

# NEWS FROM THE IDAHO STATE BOARD OF DENTISTRY



## BOARD NEWS/UPCOMING MEETINGS

At the January 20-21, 2012 meeting the Board of Dentistry honored Dr. Curtis Wiggins (Lewiston) for his years of service to the Board. He was appointed to the Board in 2007 and served as Chairman during 2011. Dr. John Blaisdell (Caldwell) was elected as Chairman for 2012.

The Board of Dentistry convenes its regular meetings on a quarterly calendar, the remainder of 2012 regular meetings will be held:

*April 13-14, 2012 in Boise, July 13-14, 2012 in Idaho Falls, October 19-20, 2012 in Boise*

## BOARD MEMEBERS

**John D. Blaisdell, DDS**  
Chairman  
Caldwell, ID  
**Val Garn, DDS**  
Burley, ID  
**Jay M. Harris, DDS**  
Idaho Falls, ID  
**Janis McClelland, RDH**  
Sandpoint, ID  
**Jan M. Simpson, RDH**  
Blackfoot, ID  
**Robert J. Timothy, DDS**  
Montpelier, ID  
**Curtis E. Wiggins, DDS**  
Lewiston, ID  
**Tina Gustaveson Wilson**  
Consumer Member  
Bonners Ferry, ID

## Board Staff

**Susan Miller**  
Executive Director  
**Stephanie Seal**  
Administrative  
Assistant  
**Julie Morgan**  
Office Specialist

## PENDING ADMINISTRATIVE RULES

The following revisions to the Board of Dentistry Administrative rules were adopted by the Board on November 4, 2011 and published as pending rules in the December 7, 2011 Idaho Administrative Bulletin. Both the House and Senate Health and Welfare committees have approved the pending rules and they will become effective upon the date of legislative adjournment. A brief description of the proposed changes is listed below, for a complete copy of the rulemaking dockets please go to <http://adminrules.idaho.gov/bulletin/2011/08.pdf>.

- Change in title of incorporated documents from “Documents” to “Professional Standards”. The unprofessional conduct rules will make reference to the Professional Standards incorporated by reference and clarify the necessity of compliance with those standards.
- Current rules provide for dental assistant course approval by the Board. The Board was concerned that public perception of the current language connotes broader authority than approval of curriculum and therefore propose to change the language to clarify this.
- The Board of Dentistry proposed to delete the prohibited advertising standard listed in Rule 046.02(f).
- The Board proposed to rescind a 2010 revision to the continuing education rules which limited the number of hours obtained through self-study. The Board has added a requirement that continuing education be verifiable.
- Current rules prohibit a dentist who holds a moderate enteral sedation permit from administering moderate enteral sedation to patients under the age of eighteen (18). The Board proposed to revise the rule to allow administration of moderate enteral sedation to patients who are sixteen (16) years of age and older and one-hundred (100) pounds and over.

## OVERVIEW OF THE BOARD OF DENTISTRY

The Idaho Board of Dentistry is governed by the State of Idaho and is a separate and distinct entity from any professional association. The mission of the Board is to assure the public health, safety and welfare in the state of Idaho by the licensure and regulation of dentists and dental hygienists. The Board is self-supporting whose funding is primarily derived from the collection of application and licensing fees. The Board does not receive any general fund monies.

# RECORD RETENTION

Retention of dental records is not specifically addressed in the Idaho Dental Practice Act or the Administrative Rules. The Board office will typically refer this question to the dentist's professional liability carrier. The following information regarding record retention was obtained from Terry Arp, at Terry R. Arp & Associates.

## Keeping Records, Models, Molds, etc.

Models are considered part of the records. RE: an adult, maybe keep for at least 10 – 15 years, especially on larger or more difficult cases such as; extensive crown & bridge, changing the bite, or vertical dimension. On simpler procedures like 1 – 3 unit bridge, maybe not so long.

**ORTHO CASES** – same as above, on children even longer due to the statute of limitations not starting until after age of majority.

**WAX-BUILD-UPS FOR VENEERS** – if created in conjunction with a treatment plan, should be part of the record. Veneers might not last or maybe need to be redone due to a color change. Nice to have the pre treatment study model. Also nice to have as some patients forget just how awful their mouth used to be!

**DENTAL RECORDS** - Accurate and thorough records are one of the most powerful risk management tools and a foundation of quality patient care. Comprehensive, thorough documentation reduces the opportunity for treatment errors, communication problems and patient dissatisfaction.

The dental record serves two major purposes. It preserves your memory about important patient information and facilitates the sharing of vital information, both within and outside your practice. All information critical to the diagnosis, treatment, and continued care of the patient should be documented in the dental record.

In the event that you do become a defendant in a malpractice action, a comprehensive dental record is your chief defense weapon. It is difficult for a plaintiff to challenge an accurate and unaltered dental record written at the time of treatment.

One of the most significant problems in defending professional liability claims occurs when diagnosis, treatment, referral, consultation or patient issues are not supported by appropriate documentation. ***At a malpractice trial, the jury will be told, and the defendant dentist must acknowledge, that all pertinent patient information – personal and clinical – should be documented in the dental record.*** If the record is then found deficient, the dentist's credibility as a witness is severely weakened. In the subsequent battle of oral testimony, a jury comprised of the patient's peers is going to side with the patient's version of the events, as long as that version is believable.

## RELEASE OF PATIENT RECORDS

The Board frequently receives questions from patients and dental offices regarding the requirement to release patient records. This is addressed in the ADA's Principles of Ethics and Code of Professional Conduct as incorporated by reference in the Administrative Rules of the Idaho Board of Dentistry. A complete copy of the document is available on the Board's website at [www.isbd.idaho.gov](http://www.isbd.idaho.gov). The portion which addresses release of patient records states:

**Patient Records.** Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

### Advisory Opinions

#### 1.b.1. Furnishing Copies of Records.

A dentist has the ethical obligation on request of either the patient or the patient's new dentist to furnish in accordance with applicable law, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental x-rays or copies of them, as will be beneficial for the future treatment of that patient. This obligation exists whether or not the patient's account is paid in full.

## IDAHO BOARD OF PHARMACY WEEKLY REPORTING

Remember, if dispensing controlled substances in your practice, you must file weekly dispensing reports with the Idaho Board of Pharmacy. For information on how to submit reports, please contact the Board of Pharmacy at 208-334-2356.

## IDAHO BOARD OF PHARMACY PATIENT PRESCRIPTION HISTORY DATABASE

Since 1997, the Idaho Board of Pharmacy has maintained a prescription history database of all controlled substance prescriptions dispensed by Idaho community pharmacies and Idaho licensed mail service pharmacies. A patient's prescription history is available to a practitioner who holds an Idaho Board of Pharmacy controlled substance registration and a DEA registration and who is prescribing or considering prescribing controlled substances to that patient.

In 2008 the Board of Pharmacy made the prescription information available online to practitioners and pharmacists who register with the Board. The prescription information is available online 24 hours a day, seven days a week and may be useful to a prescriber to ensure the patient is not receiving duplicate prescriptions or to verify the patient has been seen in the practice. The practitioner is issued a password and username to access the online system.

Please contact Teresa Anderson at the Idaho Board of Pharmacy by calling 208-334-2356 or by email at [Teresa.Anderson@bop.idaho.gov](mailto:Teresa.Anderson@bop.idaho.gov) if you have questions or would like to register for online access.

# ANESTHESIA PERMITS

The Board has revised its policy regarding Moderate Parenteral Sedation Evaluations, effective 5/2/2011. All moderate parenteral sedation permit holders have been notified of the new policy. On 7/27/2011 the Board adopted a policy on Moderate Enteral Sedation Evaluations which requires the moderate enteral sedation permit holder to submit to an office anesthesia evaluation by the date of their next permit renewal. Evaluator training sessions were held around the state during the summer and fall of 2011. Forty-two dentists attended the training sessions and stand ready to conduct office evaluations. A total of seventy-seven offices will be evaluated in 2012.

**Requirement for Oral Sedation Permit:** During the regional training sessions, a recurring question arose regarding who is required to obtain a permit. Concern was expressed at every training location that there may be dentists providing moderate enteral (oral) sedation who do not hold a permit to do so. It seems that part of the answer to that question lies in the dentist's understanding of minimal sedation and moderate enteral (oral) sedation. The Board's current administrative rules regarding moderate sedation, local anesthesia, and nitrous oxide are listed below. The rules do not include the pending revision regarding age limit of patients as the rule is not effective as of the date of this newsletter. Please carefully review the rules and if you have ANY questions please contact the Board's office for clarification.

## **054. DEFINITIONS (RULE 54).**

For the purposes of these anesthesia rules, the following terms will be used, as defined below:

### **01. Methods of Anxiety and Pain Control.**

- a.** Analgesia shall mean the diminution or elimination of pain.
- b.** Local anesthesia shall mean the elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug.
- c.** Minimal sedation shall mean a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.
- d.** Moderate sedation shall mean 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.
- e.** Deep sedation shall mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

## ANESTHESIA PERMITS CONT.

**f.** General anesthesia shall mean a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often 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.

### **02. Sedation Terms.**

**a.** Advanced Cardiac Life Support (ACLS) shall mean an advanced cardiac life support course offered by a recognized accrediting organization.

**b.** Monitor or monitoring shall mean the direct clinical observation of a patient during the administration of anesthesia by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures.

**c.** Operator shall mean the supervising dentist or another person who is authorized by these rules or holds a permit to induce and administer the proper level of anesthesia/sedation.

**d.** Titration shall mean the administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

**e.** Maximum recommended (MRD) shall mean maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

**f.** Incremental dosing shall mean administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

**g.** Supplemental dosing during minimal sedation shall mean a single additional dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed one and one-half times (1.5x) MRD on the day of treatment.

### **03. Routes of Administration.**

**a.** Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual).

**b.** Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

**c.** Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

## ANESTHESIA PERMITS CONT.

d. Transdermal. A technique of administration in which the drug is administered by patch or iontophoresis through skin.

e. Transmucosal. A technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

### 055. MINIMAL SEDATION (RULE 55).

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer minimal sedation to adult patients. *When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.*

**01. Patient Safety.** The administration of minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of moderate sedation, deep sedation or general anesthesia. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. Notwithstanding any other provision in these rules, a dentist shall initiate and regulate the administration of nitrous oxide/oxygen when used in combination with minimal sedation.

**02. Personnel.** At least one (1) additional person currently certified in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

### 056. LOCAL ANESTHESIA (RULE 56).

Persons licensed to practice dentistry and dental hygiene in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer local anesthesia to patients. Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope.

### 057. NITROUS OXIDE/OXYGEN (RULE 57).

Persons licensed to practice dentistry and dental hygiene and dental assistants certified in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer nitrous oxide/oxygen to patients. Nitrous oxide/oxygen when used in combination with other sedative agents may produce an alteration of the state of consciousness in a patient to the level of moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of moderate sedation, deep sedation or general anesthesia.

**01. Patient Safety.** In connection with the administration of nitrous oxide/oxygen, a dentist shall:

a. Evaluate the patient to insure that the patient is an appropriate candidate for nitrous/oxygen; and

## ANESTHESIA PERMITS CONT.

b. Insure that any patient under nitrous/oxygen shall be continually monitored; and

c. Insure that a second person shall be on the office premises who can immediately respond to any request from the person administering the nitrous/oxygen.

**02. Required Facilities and Equipment.** Dental offices in which nitrous oxide/oxygen is administered to patients shall, at a minimum and in addition to emergency medications, maintain appropriate facilities and have equipment on site for immediate use as follows:

a. A nitrous oxide delivery system with a fail-safe system that is appropriately checked and calibrated. The equipment must also have either:

i. A functioning device that prohibits the delivery of less than thirty percent (30%) oxygen; or

ii. An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm; and

b. An appropriate scavenging system must be available; and

c. A positive-pressure oxygen delivery system suitable for the patient being treated.

**03. Personnel.** For nitrous oxide/oxygen administration, personnel shall include:

a. An operator; and

b. An assistant currently certified in Basic Life Support for Healthcare Providers.

c. Auxiliary personnel must have documented training in Basic Life Support for Healthcare Providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in periodic reviews of office emergency protocol.

**058. -- 059. (RESERVED).**

**060. MODERATE SEDATION (RULE 60).**

Dentists licensed in the state of Idaho cannot administer moderate sedation in the practice of dentistry unless they have obtained the proper moderate sedation permit from the Idaho State Board of Dentistry. A moderate sedation permit may be either enteral or parenteral. *A moderate enteral sedation permit authorizes dentists to administer moderate sedation by either enteral or combination inhalation-enteral routes of administration.* A moderate parenteral sedation permit authorizes a dentist to administer moderate sedation by any route of administration. A dentist shall not administer moderate sedation to children under eighteen (18) years of age unless they have qualified for and been issued a moderate parenteral sedation permit.

## ANESTHESIA PERMITS CONT.

**01. Requirements for a Moderate Enteral Sedation Permit.** To qualify for a moderate enteral sedation permit, a dentist applying for a permit shall provide proof that the dentist has completed training in the administration of moderate sedation to a level consistent with that prescribed in the American Dental Association's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," as incorporated in Section 004 in these rules. The five (5) year requirement regarding the required training for a moderate enteral sedation permit shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. To obtain a moderate enteral sedation permit, a dentist must provide certification of the following:

- a.** Completion of an American Dental Association accredited or Board of Dentistry approved post-doctoral training program within five (5) years of the date of application for a moderate enteral sedation permit that included documented training of a minimum of twenty-four (24) hours of instruction plus management of at least ten (10) adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route. These ten (10) cases must include at least three live clinical dental experiences managed by participants in groups no larger than five (5). The remaining cases may include simulations and/or video presentations, but must include one experience in returning a patient from deep to moderate sedation; and
- b.** Proof of current certification of Advanced Cardiac Life Support or its equivalent.

**02. Requirements for a Moderate Parenteral Sedation Permit.** To qualify for a moderate parenteral sedation permit, a dentist applying for a permit shall provide proof that the dentist has completed training in the administration of moderate parenteral sedation as prescribed in the American Dental Association's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," as incorporated in Section 004 of these rules within the five (5) year period immediately prior to the date of application for a moderate parenteral sedation permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application. The training program shall:

- a.** Be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a teaching hospital or facility approved by the Board of Dentistry; and
- b.** Consist of a minimum of sixty (60) hours of instruction, plus management of at least twenty (20) patients by the intravenous route; and
- c.** Include the issuance of a certificate of successful completion that indicates the type, number of hours, and length of training received.
- d.** In addition, the dentist must maintain current certification in Advanced Cardiac Life Support or its equivalent.

## ANESTHESIA PERMITS CONT.

### 03. **General Requirements for Moderate Enteral and Moderate Parenteral Sedation Permits.**

**a. Facility Requirements.** The dentist must have a properly equipped facility for the administration of moderate sedation. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. The Board adopts the standards incorporated by reference in Section 004.01.c. and Section 004.01.d. of these rules as set forth by the American Dental Association.

**b. Personnel.** For moderate sedation, the minimum number of personnel shall be two (2) including:

i. The operator; and

ii. An assistant currently certified in Basic Life Support for Healthcare Providers.

iii. Auxiliary personnel must have documented training in basic life support for healthcare providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction.

**c. Permit Renewal.** Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) credit hours continuing education in moderate sedation which may include training in medical/office emergencies will be required to renew a permit. A fee shall be assessed to cover administrative costs.

**d. Reinstatement.** A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in moderate sedation for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs.

\*\*\*\*\*Break in Continuity of Sections\*\*\*\*\*

## ANESTHESIA PERMITS CONT.

### **062. USE OF OTHER ANESTHESIA PERSONNEL (RULE 62).**

A dentist who does not hold an anesthesia permit may perform dental procedures in a dental office on a patient who receives anesthesia induced by an anesthesiologist, a certified registered nurse anesthetist (CRNA), or another dentist with an anesthesia permit as follows:

**01. Personnel and Equipment Requirements.** The dentist shall have the same personnel, facilities, equipment, and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

**02. Patient's Condition Monitored Until Discharge.** The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

**03. Use of Services of a Qualified Anesthesia Provider.** A dentist who intends to use the services of a qualified anesthesia provider shall notify the Board in writing of his intent. Such notification need only be submitted once every licensing period.

**04. Advertising.** A dentist who intends to use the services of a qualified anesthesia provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified anesthesia provider."

### **063. INCIDENT REPORTING (RULE 63).**

Dentists shall report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered.

### **064. SUSPENSION, REVOCATION OR RESTRICTION OF ANESTHESIA PERMIT (RULE 64).**

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict an anesthesia permit issued pursuant to Sections 060 and 061 of these rules. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board.

### **065. DETERMINATION OF DEGREE OF SEDATION BY THE BOARD (RULE 65).**

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of sedation or level of consciousness of a patient, the Board may base its findings or conclusions on, among other matters, The following:

**01. Medication and Dosage.** The type and dosage of medication(s) that was administered to the patient as well as the route of administration of the medication(s); and

**02. Expected Results.** The result that can reasonably be expected from the medication(s) administered when considering the physical and psychological status of the patient.

### **066. -- 999. (RESERVED).**



# Know a Dentist in trouble with drugs/alcohol or mental health problems?

Please contact the **Program for Recovering Dental Professionals** for help.

[www.SouthworthAssociates.net](http://www.SouthworthAssociates.net) 800.386.1695

**24** CONFIDENTIAL Toll free Crisis Line  
**HOUR** 866.460.9014



## Idaho State Board of Dentistry

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