

**STATE OF IDAHO**



**BOARD OF DENTISTRY  
P.O. BOX 83720  
BOISE, IDAHO 83720-0021  
(208) 334-2369**

**APPLICATION PACKET  
LIMITED CONSCIOUS SEDATION PERMIT  
PERMIT APPLICATION FEE: \$300.00**

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**NOTE: THE LIMITED CONSCIOUS SEDATION PERMIT ONLY AUTHORIZES THE ADMINISTRATION OF SEDATION TO PATIENTS EIGHTEEN YEARS OF AGE OR OLDER.**

In accordance with the Idaho Dental Practice Act (Chapter 9, Title 54, Idaho Code) and the Administrative Rules of the Idaho Board of Dentistry, the Idaho Board of Dentistry is authorized to issue a Limited Conscious Sedation Permit to qualified dentists. The requirements for obtaining a Limited Conscious Sedation Permit are as follows:

EFFECTIVE DATE: JULY 1, 2006

- Complete and submit the Application for a Limited Conscious Sedation Permit verifying necessary qualifications for the permit along with a check or money order in the amount of \$300.00 made payable to the Idaho Board of Dentistry.
- Complete and submit the Self-Assessment Evaluation and Attestation Form to the Idaho Board of Dentistry.

**All application materials, the self-assessment evaluation and attestation form and payment of the application fee should be mailed to the following:**

**Idaho Board of Dentistry  
P. O. Box 83720  
Boise, ID 83720-0021**

**The Idaho Board of Dentistry can be contacted by telephone at (208) 334-2369 or by facsimile at (208) 334-3247.**

**IDAHO BOARD OF DENTISTRY  
P.O. BOX 83720, BOISE, IDAHO 83720-0021  
(208) 334-2369**



**PART I – EXPLANATORY MATERIALS**

**LIMITED CONSCIOUS SEDATION PERMIT**

The following materials contain information regarding the standards applicable to the administration of anesthesia to the level of conscious sedation in a patient. The following materials also include that portion of the Administrative Rules of the Idaho Board of Dentistry regarding the administration of anesthesia. All dentists seeking a limited conscious sedation permit should review and thoroughly understand the following standards before completing the Limited Conscious Sedation Permit Application and the Self-Assessment Evaluation Form.

**DEFINITION**

*Conscious sedation* is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

**SCOPE OF LIMITED CONSCIOUS SEDATION PERMIT**

A limited conscious sedation permit authorizes a dentist to use enteral routes of administration on patients eighteen (18) years of age or older in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal sublingual) or combination inhalation-enteral route of administration. Adequate personnel, facility and equipment standards must be verified prior to a dentist's administration of limited conscious sedation to patients.

**PERSONNEL AND SUPERVISION**

During the period of sedation (from onset to recovery) the patient shall be monitored by at least one (1) auxiliary personnel (in addition to the dentist administering the sedation) whose responsibilities will include direct clinical observation of the patient and the ability to assist with emergency procedures. The office personnel authorized to monitor a patient may be dental

hygienists or dental assistants and must have current basic life support certification and knowledge of the emergency cart inventory. The monitoring personnel will perform under the supervision of a dentist holding a limited conscious sedation permit. The office staff should have regular, documented training in emergency procedures.

### DRUGS AND MEDICATIONS

Enteral and combination inhalation-enteral routes of administration are available to the permit holder. Those methods and medications chosen should be well understood. Available reversal agents should be present in the office.

### MONITORING AND DOCUMENTATION

Each patient will be attached to a pulse oximeter continuously during the period of sedation in order to monitor heart rate (HR) and oxygen saturation (SaO<sub>2</sub>). Oxygen saturation, blood pressure, heart rate, and respirations will be documented as a baseline, and then monitored every five minutes during the sedation, until the patient meets the requirements for discharge. Respiratory and level of consciousness will be monitored continuously by observation, and significant changes noted. All medications, as well as vital signs, must be recorded and remain with the patient's chart as a part of their permanent record. It is required to have documentation of an ASA classification and a completed medical history prior to sedation.

#### ASA Physical Status Classifications

- I. No organic disease
- II. Mild or moderate systemic disease without functional impairment
- III. Organic disease with definite functional impairment
- IV. Severe disease that is life threatening
- V. Moribund patient, not expected to survive

### RECOVERY

The patient will be monitored closely following the last dose of medication given until the patient meets the discharge criteria. This observation may take place at the site of the procedure or in a designated recovery area. While in the recovery area, the patient will be observed, with the permit holder immediately available. All vital signs are to be monitored every 15 minutes. Patients are discharged when they meet discharge criteria.

Stable vital signs

No airway difficulties

No respiratory distress

Return to usual state of alertness

Return to usual ambulatory status (except as limited by surgery)

Stable wound site

Ability to retain fluids

Responsible adult caretaker to accompany patient (patient and responsible party to be provided information on contact person if problems arise).

**BOARD OF DENTISTRY ADMINISTRATIVE RULES – ANESTHESIA**

**IDAPA 19**

**TITLE 01**

**Chapter 01**

**IDAPA 19 - IDAHO STATE BOARD OF DENTISTRY**

**19.01.01 - RULES OF THE IDAHO STATE BOARD OF DENTISTRY**

**000. LEGAL AUTHORITY (Rule 0).**

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code.

**001. TITLE AND SCOPE (Rule 1).**

These rules shall be cited as IDAPA 19.01.01, “Rules of the Idaho State Board of Dentistry”. These rules constitute the minimum requirements for licensure and regulation of dentists and dental hygienists.

**(BREAK IN CONTINUITY OF SECTIONS)**

**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.** “Anxiolysis” shall mean the process of the diminution or elimination of the patient’s anxiety, apprehension or fear by the administration of a pharmacological agent that renders the patient relaxed but does not impair the patient’s ability to maintain normal mental abilities and vital functions. An oral sedative agent can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

**b.** “Conscious sedation” shall mean a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, and that is produced through the enteral or parenteral administration of a pharmacological or non-pharmacological method or a combination thereof. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation. Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

**c.** “Deep sedation” shall mean an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

**d.** “General anesthesia” shall mean an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

**e.** “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.

**f.** “Nitrous oxide inhalation analgesia” shall mean an induced controlled state of minimally depressed consciousness, produced solely by the inhalation of a combination of nitrous oxide and oxygen, in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

## **02. Sedation Terms.**

**a.** “Advanced Cardiac Life Support” or “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 small incremental doses of a drug until a desired clinical effect is observed.

## **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 pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

**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), intraocular (IO)).

**d.** Transdermal/transmucosal. A technique of administration in which the drug is administered by patch or iontophoresis.

**055. ANXIOLYSIS (RULE 55).**

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules may administer medication to patients for the purpose of relieving anxiety so long as the medication is given in a dosage that is within the current guidelines set forth for anxiolytic dosage on the manufacturer's package insert or other recognized drug reference and does not induce a state of depressed consciousness to the level of general anesthesia, deep sedation, or conscious sedation in the patient.

**01. Patient Safety.** The administration of anxiolytics by means of titration or in combination with nitrous oxide inhalation analgesia is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of conscious 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 conscious sedation, deep sedation or general anesthesia. Nitrous oxide inhalation analgesia shall not be used in combination with anxiolytic medication except during the limited period of time required to administer a local anesthetic. Notwithstanding any other provision in these rules, a dentist shall initiate and regulate the administration of nitrous oxide inhalation analgesia when used in combination with anxiolysis.

**02. Personnel.** A patient sedated for anxiolytic purposes in the dental office shall be monitored by an assistant trained in basic life support to observe appropriate physiologic parameters and assist in any support or resuscitation measures required.

**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 INHALATION ANALGESIA (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 inhalation analgesia to patients. Nitrous oxide inhalation analgesia when used in combination with other sedative agents may produce an alteration of the state of consciousness in a patient to the level of conscious 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 conscious sedation, deep sedation or general anesthesia.

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

**a.** Evaluate the patient to insure that the patient is an appropriate candidate for nitrous oxide inhalation analgesia;

**b.** Insure that any patient under nitrous oxide inhalation analgesia shall be monitored for such matters as response to verbal stimulation, oral mucosal color and vital signs;

**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 oxide inhalation analgesia; and

**d.** Insure that a qualified person is continuously monitoring the patient.

**02.** Required Facilities and Equipment. Dental offices in which nitrous oxide sedation 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 mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

**b.** An operating room sufficiently large to accommodate the patient and allow for delivery of appropriate care in an emergency situation;

**c.** Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

**d.** A portable oxygen delivery system including full face masks and a bag-valve mask device capable of delivering positive pressure, oxygen-enriched ventilation to the patient; and

**e.** An appropriately sized measuring device for taking a patient's blood pressure.

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

**a.** An operator; and

**b.** An assistant trained in basic life support to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required (the operator and the assistant may be the same person).

**c.** Auxiliary personnel must have documented training in basic life support, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in periodic reviews of office emergency protocol.

**(BREAK IN CONTINUITY OF SECTIONS)**

## **060. ADMINISTRATION OF CONSCIOUS SEDATION (RULE 60).**

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

**01. Requirements for a Limited Conscious Sedation Permit.** To qualify for a limited conscious sedation permit, a dentist applying for a permit must complete training in the use and administration of conscious sedation drugs to a level consistent with that prescribed in Part I and Part III of the American Dental Association's "ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as incorporated by reference in these rules. The five (5) year requirement regarding the required training for a limited conscious 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 limited conscious sedation permit, a dentist must provide certification of the following:

**a.** Completion of an American Dental Association accredited post-doctoral training program within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education plus twenty (20) clinically-oriented experiences which provided competency in enteral and combination inhalation-enteral conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation; or

**b.** Completion of a Board of Dentistry approved course of instruction within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education plus twenty (20) clinically-oriented experiences which provided competency in enteral and combination inhalation-enteral conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation; and

**c.** Proof of completion and current certification of Advanced Cardiac Life Support training or its equivalent.

**02. Requirements for a Comprehensive Conscious Sedation Permit.** A dentist applying for a permit to administer comprehensive conscious sedation shall provide proof that the dentist has received formal training and certification in the use of conscious sedation drugs as described in the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as published by the American Dental Association and incorporated by reference into

these rules within the five (5) year period immediately prior to the date of application for a comprehensive conscious 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 formal 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 didactic education and twenty (20) hours patient contact. Patient contact includes the administration of the intravenous (IV) sedation and management by the participant from induction through emergence.

**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 show proof of current certification of Advanced Cardiac Life Support training or its equivalent.

### **03. General Requirements for Limited and Comprehensive Conscious Sedation Permits.**

**a. Facility Requirements.** The dentist must have a properly equipped facility for the administration of conscious sedation staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Idaho State Board of Dentistry.

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

**i.** The operator; and

**ii.** An assistant trained to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required.

**iii.** Auxiliary personnel must have documented training in basic life support, 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 in conjunction with the routine dental licensure renewal. Proof of a minimum of twenty-five (25)

credit hours continuing education in conscious sedation 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 conscious sedation techniques 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.

## **61. GENERAL ANESTHESIA AND DEEP SEDATION (RULE 61).**

Dentists licensed in the state of Idaho cannot use general anesthesia or deep sedation techniques in the practice of dentistry unless they have obtained the proper permit from the Idaho State Board of Dentistry by conforming with the following conditions:

**01. General Requirements.** A dentist applying for a permit to administer general anesthesia and deep sedation shall provide proof that the dentist:

**a.** Has completed a minimum of one (1) year of advance training in anesthesiology and related academic subjects beyond the undergraduate dental school level within the five (5) year period immediately prior to the date of application for a 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. This training is described in Part II of the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as incorporated by reference into these rules, or

**b.** Is a diplomate of the American Board of Oral and Maxillofacial Surgery; or

**c.** Is a member of the American Association of Oral and Maxillofacial Surgeons; or

**d.** Is a Fellow of the American Dental Society of Anesthesiology; and

**e.** Has current Certification of Advanced Cardiac Life Support Training or its equivalent; and

**f.** Has an established protocol or admission to a recognized hospital.

**02. Facility Requirements.** The dentist must have a properly equipped facility for the administration of general anesthesia, staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Board. The Board adopts the standards incorporated by reference in these rules regarding approval of equipment within the facility as set forth by the American Association of Oral and Maxillofacial Surgeons in their office anesthesia evaluation manual.

**03. Personnel.** For general anesthesia and deep sedation techniques, the minimum number of personnel shall be three (3) including:

- a. A qualified person to direct the sedation as specified in this rule; and
- b. A qualified person whose primary responsibilities are observation and monitoring of the patient and who has documented current CPR certification; and
- c. An assistant for the operator who has documented current CPR certification.

**04. Conscious Sedation.** A dentist holding a permit to administer general anesthesia under this rule may also administer conscious sedation.

**05. Permit Renewal.** Renewal of the permit will be required every five (5) years in conjunction with the routine dental licensure renewal. Proof of a minimum of twenty-five (25) credit hours of continuing education in general anesthesia and deep sedation techniques will be required to renew a permit. A fee shall be assessed to cover administrative costs.

**06. 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 general anesthesia and deep sedation techniques 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.

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

Dentists performing dental procedures in a dental office who utilize the services of an anesthesiologist, a certified registered nurse anesthetist (CRNA), or another dentist with an anesthesia permit, must possess an anesthesia permit required under these rules for the level of anesthesia being provided to the patient.

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

Any anesthesia permit holder 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 conscious sedation or general anesthesia 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 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 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.

**(CONCLUSION OF PERTINENT SECTIONS)**

**IDAHO BOARD OF DENTISTRY**  
**P.O. BOX 83720, BOISE, IDAHO 83720-0021**  
**(208) 334-2369**



**PART II -- APPLICATION FOR A LIMITED CONSCIOUS SEDATION PERMIT**  
**PERMIT APPLICATION FEE: \$300.00**

**APPLICATION INFORMATION:** Dentists or dental specialists actively licensed in the state of Idaho cannot sedate patients to the level of conscious sedation or general anesthesia/deep sedation in a dental practice unless they have obtained the appropriate permit from the Board of Dentistry. The administrative rules setting forth the definitions of limited conscious sedation and the requirements for issuance of anesthesia permits are included with this application packet. Please review those administrative rules prior to completing this application. A limited conscious sedation permit will be issued to an applicant following completion and approval of the application, payment of the application fee and completion of the office evaluation process. Anesthesia permits must be renewed every five (5) years or they will expire and be cancelled. Renewal of an anesthesia permit requires completion of the specified type and number of continuing education credits and an office evaluation.

**I. GENERAL INFORMATION.**

Applicant's Name: \_\_\_\_\_ Dental License No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address (if different than above): \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Business Address of any additional location at which you intend to administer oral conscious sedation \_\_\_\_\_ to \_\_\_\_\_ patients:

Additional Business Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Have you held an equivalent sedation permit issued by another state dental board for the twelve (12) month period immediately prior to the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you answered yes, please provide a copy of the permit with this application.)

Have you ever surrendered or had an anesthesia permit or state/DEA controlled substance registration certificate suspended or revoked in another state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide a written explanation setting forth the circumstances.)

Are you seeking reinstatement of a cancelled Idaho anesthesia permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, provide the permit number and state the year in which the permit was cancelled.)

## II. REPORTING AND VERIFICATION OF GENERAL PERMIT REQUIREMENTS.

A. To qualify for a limited conscious sedation permit, a dentist applying for a permit must have completed training in the use and administration of conscious sedation drugs to a level consistent with that prescribed in Part I and Part III of the American Dental Association's "ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry"\* within the specified time period. **Indicate under which method listed below you completed the training required for a limited conscious sedation permit and attach the required verification to your application.**

\_\_\_\_\_ Completion of an American Dental Association (ADA) accredited post-doctoral training program within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education in enteral and combination inhalation-enteral conscious sedation plus twenty (20) clinically-oriented experiences (clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation). **If you indicated this was your method of training, complete the following:**

Title of ADA Post-Doctoral Program: \_\_\_\_\_

Name and Address of School, Sponsoring Program or Group: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

Number of Hours in Program Devoted to Didactic Education: \_\_\_\_\_

Number of Clinically-Oriented Experiences:

**Verification Required with Application:** Copy of degree or certificate awarded by the program that substantiated the program title, training dates, the number of hours of didactic education in enteral and combination inhalation-enteral conscious sedation and the number of clinically oriented experiences.

\* The required training is specified in the *Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry*, Council on Dental Education, American Dental Association. The *Guidelines* are available for review at the Board of Dentistry's office in Boise, Idaho.

\_\_\_\_\_ Completion of a Board of Dentistry approved course of instruction\* within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education in enteral and combination inhalation-enteral conscious sedation plus twenty (20) clinically-oriented experiences (clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation). **If you indicated this was your method of training, complete the following:**

Title of Board of Dentistry Approved Program: \_\_\_\_\_

Name and Address of Sponsoring Program or Group: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

Number of Hours in Program Devoted to Didactic Education: \_\_\_\_\_

Number of Clinically-Oriented Experiences:

\_\_\_\_\_ **Verification Required with Application:** Photocopy of certificate awarded by the program that substantiated the program title, dates of training, number of hours of didactic education in enteral and combination inhalation-enteral conscious sedation and the number of clinically oriented experiences.

B. To qualify for a limited conscious sedation permit, a dentist applying for a permit must have current certification in Advanced Cardiac Life Support (ACLS) or its equivalent.

**Verification Required with Application:** Photocopy of current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate.

C. Auxiliary personnel (dental hygienists and dental assistants) in a dental practice in which limited conscious sedation is administered must have current training in Basic Life Support (BLS).

List the names of all auxiliary personnel in your dental practice:

\_\_\_\_\_  
\_\_\_\_\_

**Verification Required with Application:** Photocopy of current Basic Life Support (BLS) certificate or current Cardiopulmonary Resuscitation (CPR) certificate for each auxiliary personnel in your dental practice.

\_\_\_\_\_   
\* As of the effective date of this application, the courses of instruction approved by the Board of Dentistry include the following: Dental Organization for Conscious Sedation – *Anxiolysis/Adult Oral Sedation*. Other courses will be reviewed for approval by the Board of Dentistry on a case-by-case basis. Applicants are cautioned against completing any course of instruction that has not been approved by the Board of Dentistry.

**III. APPLICATION FEE.**

The application fee for an anesthesia permit is \$300.00 (initial, renewal or reinstatement). The fee plus documentary verification of the applicable general permit requirements must accompany the application when filed with the Board. Applications should be mailed to: Idaho State Board of Dentistry, PO Box 83720, Boise, ID 83720-0021.

**IV. ATTESTATION.**

The undersigned applicant acknowledges receipt of the Idaho State Board of Dentistry's administrative rules regarding the administration of anesthesia and the anesthesia permit process and has read and understands their contents. The undersigned authorizes and agrees that the Board of Dentistry can contact any person or entity in order to verify the matters reported in this application or in order to obtain additional relevant information. The undersigned further acknowledges and agrees that the Board of Dentistry, acting by and through an employee, consultant or agent, shall be entitled to conduct an evaluation for the purpose of determining the adequacy of the facility and the competence of the undersigned and staff members. The undersigned also agrees to provide the Board of Dentistry with any additional information it may request in connection with this application. The undersigned certifies that all information contained in this application is true and correct and that the information reported contained no material omissions of fact.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

**IDAHO BOARD OF DENTISTRY**  
**P.O. BOX 83720, BOISE, IDAHO 83720-0021**  
**(208) 334-2369**



11/25/08

**PART III -- SELF-ASSESSMENT EVALUATION AND ATTESTATION FORM**  
**LIMITED CONSCIOUS SEDATION PERMIT**

The Idaho Board of Dentistry is conducting the office evaluation regarding the Limited Conscious Sedation Permit by means of a self-assessment and attestation process. The dentist applying for a Limited Conscious Sedation Permit is responsible to complete the following self-assessment and attestation materials and submit them to the Idaho Board of Dentistry upon their completion. The Idaho Board of Dentistry is authorized to have a third party evaluator or investigator conduct an independent evaluation at any time to determine compliance with those matters set forth in this self-assessment and attestation evaluation process.

**PART A -- SELF-ASSESSMENT EVALUATION CHECKLIST - REQUIRED EMERGENCY EQUIPMENT AND DRUGS.**

Self-Assessment Evaluation Instructions: The following emergency equipment shall be present in the dental office at all times and shall be fully functional. Indicate by marking the appropriate column as to whether or not the following items were available in the office and fully functional at the time of evaluation.

Name of Dentist Completing Self-Assessment Form: \_\_\_\_\_

Date(s) of self-assessment evaluation: \_\_\_\_\_

	Yes	No
1. Portable oxygen unit with ambu bag	_____	_____
2. Suction and backup system	_____	_____
3. Auxiliary portable lighting system	_____	_____
4. Gas storage area	_____	_____
5. Operatory room suitable in size for transportation equipment	_____	_____
6. Patient transportation equipment	_____	_____

- 7. Suitable recovery area \_\_\_\_\_ \_\_\_\_\_
- 8. Available sterilization area \_\_\_\_\_ \_\_\_\_\_
- 9. Secure location for medications with log book \_\_\_\_\_ \_\_\_\_\_
- 10. Emergency equipment
  - a) Full face mask \_\_\_\_\_ \_\_\_\_\_
  - b) Oral airways \_\_\_\_\_ \_\_\_\_\_
  - c) Automated External Defibrillator (AED) \_\_\_\_\_ \_\_\_\_\_
- 11. Adequate patient care records sufficient to include
  - a) Record vital signs, history & physical \_\_\_\_\_ \_\_\_\_\_
  - b) Patient consent for anesthesia & procedure \_\_\_\_\_ \_\_\_\_\_
  - c) Anesthesia record \_\_\_\_\_ \_\_\_\_\_
- 12. Monitoring equipment
  - a) Sphygmomanometer and stethoscope \_\_\_\_\_ \_\_\_\_\_
  - b) Heart sound and/or pulse monitoring \_\_\_\_\_ \_\_\_\_\_
  - c) Pulse oximeter \_\_\_\_\_ \_\_\_\_\_
- 13. Emergency drugs
  - a) Nitroglycerin spray or ointment \_\_\_\_\_ \_\_\_\_\_
  - b) Antihistamine \_\_\_\_\_ \_\_\_\_\_
  - c) Aerosol bronchodilator \_\_\_\_\_ \_\_\_\_\_
  - d) Epinephrine \_\_\_\_\_ \_\_\_\_\_
  - e) Atropine \_\_\_\_\_ \_\_\_\_\_
  - f) Aspirin \_\_\_\_\_ \_\_\_\_\_
  - g) Romazicon \_\_\_\_\_ \_\_\_\_\_

**PROVIDE AN EXPLANATION REGARDING ANY ITEM NOT CURRENTLY AVAILABLE IN YOUR DENTAL PRACTICE:** \_\_\_\_\_

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**PART B -- SELF-ASSESSMENT EVALUATION CHECKLIST – COMPLETION OF SIMULATED EMERGENCY MANAGEMENT PROCEDURES.**

Self-Assessment Evaluation Instructions: All of the following simulated emergency management procedures actions shall be completed in a competent manner by the dentist and the dental office team. Prior to completing the simulated emergency management procedures, the dentist and the dental office team should thoroughly discuss the emergency situations and the necessary procedures for their management. The simulated emergency procedures are to be demonstrated in the surgery area with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated with all emergency equipment being present. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated.

Name of Dentist Completing Self-Assessment Form: \_\_\_\_\_

Names of auxiliary office staff (with job titles) participating in the simulated emergency management procedures:

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Date(s) of self-assessment evaluation: \_\_\_\_\_

**A dentist’s initials on the following items shall be certification that each of the required simulated emergency management procedures was competently completed.**

Laryngospasm Initials

- |  |       |
|--|-------|
| 1. Pack off surgical site  | _____ |
| 2. Position patient/ upright/ most comfortable                                   | _____ |
| 3. Suction patient   | _____ |
| 4. Ventilate patient with positive ventilation (full face mask with 100% oxygen) | _____ |
| 5. Auscultation of lung fields   | _____ |

Bronchospasm Initials

- |   |       |
|---|-------|
| 1. Establish airway and administer 100% oxygen with full face mask with positive pressure ventilation | _____ |
| 2. Bronchodilator mist  | _____ |
| 3. Epinephrine~~ 0.3 to 0.5 mg / subcutaneously<br>1:1000 ~~0.3 to 0.5 cc                             | _____ |

- 4. Benadryl ~50mg \_\_\_\_\_
- 5. Auscultation of lung fields \_\_\_\_\_

Emesis and Aspiration Initials

- 1. Change suction to tonsil suction \_\_\_\_\_
- 2. Turn patient to right side and Trendelenburg position  
and check for foreign body \_\_\_\_\_
- 3. 100% oxygen \_\_\_\_\_
- 4. Auscultation of lungs \_\_\_\_\_
- 5. If situation gets worse, (i.e. cyanotic, dyspnea) call 911 \_\_\_\_\_
- 6. Possible ventilation and elevation \_\_\_\_\_

Angina Pectoris Initials

- 1. Nitroglycerin tabs/spray (check date) and if possible,  
use patients sublingually \_\_\_\_\_
- 2. Place patient in comfortable position \_\_\_\_\_
- 3. 100% oxygen \_\_\_\_\_
- 4. Monitor patient \_\_\_\_\_
- 5. If pain continues, administer one more tab/spray  
in five minutes \_\_\_\_\_
- 6. If pain still continues assess MI, 911 and transportation \_\_\_\_\_

Myocardial Infarction Initials

- 1. Stop surgery and position patient \_\_\_\_\_
- 2. 100% oxygen \_\_\_\_\_
- 3. Call 911 \_\_\_\_\_
- 4. Vital signs monitored \_\_\_\_\_
- 5. Analgesia ~35% nitrous oxide \_\_\_\_\_
- 6. Transport patient \_\_\_\_\_

Cardiac Arrest Initials

- 1. Look, listen, and feel \_\_\_\_\_
- 2. Ventilate 100% oxygen, initiate BLS \_\_\_\_\_
- 3. Check pulse \_\_\_\_\_
- 4. Call 911 \_\_\_\_\_

Hypotension Initials

- 1. Terminate surgery \_\_\_\_\_
- 2. Position patient~ reverse Trendelenburg \_\_\_\_\_
- 3. Check BP and pulse \_\_\_\_\_
- 4. Stimulate patient \_\_\_\_\_

Hypertension

Initials

- 1. Diagnose etiology and try to correct
- 2. Call 911

\_\_\_\_\_  
\_\_\_\_\_

Acute Allergic Reaction

Initials

- 1. Mild reaction (rash) ~~ Benadryl 50mg
- 2. Severe reaction (wheezing)
  - a) Call 911
  - a) Epinephrine~~ 0.3 to 0.5mg
  - b) Benadryl~~ 50mg
  - c) May repeat Epinephrine in 5-10 minutes
  - d) Continue BLS

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\_\_\_\_\_

Hyperventilation

Initials

- 1. Diagnose and position patient
- 2. Calm patient
- 3. Breathe into paper bag, cupped hands, or full mask with 0.5 L of oxygen flow
- 4. Sedate with valium 2-10mg

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Convulsions

Initials

- 1. Protect patient and gently restrain
- 2. After seizure BLS~~ post ictal~~ maintain airway
- 3. Dial 911

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Airway Obstruction

Initials

- 1. Recognize unconsciousness
- 2. Position patient
- 3. Head tilt
- 4. Assess airway and breathing
- 5. Attempt to ventilate
- 6. Reposition head
- 7. Jaw thrust
- 8. Attempt to ventilate
- 9. Call 911
- 10. Abdominal thrusts
- 11. Check for foreign body
- 12. Attempt to ventilate
- 13. Repeat steps 3-12

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**PART C -- ATTESTATION.**

The undersigned applicant acknowledges receipt of the Idaho Board of Dentistry's administrative rules regarding the administration of anesthesia and the anesthesia permit process and has read and understood that information. The undersigned authorizes and agrees that the Board of Dentistry can contact any person or entity in order to verify the matters reported in this self-assessment evaluation form or in order to obtain additional relevant information. The undersigned further acknowledges and agrees that the Board of Dentistry, acting by and through an employee, consultant or agent, shall be entitled to conduct an office evaluation for the purposes of determining the accuracy of the matters reported in this self-assessment evaluation form and of determining the competency of the undersigned and dental staff members to competently conduct emergency management procedures. The undersigned also agrees to provide the Board of Dentistry with any additional information it may request in connection with this self-assessment evaluation form. The undersigned certifies and attests that all information contained in this self-assessment evaluation form is true and correct and that the information reported contained no material omissions of fact.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

**Upon completion return this Self-Assessment Evaluation Form to the following:**

**Idaho Board of Dentistry  
P. O. Box 83720  
Boise, ID 83720-0021**