'D

Monday, February 12

'D & FILED
FEB 12, 2024

LEGISLATIVE SVC AGENCY

Date

BOARD OF DENTAL EXAMINERS OF ALABAMA

NOTICE OF INTENDED ACTION

AGENCY NAME: Board of Dental Examiners of Alabama

RULE NO. & TITLE: 270-X-2-.21 Oral Conscious Sedation

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The Board proposes to amend its existing rule regarding oral conscious sedation to clarify existing language and ensure public safety. This rulemaking is permissible under Section 2 of E.O. 735, because the amendment does not impose any new regulatory burdens on the public.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments concerning the proposed rule in writing to: W. Blake Strickland, Executive Director, Board of Dental Examiners of Alabama, 2229 Rocky Ridge Road, Birmingham, Alabama 35216, by mail or in person between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday, until and including April 4, 2024. Persons wishing to submit data, views, or comments should contact W. Blake Strickland by e-mail (blake@dentalboard.org) during the comment period. Interested persons may also present comments at a public meeting/hearing to be held on April 5, 2024. Copies of proposed rules may be obtained at the Board's web site, www.dentalboard.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, April 4, 2024

CONTACT PERSON AT AGENCY:

W. Blake Strickland, Executive Director Board of Dental Examiners of Alabama 2229 Rocky Ridge Road Birmingham, AL 35216

W. Blake Strickland

W. Blake Strickland

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)

270-X-2-.21 Oral Conscious Sedation.

The following requirements shall apply to the administration in the office of oral conscious sedation by dentists:

- (1) Dentists must have completed an in-person Advanced Cardiac Life Support (ACLS) Course and maintain a current certification in same while providing Oral Conscious Sedation.
- (2) Dentists must have successfully completed a minimum of sixteen (16) hours of training in Oral Conscious Sedation or completed an American Dental Association accredited postgraduate general dentistry or specialty residency which included specific training in oral conscious sedation. In order for the training to be approved by the Board, the course shall contain In order for a course of training to be approved by the Board, the following shall be required:
 - (a) A minimum of sixteen (16) hours of training a minimum of the following topics:
 - (b) (a) The definition of oral conscious sedation and anxiety reduction (anxiolysis);
 - (c) (b) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;
 - (d) (c) Coverage of medical conditions which can
 adversely affect the administration of oral conscious
 sedation and the basics of physical diagnosis to
 appropriately classify your patient medically;
 (e) (d) Coverage of proper monitoring techniques for the
 sedated patient;
 - (f) (e) An overview of the most common sedation protocols from start to finish;
 - (g) Proper documentation required by the dentist and dental staff; i.e., consent forms, monitoring strips(f)
 Proper documentation required by the dentist and dental staff to be maintained in the patient record, to include a sedation record; consent forms; monitoring strips; documentation of pre-operative, intra-operative, and post operative vital signs; and patient information packets;
 - (h) An overview of potential medical emergencies specific to oral conscious sedation and their diagnosis and management; Types of medical emergencies and appropriate responses.
- $\frac{(2)}{(3)}$ In order for an entity or organization to be approved by the Board for purposes of training in oral conscious sedation, training offered must at a minimum include the topics referenced in subsection $\frac{(1)}{(2)}$ above.
- (3) The emergency kit must (4) The dentist shall maintain a medical emergency kit containing at a minimum include the following medications and equipment:

- (a) Medications
 - (1) Epinephrine;
 - (b) (2) Atropine;
 - (c) Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil), if these agents are used (3) Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil);
 - (d) (4) An antihistamine (e.g., Diphenhydramine HCL); (e) (5) Nitroglycerine;
 - (f) (6) A bronchodilator (e.g., Albuterol inhaler); and
 - (g) An antihypoglycemic (7) An anti-hypoglycemic (e.g., 50% glucose).
- (b) Equipment
 - (1) Stethoscope and blood pressure cuff
 - (2) Oropharyngeal Airways
 - (3) Automatic External Defibrillator (AED) and appropriate pads.
 - (4) AnyOxygen gas-delivery system or portable oxygen tank capable of delivering metered oxygen with appropriate size masks
 - (5) Central or portable suction unit with appropriate suction tips
 - (6) Equipment capable of mechanically monitoring blood pressure, respirations, cardiac rate, oxygen saturation, end tidal CO2 (capnography) and electrocardiogram (EKG)
- (5) The operatory where oral conscious sedation is administered must be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management management of medical emergencies.
- (5) (6) Inhalation equipment used in conjunction with oral conscious sedation must be capable of providing adequate oxygen supply. This equipment shall be evaluated prior to use on each patient.
- (7) The dentist shall have a minimum of one (1) allied personnel present at all times to assist. All allied personnel who may be involved in the monitoring of a patient who is administered oral conscious sedation shall be trained to assist the dentist in the recognition and management of the following clinical emergencies:
 - (a) Laryngospasm;
 - (b) Bronchospasm;
 - (c) Emesis and aspiration of vomitus;
 - (d) Management of foreign bodies in the airway;
 - (e) Angina pectoris;
 - (f) Myocardial infarction;

- (g) Cardiopulmonary resuscitation;
- (h) Hypotension;
- (i) Hypertensive crisis;
- (j) Acute allergic reaction;
- (k) Hyperventilation syndrome;
- (1) Convulsions; and
- (m) Syncope.

(6) In order for a patient to be appropriately monitored, the monitoring and recording of blood pressure at intervals determined by the dentist must be performed both during the administration of oral conscious sedation and any recovery period (8) Appropriate continuous monitoring and documentation of the patient's vital signs during oral conscious sedation shall include blood pressure, respirations, heart rate, oxygen saturation, end tidal CO2 (capnography), and electrocardiogram (EKG). This monitoring shall be documented in the pre-operative, intra-operative, and post-operative sedation intervals. Intra-operative monitoring of vital signs shall be recorded no less frequently than every five minutes. Appropriate protocols should be established to ensure appropriate recovery of the patient prior to discharge from the clinic. (7) (9) As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic quidelines and not dependent upon the period of duration of the procedure. (8) A dentist utilizing oral conscious sedation in the dental office may induce only one (1) patient at a time. A second (2(10) A dentist utilizing oral conscious sedation in the dental office may sedate only one (1) patient at a time. Until such and patient shall not be induced until the first (1) time a patient that has been st) patient sedated is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two (2) or more permit holders are present simultaneously, each may sedate one (1) patient provided that the office has the necessary staff and equipment, as set forth in this rule., a dentist may not sedate additional patients. (9) (11) Not withstanding any of the provisions set forth above, any oral conscious sedation administered to a pediatric patient, shall be pursuant to and follow the current quidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children through adolescence, including those with special health care needs.

(10) (12) All individuals licensed to practice dentistry who intend on administering Oral Conscious Sedation shall submit an application and fee, as established by the Board, for an Oral Conscious Sedation permit. An oral conscious sedation permit shall be obtained prior to the administrating of such sedation. Thereafter the renewal requirements and expiration date shall be the same as those for a dental license. All individuals who intend on administering Oral Conscious Sedation shall file for an Oral Conscious Sedation permit prior to administering such sedation. The renewal requirements and expiration of such permit shall be the same as those for annual renewal of a dental license. Fees for such permit shall be established by the Board (13) The Board may require an on-site inspection of the facility, personnel, and equipment to confirm the above requirements to utilize oral conscious sedation have been completed prior to issuing an oral conscious sedation permit.

Author: Board of Dental Examiners

Statutory Authority: Code of Ala. 1975, \$\$34-9-16, 34-9-43,

34-9-81, Act 2005-298.

History: New Rule: Filed January 17, 2006; effective February
21, 2006. Amended: Filed February 22, 2012; effective March
28, 2012. Amended: Published 2024; effective 2024.