APA-3

CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on Friday, November 6, 2026, and filed with the agency secretary on Monday, November 9, 2026.

AGENCY NAME: Board of Dental Examiners of Alabama

INTENDED ACTION: Amend

RULE NO.: 270-X-2-.21
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

RULE TITLE: Oral Conscious Sedation

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLIV, ISSUE NO. 9, AAM, DATED TUESDAY, JUNE 30, 2026.

STATUTORY RULEMAKING AUTHORITY: 34-9-16, 34-9-43, 34-9-81, Act 2005-298

(Date Filed)
(For LRS Use Only)

REC'D & FILED
NOV 16, 2026
LEGISLATIVE SVC AGENCY

Sharon Thomas
Sharon Thomas
Certifying Officer or his or her Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

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. Dentists with a declared pediatric specialty may substitute Pediatric Advanced Life Support (PALS)in place of the ACLS requirement.

(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 a minimum of the following topics:

(a) The definition of oral conscious sedation and anxiety reduction (anxiolysis);

(b) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;

(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;

(d) Coverage of proper monitoring techniques for the sedated patient;

(e) An overview of the most common sedation protocols from start to finish;

(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 record; documentation of pre-operative, intra-operative, and post operative vital signs; and patient information (e.g., medical record, chronic medications, allergies, review of systems, past medical and surgical history);

(h) Types of medical emergencies and appropriate responses.

(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 (2) above.

(4) The dentist shall maintain a medical emergency kit containing at a minimum include the following medications and equipment:

(a) Medications

1. Epinephrine;

2. Atropine;

3. Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil);

4. An antihistamine (e.g., Diphenhydramine HCL);

5. Nitroglycerine;

6. A bronchodilator (e.g., Albuterol inhaler); and

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. Oxygen gas-delivery system or portable oxygen tank capable of delivering metered oxygen with appropriate size masks and positive pressure Ambu-type bag.

5. Central or portable suction unit with appropriate suction tips.

6. Equipment capable of mechanically monitoring blood pressure, respirations (end tidal C02 and/or pre-cordial stethoscope), heart rate, oxygen saturation, 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 management of medical emergencies.

(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;

(l) Convulsions; and

(m) Syncope.

(8) Appropriate continuous monitoring and documentation of the patient's vital signs during oral conscious sedation shall include blood pressure, respirations from end-tidal C02-capnography (patients 14 years of age and older) and/or pre-cordial stethoscope (patients younger than 14 years of age), heart rate, oxygen saturation, end tidal CO2 (capnography), and electrocardiogram (EKG) (patients 14 years of age or older). The EKG may be excepted in patients below 14 years of age due to nature of the patient, procedure, or utility of equipment. This monitoring shall be documented in the pre-operative, intra-operative, and post-operative sedation intervals. The aforementioned monitoring shall be documented and recorded within the anesthetic record in five-minute intervals.

(9) As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic guidelines and not dependent upon the period of duration of the procedure.

(10) A dentist utilizing oral conscious sedation in the dental office may sedate only one (1) patient at a time. Until such time a patient that has been 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, a dentist may not sedate additional patients.

(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 guidelines 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 below 14 years of age, including those with special health care needs.

(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.

(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 April 30, 2024; effective June 14, 2024. **Amended:** Published February 28, 2025; effective April 14, 2025. **Amended:** Published November 30, 2026; effective January 14, 2027.