

Rule XIV. — Utilization of Anesthesia/Sedation

(Amended February 1, 1998, August 1, 2000; August 11, 2004; — October 27, 2004; October 26, 2006; Effective December 31, 2006)

This Rule specifically applies to each dentist (supervising dentist) utilizing general anesthesia, deep sedation, and conscious sedation under the statutory authority of the Dental Practice Law (C.R.S. 12-35-101 et seq).

A. — ~~“Induction and Administration” as those terms are used in Rule XIV, shall include any procedure or medication administered prior to attaining the proper level of anesthesia/sedation as determined by the supervising dentist. All induction and administration procedures shall be the responsibility of the supervising dentist and shall not be delegated except to another dentist whose qualifications meet the education and training requirements of Rule XIV for the anesthesia to be administered, a qualified physician anesthetist, or a certified registered nurse anesthetist. Induction and administration of anesthesia shall include, but not be limited to the following procedures:~~

- ~~1. — Determination of the drugs, mode of administration, and dosage of the anesthesia/sedation appropriate for the patient;~~
- ~~2. — Observation of the patient until the appropriate and safe level of anesthesia/sedation is attained.~~

B. — ~~“Monitoring”~~

- ~~1. — “Monitoring” as used in Rule XIV refers to the continual observation of the patient to ensure a stable physical condition of the patient and maintenance of a proper level of anesthesia or sedation as determined by the supervising dentist during induction, maintenance, and recovery from the anesthesia/sedation procedure.~~
- ~~2. — Monitoring of the patient during an anesthesia/sedation procedure may be delegated under direct supervision to a dental hygienist or dental assistant; however, the supervising dentist retains full accountability for the monitoring and dismissal of the patient following completion of the anesthesia/sedation procedure. Patient dismissal must be specifically authorized by the supervising dentist.~~

C. — ~~Any dentist administering parenteral or enteral conscious sedation pursuant to Rule XIV shall submit proof of current basic life support (BLS) knowledge and skills, including cardiopulmonary resuscitation (CPR). Any dentist administering general anesthesia and/or deep sedation shall submit proof of current BLS and Advanced Cardiac Life Support certification.~~

D. — ~~All personnel, including, but not limited to, dental hygienists and dental assistants, who render patient care services in a dental setting where anesthesia/sedation is administered shall have proof of current basic life support (BLS) knowledge and skills.~~

E. — ~~All equipment, as provided for in this Rule XIV, subsections H.9 shall be functional and operative at all times.~~

F. — ~~Morbidity and Mortality Report A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the anesthesia/sedation within fifteen (15) days of any anesthesia/sedation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and/or required or should have required hospitalization, emergency facility care, or emergency service response.~~

~~1. Such report shall include all of the following items:~~

- ~~a. Description of dental procedure;~~
- ~~b. Description of preoperative physical condition of the patient;~~
- ~~c. List of the drugs and dosages administered with the time and route of each administration;~~
- ~~d. Detailed description of techniques utilized in administering the drugs;~~
- ~~e. Description of adverse occurrence to include:~~
 - ~~1) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;~~
 - ~~2) Treatment instituted on patient; and,~~
 - ~~3) Response of the patient to treatment.~~
- ~~f. Description of the patient's condition on termination of any procedure undertaken.~~

~~2. All written records related to this incident shall be submitted to the Board with the report.~~

~~3. Pursuant to section 12-35-107(1)(d), C.R.S., the Board may request an on-site evaluation of the dental facility related to this report.~~

~~G. Prior to the induction and administration of anesthesia/sedation as provided for in this Rule XIV, a dentist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements as specified in Rule XIV. Required courses may be completed in an accredited dental school or in an advanced training program as approved by the Board.~~

~~H. General anesthesia and/or deep sedation~~

- ~~1. "General Anesthesia" is an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command and is produced by a pharmacologic or non-pharmacologic method or combination thereof.~~
- ~~2. Deep sedation is an induced state of depressed consciousness accompanied by a partial loss of protective reflexes, including the occasional inability to independently maintain a patent airway and/or respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.~~
- ~~3. Education/Training Requirements: Prior to induction and administration of general anesthesia and/or deep sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:~~
 - ~~a. Proof of successful completion of a residency program in general anesthesia of not less than two (2) calendar years that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia; OR~~

- ~~b. Proof of successful completion of an accepted post-doctoral training program (e.g., oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage general anesthesia and deep sedation commensurate with the American Dental Association Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.~~
- ~~4. The Board shall approve the authority to administer general anesthesia and/or deep sedation upon the Board's finding that the applicant meets the requirements set forth in H.3. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as provided in Rule XV.~~
- ~~5. Examination: Prior to administration of general anesthesia and/or deep sedation, a supervising dentist shall record the following information in the patient's chart:~~
 - ~~a. The patient's vital signs; and,~~
 - ~~b. The patient's pertinent medical history, pertinent physical findings and weight.~~
- ~~6. Documentation: The supervising dentist shall ensure that the dental treatment, the anesthesia treatment, and the patient's response to such treatment shall be recorded in the patient's record. The record shall include:~~
 - ~~a. A written and current medical history which is signed by the supervising dentist, and patient or guardian;~~
 - ~~b. A written examination chart that includes preoperative physical assessment performed by the practitioner administering the anesthesia with the proposed dental and anesthesia procedures clearly indicated and potential complications written on the records;~~
 - ~~c. A consent form signed by the patient or the patient's guardian for any anesthesia and for treatment;~~
 - ~~d. A fully documented record of each administered anesthesia, including a time-lined record of vital signs, drugs and dosages, routes of administration, response to anesthesia and any complication or adverse reaction;~~
 - ~~e. Discharge criteria, condition on discharge, vital signs, and time of discharge; and,~~
 - ~~f. All prescriptions ordered.~~
- ~~7. Monitoring. The patient must be continually monitored through the procedure and recovery to the full extent as defined in Section B. above.~~
- ~~8. Emergency Care: Prior to the administration of general anesthesia and/or deep sedation, the supervising dentist and treatment team (dental hygienists and/or assistants) shall have appropriate knowledge and training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.~~
- ~~9. Office Facilities and Equipment: The supervising dentist shall submit an anesthesia inspection report in compliance with Rule XV which must be approved by the Board prior to administering general anesthesia and/or deep sedation to a patient and provide the following office facilities and equipment:~~

- a. ~~An operating room;~~
- b. ~~An operating chair or table;~~
- c. ~~Back up suction equipment with fail-safe mechanism in the event of power loss;~~
- d. ~~A back up lighting system, which provides light intensity adequate to permit completion of any dental procedure in progress;~~
- e. ~~Oxygen and gas delivery systems, which shall include:~~
 - 1) ~~Capability to deliver oxygen to a patient under positive pressure, including a back up oxygen system;~~
 - 2) ~~Gas outlets which meet related state or federal standards that prevent accidental administration of inappropriate gases or gas mixture; and,~~
 - 3) ~~Fail safe mechanisms for inhalation of nitrous oxide analgesia; and,~~
 - 4) ~~The equipment must have an appropriate scavenging system.~~
- f. ~~A sterilization area;~~
- g. ~~A recovery area, which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;~~
- h. ~~Gas storage facilities, which meet related state or federal standards;~~
- i. ~~Emergency airway equipment and facilities, which shall include:~~
 - 1) ~~A full face mask and an ambu bag or equivalent with an oxygen hook-up;~~
 - 2) ~~Oral and nasopharyngeal airways;~~
 - 3) ~~Endotracheal tubes suitable for children and adults;~~
 - 4) ~~A laryngoscope with reserve batteries and bulbs;~~
 - 5) ~~Endotracheal tube forceps;~~
 - 6) ~~Emergency drugs and or medications;~~
 - 7) ~~An IV catheter with continuous drip; and,~~
 - 8) ~~External defibrillator for general anesthesia.~~
- j. ~~Equipment to monitor vital signs and assure an adequate airway, which shall include, but not be limited to:~~
 - 1) ~~A pulse oximeter;~~
 - 2) ~~A blood pressure cuff of appropriate size and stethoscope; or equivalent blood pressure monitoring devices; and,~~
 - 3) ~~Electrocardiograph for general anesthesia.~~

~~10. Personnel~~

- ~~a. A minimum of 3 individuals must be present during the administration of general anesthesia and/or deep sedation.~~
- ~~b. These three individuals shall include the supervising dentist qualified to administer anesthesia and two individuals, at least one of whom is trained in patient monitoring.~~

~~11. Discharge~~

- ~~a. The professional administering the anesthesia/ or sedation must determine that the patient has met discharge criteria prior to the patient leaving the office.~~

~~I. Parenteral Conscious Sedation~~

- ~~1. Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to maintain a patent airway independently and continuously and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacologic or non-pharmacologic method or a combination thereof.~~
- ~~2. Education/Training Requirements: Prior to induction and administration of parenteral conscious sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:~~
 - ~~a. Completion of the education/training requirements specified under "General Anesthesia", subsection H.3.a. or H.3.b.; OR~~
 - ~~b. Proof of successful completion of a specialty residency or general practice residency recognized by the Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage parenteral conscious sedation; OR~~
 - ~~c. Proof of successful completion of a minimum of sixty (60) course hours within the past five (5) years that provides training in the administration and induction of parenteral conscious sedation techniques and the potential problems and emergencies associated with such administration, as well as documentation of twenty (20) treatment cases, which shall be submitted to the Board for approval, as follows:~~
 - ~~i). The applicant must first provide an application with documentation of the training course(s) to include, but not limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.~~
 - ~~ii). The course must consist of thirty (30) hours of classroom instruction as well as thirty (30) hours of supervised clinical training in parenteral conscious sedation.~~
 - ~~iii). Course content leading to Basic Life Support and/or Advanced Cardiac Life Support cannot be considered as part of the classroom and clinical instruction.~~

- iv). ~~All of the training course(s) must have been completed in the past five (5) years.~~
3. ~~Upon Board approval of the training program, the applicant shall then submit documentation of twenty (20) treatment cases for Board approval, as follows:~~
- ~~a. Cases completed in the training program by the applicant as the provider of conscious sedation may be submitted to the Board to meet the requirement for part or all of twenty (20) treatment cases.~~
 - ~~b. At least ten (10) of the treatment cases must be under the on-site instruction and supervision of a person qualified to administer parenteral conscious sedation.~~
 - ~~c. The applicant must be the provider of parenteral conscious sedation in at least ten (10) of the cases.~~
 - ~~d. Cases must meet generally accepted standards for the provision of parenteral conscious sedation and documentation.~~
 - ~~e. Cases must be completed by the licensee either within the course cited in Rule XIV, subsection 1.2.c. or during the one (1) year period immediately after completion of the course.~~
 - ~~f. If any of the required treatment cases are conducted in a Colorado dental office, the applicant must meet the following provisions:~~
 - ~~i. Prior to any parenteral conscious sedation services being provided in a Colorado office or facility, the office or facility must first be inspected and the inspection approved by the Board as provided in Rule XV.~~
 - ~~ii. The first five (5) cases (or up to ten (10) cases if fewer than ten (10) cases were done in the training program) must be provided under the on-site instruction and supervision of a person qualified to administer parenteral conscious sedation. The applicant shall submit the cases to the Board for approval.~~
4. ~~The Board shall certify the authority to administer parenteral conscious sedation upon its determination that the applicant has met the requirements found in 1. 2.a., b., or c. above, and Rule XV. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as provided in Rule XV.~~
5. ~~Examination: Prior to the administration of parenteral conscious sedation anesthesia, the dentist shall record all information in the patient's chart as specified under "General Anesthesia", subsection H.5.a. and H.5.b.~~
6. ~~Documentation: The dentist shall record in the patient's chart the treatment given and the patient's response to the treatment. The record shall include all information as provided for under "General Anesthesia or Deep Sedation," subsection H.6.~~
7. ~~Emergency Care: Prior to the administration of conscious sedation anesthesia, the supervising dentist, dental hygienist, and assistants shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.~~
8. ~~Office Facilities and Equipment: Prior to administering conscious sedation anesthesia to a patient, the supervising dentist shall provide all office facilities and equipment as~~

~~specified under “General Anesthesia or Deep Sedation”, subsection H.9., excepting the external defibrillator.~~

~~9. Personnel: During administration of parenteral conscious sedation, the dentist and at least one other individual must be present.~~

~~10. Nitrous oxide analgesia may be used in conjunction with parenteral conscious sedation provided that:~~

~~a. All requirements of Rule XVII have been met; and,~~

~~b. The level of sedation does not exceed conscious sedation.~~

~~J. Enteral conscious sedation~~

~~1. Enteral conscious sedation is a controlled state of depressed consciousness that retains the patient's ability to maintain a patent airway independently and continuously and to respond appropriately to physical stimulation and verbal command and is produced by a pharmacologic or non-pharmacologic method or a combination thereof which is administered by way of the gastro-intestinal tract (i.e. oral, rectal and/or sublingual routes). Oral premedication prescribed/administered for the relief of anxiety and apprehension does not fall within these provisions. However, if the agents/medications are given in dosages such that the patient is placed in a state of conscious sedation then the dentist must have met the requirements and be approved pursuant to this Rule XIV.~~

~~2. Educational/Professional Requirements. Prior to the use of enteral conscious sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:~~

~~a. Completion of the education/training requirements specified under “General Anesthesia”, subsection H.3.a. or H.3.b.; OR~~

~~b. Completion of the education/training requirements specified under “Parenteral Conscious Sedation” subsection I.2.a., I.2.b., or I.2.c; OR.~~

~~c. Proof of successful completion of a Commission on Dental Accreditation accredited post-doctoral training program which affords comprehensive and appropriate training necessary to administer and manage enteral conscious sedation as determined by the Board, with documented administration of enteral conscious sedation in a minimum of five (5) such cases. The cases shall be completed as a component of the course, under the on-site instruction of a person qualified to administer conscious sedation, and are subject to Board approval; OR~~

~~d. Proof of successful completion of a course consistent with those described in Parts II and III of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, within the past five (5) years, that provides training in the use of enteral conscious sedation techniques and the potential problems and emergencies associated with such administration with documented administration of enteral conscious sedation in a minimum of five (5) such cases. The cases shall be completed as a component of the course or completed after the course, under the on-site instruction and supervision of a person qualified to administer enteral conscious sedation. All cases are subject to Board approval. The applicant shall submit documentation of the five (5) cases completed as a component of the training course or completed after the course for approval by the Board. Cases must meet generally accepted standards for the provision of enteral conscious sedation and documentation.~~

3. Examination: Prior to the administration of enteral conscious sedation, the dentist shall record all information in the patient's chart as provided for under "General Anesthesia," subsection H.5.a. and H.5.b.
 4. Documentation: The dentist shall record, in the patient's chart, the treatment given and the patient's response to the treatment. The record shall include all information as provided for under "General Anesthesia and/or Deep Sedation," subsection H.6.
 5. Emergency Care: Prior to the administration of enteral conscious sedation anesthesia, the supervising dentist, dental hygienists, and assistants shall have appropriate training to recognize the symptoms and reasonably treat any complications and emergencies incident thereto.
 6. Office Facilities and Equipment: Prior to administering enteral conscious sedation anesthesia to a patient, the supervising dentist shall provide all office facilities and equipment as specified under "General Anesthesia and/or Deep Sedation", subsection H.9., excepting the external defibrillator. An IV catheter with continuous drip is not required but must be available for use in case emergency care is required.
 7. Personnel: During administration of enteral conscious sedation, the supervising dentist and at least one other individual must be present.
 8. Prior to any enteral conscious sedation services being provided in a Colorado office or facility, the office or facility must first be inspected and the inspection approved by the Board as set forth in Rule XV.
 9. The Board shall certify the authority to administer enteral conscious sedation upon its determination that the applicant has met the requirements found in J.2. and Rule XV. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as set forth in Rule XV.
 10. Nitrous oxide analgesia may be used in conjunction with enteral conscious sedation provided that:
 - a. All requirements of Rule XVII have been met; and,
 - b. The level of sedation does not exceed conscious sedation.
- K. Upon reasonable cause, including an incident of patient morbidity or mortality, and/or for any violation or non-compliance with this Rule, the Board may temporarily suspend or revoke the permit granted by the Board to administer anesthesia. Upon a specific finding of violation of this Rule, as set forth in section 12-35-129 (1), C.R.S., the Board may order that a suspension or revocation of permit be permanent.
- L. Current Experience. It is required that the supervising dentist maintain competency and recent experience. If a supervising dentist has not regularly provided general anesthesia or conscious sedation services within the three (3) years prior to certificate renewal, the dentist must provide evidence to the Board of competency in these procedures. The Board may in turn require additional training or supervision and/or deny issuance of a permit until competency is demonstrated.
- M. A dentist with general anesthesia/deep sedation authority may also administer conscious sedation (enteral or parenteral and nitrous oxide sedation). A dentist with parenteral sedation authority may also administer enteral conscious sedation and nitrous oxide sedation in accordance with

~~Rule XIV J., but may not administer general anesthesia, or deep sedation. A dentist with enteral conscious sedation authority may utilize nitrous oxide sedation in accordance with Rule XIV J., but may not administer general anesthesia, deep sedation or parenteral conscious sedation.~~

~~N. A dentist utilizing a combination of more than one anxiolytic or sedation agents for a patient encounter (e.g. titrating oral anxiolytic agents or utilizing an oral anxiolytic agent, plus nitrous oxide) must hold at least enteral sedation authority.~~

~~O. Practitioners utilizing anesthesia/sedation without approval, with an expired approval, without a permit or with an expired permit may be censured and/or disciplined under section 12-35-129(1), C.R.S.~~

Rule XV. ~~Anesthesia Inspection (In Compliance With HB 95-1060)~~

~~(Amended February 1, 1998, May 15, 1998; August 11, 2004; October 26, 2006) — Eff 12/31/2006~~

~~This Rule does not apply if the dentist is not the person administering general anesthesia and/or conscious/deep sedation. — Eff 12/31/2006~~

~~A. All dentists qualified by training and education to administer general anesthesia and/or conscious/deep sedation must undergo a facility anesthesia inspection and a practitioner/team anesthesia inspection as described in this Rule XV to obtain a permit to perform such services in Colorado. Board approval of training and education is required prior to obtaining an anesthesia inspection. — Eff 12/31/2006~~

~~B. The permit shall be effective for five (5) years and expire at the end of the month of the date of the inspection. There shall be a sixty (60) day grace period from the date of the end of the expiration month to comply with this Rule. — Eff 12/31/2006~~

~~C. Dentists who receive a permit pursuant to this Rule XV and travel to other office locations to administer anesthesia and dentists who engage the services of another properly licensed and certified individual to provide anesthesia/sedation services shall be responsible for ensuring that the office location has equipment required by Rule XIV and that the staff is properly trained to handle anesthesia related emergencies. — Eff 12/31/2006~~

~~D. The dentist requiring the anesthesia inspection is responsible for all fees associated with the inspection. — Eff 12/31/2006~~

~~E. The fee for the anesthesia inspection shall not exceed \$400.00. In addition to the \$400.00, the inspector may charge and be reimbursed for reasonable out-of-pocket expenses for travel, meals, and lodging. — Eff 12/31/2006~~

~~F. The anesthesia inspection shall consist of four (4) parts: — Eff 12/31/2006~~

Part I – Review of the office equipment, records, and emergency medications required by Rule XIV.
~~Eff 12/31/2006~~

Part II – Simulated emergencies — The dentist and his/her team must perform an actual demonstration of their method for managing the following emergencies: ~~Eff 12/31/2006~~

~~Laryngospasm — Eff 12/31/2006~~

~~Bronchospasm — Eff 12/31/2006~~

~~Emesis & Aspiration of Vomitus — Eff 12/31/2006~~

Foreign Bodies in the Airway—~~E# 12/31/2006~~

Angina Pectoris—~~E# 12/31/2006~~

Myocardial Infarction—~~E# 12/31/2006~~

Cardiopulmonary Resuscitation—~~E# 12/31/2006~~

Hypotension—~~E# 12/31/2006~~

Hypertensive Crisis—~~E# 12/31/2006~~

Allergic Reaction—~~E# 12/31/2006~~

Seizure—~~E# 12/31/2006~~

Hypoglycemia—~~E# 12/31/2006~~

Asthma—~~E# 12/31/2006~~

Respiratory Depression—~~E# 12/31/2006~~

Local Anesthesia Allergy or Overdose.—~~E# 12/31/2006~~

Hyperventilation Syndrome—~~E# 12/31/2006~~

Convulsion of Unknown Etiology—~~E# 12/31/2006~~

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. The type of emergencies selected by examiners should be based on the emergencies likely to be seen in the type of practice in which the dentist is engaged. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated. A simulated intravenous line should be taped into position and all emergency equipment should be present, including syringes, medications, etc.—~~E# 12/31/2006~~

The inspector shall review with the dentist and his/her office staff a minimum of eight (8) of the previously listed simulated emergencies and cardiopulmonary resuscitation must be one of the eight (8) simulated emergencies. The dentist and his/her office staff must be proficient in all eight (8) of the simulated emergencies.—~~E# 12/31/2006~~

If the dentist is not considered by the inspector to be proficient in all eight (8) simulated emergencies this shall be immediately reported to the Board for immediate action, including but not limited to loss of privilege to administer anesthesia or sedation.—~~E# 12/31/2006~~

Part III – Discussion Period— This part of the evaluation should be conducted in private away from the staff and patients. The inspector may note deficiencies and make positive suggestions to the dentist for improving the office facility and patient management. It is appropriate to discuss management of risk patients if this has not been covered during the earlier phase.—~~E# 12/31/2006~~

Part IV – Surgical/Anesthetic Techniques— The inspector shall observe at least one (1) case while the dentist administers general anesthesia and/or conscious/deep sedation. The authority will be granted at the demonstrated level of anesthesia or sedation observed. The inspector is authorized to observe additional cases at his/her discretion.—~~E# 12/31/2006~~

- G. ~~The dentist requiring the inspection shall obtain his/her own inspector. The inspector must be an Oral Surgeon, Certified Registered Nurse Anesthetist, Physician Anesthesiologist, or a Dental Anesthesiologist, and must be authorized at or above the level of anesthesia and/or sedation being inspected. The inspector must have a current, unrestricted Colorado dental, medical, or nursing license. If the inspector is a Colorado dentist, he/she must also have a valid, current permit to administer general anesthesia/deep sedation. —Eff 12/31/2006~~
- H. ~~There shall not be reciprocal agreements between the inspector and the dentist. —Eff 12/31/2006~~
- I. ~~The inspector shall not have had a previous, current, or intended working relationship with the dentist he/she is inspecting. —Eff 12/31/2006~~
- J. ~~The Board shall accept anesthesia inspections conducted by the Dentist's Professional Liability Trust and the American Association of Oral and Maxillofacial Surgeons as meeting the requirements of the Board, so long as all the requirements of Rule XV have been met. Inspections conducted by one of the above entities will be effective for five (5) years from the date of issuance by the entity, with a sixty (60) day grace period from the end of the expiration month. —Eff 12/31/2006~~
- K. ~~Pursuant to section 12-35-109(3), C.R.S., inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him or her occurring while acting in this capacity. —Eff 12/31/2006~~
- L. ~~The documentation of the anesthesia inspection must be completed on forms approved by the Board. —Eff 12/31/2006~~

Rule XVI. Oral Premedication Administered for the Relief of Anxiety

Oral premedication prescribed/administered for the relief of anxiety and apprehension does not fall within Rule XIV. However, if the agents/medications are given in dosages such that the patient is placed in a state of conscious sedation then the dentist must have met the requirements and be approved pursuant to Rule XIV.

Rule XVII. Administration of Nitrous Oxide/Oxygen Inhalation

(Amended February 1, 1998; August 11, 2004; October 26, 2006; April 25, 2007) —Eff 07/01/2007

- A. ~~When conscious sedation is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then this Rule shall apply. —Eff 07/01/2007~~
- B. ~~The administration of nitrous oxide may be delegated to another dentist whose qualifications meet the education and training requirements of Rule XIV, a qualified physician anesthetist, or a certified registered nurse anesthetist. —Eff 07/01/2007~~
- G. ~~Education/Training Requirements: —Eff 07/01/2007~~
1. ~~In order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dentist shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of sixteen (16) hours, including four (4) patient contact hours. As of January 1, 1994, the Board required all dentists who did not meet the requirements of subsection 2. below to submit an application and documentation of training in nitrous oxide/oxygen administration. —Eff 07/01/2007~~

2. ~~A Colorado licensed dentist who has safely administered conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques within the State of Colorado for the three (3) years prior to October 30, 1987, should be deemed to have satisfied, the education/training specified under this Rule in making a determination on safe administration and inducement of conscious analgesia accomplished solely by means of nitrous oxide/oxygen inhalation techniques, the Board shall consider any and all anesthesia/analgesia related incidents, accidents or complaints filed against the licensee.~~ ~~Eff 07/01/2007~~
 3. ~~The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where nitrous oxide/oxygen is administered shall have proof of current basic life support (BLS) knowledge and skills.~~ ~~Eff 07/01/2007~~
 4. ~~Upon its determination that the applicant has met the requirements found in either Rule XVII.C.1 or 2, the Board shall issue a permit to administer nitrous oxide/oxygen. Any violation of this Rule XVII may result in suspension or revocation of the permit to administer nitrous oxide/oxygen.~~ ~~Eff 07/01/2007~~
- D. ~~Examination: Upon the effective date of this Rule, prior to administration of nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the patient's medical and pertinent physical findings.~~ ~~Eff 07/01/2007~~
- E. ~~Documentation: Upon the effective date of this Rule, when administering nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the treatment given, the dosage administered and the patient's response to treatment.~~ ~~Eff 07/01/2007~~
- F. ~~Emergency Care: Prior to the administration of nitrous oxide/oxygen, the supervising dentist, dental hygienist, and auxiliaries shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.~~ ~~Eff 07/01/2007~~
- G. ~~Office Facilities and Equipment: If conscious analgesia is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then the supervising dentist shall provide and ensure the following:~~ ~~Eff 07/01/2007~~
1. ~~Fail safe mechanisms in the delivery system and an appropriate scavenging system;~~ ~~Eff 07/01/2007~~
 2. ~~The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient;~~ ~~Eff 07/01/2007~~
 3. ~~Determination of adequate oxygen supply must be completed prior to use with each patient;~~ ~~Eff 07/01/2007~~
 4. ~~Baseline vital signs may be obtained at the discretion of the operator depending on the medical status of the patient and the nature of the procedure to be performed; AND,~~ ~~Eff 07/01/2007~~
 5. ~~Appropriate equipment to monitor vital signs and maintain an adequate airway including but not limited to a blood pressure cuff, stethoscope and a method for administering positive pressure oxygen.~~ ~~Eff 07/01/2007~~
- H. ~~Delegating under direct supervision the monitoring and administration of nitrous oxide/oxygen to appropriately trained personnel pursuant to section 12-35-113 (1) (q), C.R.S.:~~ ~~Eff 07/01/2007~~

1. ~~The supervising dentist is responsible for determining the maximum dosage of nitrous oxide/oxygen analgesia and must record the dosage in the patient's dental chart prior to delegation; AND, —Eff 07/01/2007~~
2. ~~The supervising dentist delegating must be approved by the Board under this Rule to administer nitrous oxide/oxygen; AND, —Eff 07/01/2007~~
3. ~~The dental hygienist or dental auxiliary accepting the delegation of the administration and monitoring of nitrous oxide/oxygen under direct supervision shall ensure that the dentist is approved by the Board to administer nitrous oxide/oxygen; AND, —Eff 07/01/2007~~
4. ~~Education/Training Requirements for dental hygienists and auxiliaries administering and monitoring nitrous oxide/oxygen under direct supervision; —Eff 07/01/2007~~

~~a. In order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dental hygienist or a dental auxiliary shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of sixteen (16) hours, including four (4) patient contact hours. The dental hygienist and dental auxiliary shall certify to the Board, on a form approved by the Board, compliance with the educational requirement. —Eff 07/01/2007~~

I. ~~"Monitoring", as that term is used in Rule XVII means: —Eff 07/01/2007~~

1. ~~The continual observation of the patient to ensure the stable physical condition of the patient and maintenance of a proper level of nitrous oxide/oxygen inhalation as determined by the supervising dentist; OR —Eff 07/01/2007~~
2. ~~The continual observation of the patient to ensure stable physical condition of the patient during recovery from the nitrous oxide/oxygen inhalation. —Eff 07/01/2007~~
3. ~~Unless a dental hygienist or dental auxiliary has received the training to administer nitrous oxide/oxygen inhalation, they may only monitor (observe) a patient during the use of nitrous oxide/oxygen inhalation. Monitoring may only be delegated under the direct supervision of a dentist approved/authorized to administer nitrous oxide/oxygen inhalation. —Eff 07/01/2007~~

J. ~~All equipment, as provided for in this Rule XVII shall be functional and operative at all times. —Eff 07/01/2007~~

K. ~~Morbidity and Mortality Report — A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the nitrous oxide/oxygen inhalation within fifteen (15) days of any nitrous oxide/oxygen inhalation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and required hospitalization, emergency facility care, or emergency service response. —Eff 07/01/2007~~

1. ~~Such report shall include all of the following items: —Eff 07/01/2007~~
 - a. ~~Description of dental procedure; —Eff 07/01/2007~~
 - b. ~~Description of preoperative physical condition of the patient; —Eff 07/01/2007~~
 - c. ~~List of the drugs and dosages administered; —Eff 07/01/2007~~

- d. ~~Detailed description of techniques utilized in administering the nitrous oxide;—[Eff 07/01/2007](#)~~
 - e. ~~Description of adverse occurrence to include:—[Eff 07/01/2007](#)~~
 - 1) ~~Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;—[Eff 07/01/2007](#)~~
 - 2) ~~Treatment instituted on patient; AND, —[Eff 07/01/2007](#)~~
 - 3) ~~Response of the patient to treatment.—[Eff 07/01/2007](#)~~
 - f. ~~Description of the patient's condition on termination of any procedure undertaken.—[Eff 07/01/2007](#)~~
- 2. ~~The Board may request inspection of any written records related to this report.—[Eff 07/01/2007](#)~~
 - 3. ~~Pursuant to section 12-35-107(1)(d), C.R.S., the Board may request an on-site evaluation of the dental facility related to this report.—[Eff 07/01/2007](#)~~

Rule XVIII. Administration of Local Anesthesia

- A. ~~“Local Anesthesia” means the elimination of sensations especially pain, in one part of the body by topical application or regional injection of drugs without causing the loss of consciousness.~~
- B. ~~The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where local anesthesia is administered shall have proof of current basic life support (BLS) knowledge and skills.~~
- C. ~~All Colorado licensed dentists shall be authorized to administer local anesthesia. A dentist may delegate the physical administration of local anesthesia to trained and qualified dental hygienists pursuant to this Rule.~~
- D. ~~Local Anesthesia Administration by Regional Injection by a Dental Hygienist.~~
 - 1. ~~A Colorado licensed dental hygienist shall administer local anesthesia agents by regional injection of drugs only under the direct supervision of a Colorado licensed dentist.~~
 - 3. ~~A dental hygienist shall be qualified to administer local anesthetic agents upon successful completion of courses conducted by a school accredited by the American Dental Association Commission on Dental Accreditation which meets the following requirements:~~
 - a. ~~Twelve (12) hours of didactic training including but not limited to:~~
 - 1) ~~Anatomy; and~~
 - 2) ~~Pharmacology; and~~
 - 3) ~~Techniques; and~~
 - 4) ~~Physiology; and~~
 - 5) ~~Medical Emergencies AND~~

- ~~b. Twelve (12) hours of clinical training which shall include the administration of at least six (6) infiltration and six (6) block injections.~~
- ~~3. As of October 30, 1987, prior to the administration and inducement of local anesthesia by regional injection as provided for in this rule a dental hygienist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements specified in Rule XVIII.~~

RULE XIV. ANESTHESIA

(AMENDED FEBRUARY 1, 1998, AUGUST 1, 2000; AUGUST 11, 2004; OCTOBER 27, 2004; OCTOBER 26, 2006; JULY 9, 2009, EFFECTIVE DECEMBER 31, 2006; AMENDED JANUARY 21, 2010, EFFECTIVE MARCH 30, 2010)

A. INTRODUCTION

1. THIS RULE XIV IS AUTHORIZED BY THE DENTAL PRACTICE LAW OF COLORADO INCLUDING BUT NOT LIMITED TO SECTIONS 12-35-107(1)(B), (F), (H) AND (I), 12-35-113(1)(Q), 12-35-125(1)(F) AND 12-35-128(3)(C), C.R.S. THIS RULE XIV REPLACES PRIOR ANESTHESIA RELATED BOARD RULES XIV, XV, XVI, XVII, AND XVIII.
2. THE PURPOSE OF THIS RULE XIV IS TO PROVIDE DENTAL PATIENTS IN THE STATE OF COLORADO OPEN AND SAFE ACCESS TO ANESTHESIA CARE BY MAKING THE PROCESS FOR OBTAINING PRIVILEGES OR A PERMIT WELL DEFINED, TRANSPARENT, AND CONSISTENT FOR THE DENTAL PROFESSIONALS WHILE AT THE SAME TIME, ADVOCATING FOR PATIENT SAFETY.

B. THE ANESTHESIA CONTINUUM

1. THE ANESTHESIA CONTINUUM REPRESENTS A SPECTRUM ENCOMPASSING ANALGESIA, LOCAL ANESTHESIA, SEDATION, AND GENERAL ANESTHESIA ALONG WHICH NO SINGLE PART CAN BE SIMPLY DISTINGUISHED FROM NEIGHBORING PARTS. IT IS NEITHER THE ROUTE OF ADMINISTRATION NOR THE MEDICATION(S) USED THAT DETERMINES OR DEFINES THE LEVEL OF ANESTHESIA ADMINISTERED. THE LOCATION ON THE CONTINUUM DEFINES THE LEVEL OF ANESTHESIA ADMINISTERED.

ANESTHESIA CONTINUUM

LOCAL ANESTHESIA ANALGESIA MEDICATION PRESCRIBED/ ADMINISTERED FOR THE RELIEF OF ANXIETY OR APPREHENSION	MINIMAL SEDATION	MODERATE SEDATION	DEEP SEDATION	GENERAL ANESTHESIA
<i>PRIVILEGES INCLUDED IN COLORADO DENTAL LICENSURE</i>	<i>MINIMAL SEDATION PRIVILEGES</i>	<i>MODERATE SEDATION PRIVILEGES</i>	<i>DEEP SEDATION/GENERAL ANESTHESIA PERMIT</i>	

2. THE LEVEL OF ANESTHESIA ON THE CONTINUUM IS DETERMINED BY THE DEFINITIONS LISTED UNDER SECTION C. OF THIS RULE XIV. ELEMENTS USED TO DETERMINE THE LEVEL OF ANESTHESIA INCLUDE THE LEVEL OF CONSCIOUSNESS AND THE LIKELIHOOD OF ANESTHESIA PROVIDER INTERVENTION(S), BASED UPON THE FOLLOWING PATIENT PARAMETERS:

- A. RESPONSIVENESS
- B. AIRWAY
- C. RESPIRATORY (BREATHING)
- D. CARDIOVASCULAR

C. DEFINITIONS RELATED TO ANESTHESIA

1. ANESTHESIA – THE ART AND SCIENCE OF MANAGING ANXIETY, PAIN, AND AWARENESS. INCLUDES ANALGESIA, LOCAL ANESTHESIA, MINIMAL, MODERATE OR DEEP SEDATION, OR GENERAL ANESTHESIA.
2. ANALGESIA – THE DIMINUTION OR ELIMINATION OF PAIN.
3. LOCAL ANESTHESIA – THE ELIMINATION OF SENSATION, ESPECIALLY PAIN, IN ONE PART OF THE BODY BY THE TOPICAL APPLICATION OR REGIONAL INJECTION OF A DRUG.
4. MINIMAL SEDATION – A MINIMALLY DEPRESSED LEVEL OF CONSCIOUSNESS, PRODUCED BY A PHARMACOLOGICAL METHOD, THAT RETAINS THE PATIENT'S ABILITY TO INDEPENDENTLY AND CONTINUOUSLY MAINTAIN AN AIRWAY AND RESPOND NORMALLY TO TACTILE STIMULATION AND VERBAL COMMAND. ALTHOUGH COGNITIVE FUNCTION AND COORDINATION MAY BE MODESTLY

IMPAIRED, VENTILATORY AND CARDIOVASCULAR FUNCTIONS ARE UNAFFECTED.

5. MODERATE SEDATION – 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.
6. DEEP SEDATION – 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 VENTILATORY FUNCTION MAY BE IMPAIRED. PATIENTS MAY REQUIRE ASSISTANCE IN MAINTAINING A PATENT AIRWAY, AND SPONTANEOUS VENTILATION MAY BE INADEQUATE. CARDIOVASCULAR FUNCTION IS USUALLY MAINTAINED.
7. GENERAL ANESTHESIA – A DRUG-INDUCED LOSS OF CONSCIOUSNESS DURING WHICH PATIENTS ARE NOT AROUSABLE, EVEN BY PAINFUL STIMULATION. THE ABILITY TO INDEPENDENTLY MAINTAIN VENTILATORY 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.
8. MONITORING – EVALUATION OF PATIENTS TO ASSESS PHYSICAL CONDITION AND LEVEL OF ANESTHESIA.
9. PERI-ANESTHESIA PERIOD – THE TIME FROM THE BEGINNING OF THE PRE-ANESTHESIA ASSESSMENT UNTIL THE PATIENT IS DISCHARGED FROM ANESTHESIA CARE.
10. ANESTHESIA PROVIDER – THE LICENSED AND LEGALLY AUTHORIZED INDIVIDUAL RESPONSIBLE FOR ADMINISTERING MEDICATIONS THAT PROVIDE ANALGESIA, LOCAL ANESTHESIA, MINIMAL, MODERATE OR DEEP SEDATION, OR GENERAL ANESTHESIA.

D. GENERAL RULES FOR THE SAFE ADMINISTRATION OF ANESTHESIA

1. THE ANESTHESIA PROVIDER'S EDUCATION, TRAINING, EXPERIENCE, AND CURRENT COMPETENCE MUST CORRELATE WITH THE PROGRESSION OF A PATIENT ALONG THE ANESTHESIA CONTINUUM.
2. THE ANESTHESIA PROVIDER MUST BE PREPARED TO MANAGE DEEPER THAN INTENDED LEVELS OF ANESTHESIA AS IT IS NOT ALWAYS POSSIBLE TO PREDICT HOW A GIVEN PATIENT WILL RESPOND TO ANESTHESIA.
3. THE ANESTHESIA PROVIDER'S ULTIMATE RESPONSIBILITY IS TO PROTECT THE PATIENT. THIS INCLUDES, BUT IS NOT LIMITED TO, IDENTIFICATION AND MANAGEMENT OF ANY COMPLICATION(S) OCCURRING DURING THE PERI-ANESTHESIA PERIOD.

E. ANESTHESIA PRIVILEGES INCLUDED IN COLORADO DENTAL LICENSURE

1. THE FOLLOWING ANESTHESIA PRIVILEGES ARE INCLUDED IN COLORADO DENTAL LICENSURE:
 - A. LOCAL ANESTHESIA;
 - B. ANALGESIA;
 - C. MEDICATION PRESCRIBED/ADMINISTERED FOR THE RELIEF OF ANXIETY OR APPREHENSION; AND
 - D. NITROUS OXIDE/OXYGEN INHALATION ANALGESIA IN COMPLIANCE WITH SECTION G. OF THIS RULE XIV.
2. A DENTIST WHO ELECTS TO ENGAGE THE SERVICES OF ANOTHER ANESTHESIA PROVIDER IN ORDER TO PROVIDE ANESTHESIA IN HIS OR HER DENTAL OFFICE IS RESPONSIBLE FOR ENSURING THAT THE FACILITY MEETS THE REQUIREMENTS OUTLINED IN THIS RULE XIV.

F. ANESTHESIA PRIVILEGES AND PERMITS

1. LOCAL ANESTHESIA PRIVILEGES FOR DENTAL HYGIENISTS –
 - A. A DENTAL HYGIENIST MAY OBTAIN LOCAL ANESTHESIA PRIVILEGES AND ADMINISTER LOCAL ANESTHESIA OR A LOCAL ANESTHETIC REVERSAL AGENT UNDER THE INDIRECT SUPERVISION OF A DENTIST.
 - B. LOCAL ANESTHESIA PRIVILEGES WILL BE ISSUED ONCE AND WILL REMAIN VALID AS LONG AS THE LICENSEE MAINTAINS AN ACTIVE LICENSE TO PRACTICE, EXCEPT AS OTHERWISE PROVIDED IN THIS RULE XIV.
2. TEMPORARY PRIVILEGES OR PERMIT –
 - A. A DENTIST WILL BE ISSUED TEMPORARY PRIVILEGES OR A TEMPORARY PERMIT UPON MEETING THE EDUCATIONAL AND/OR EXPERIENCE REQUIREMENTS FOR MODERATE SEDATION PRIVILEGES OR FOR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT AS OUTLINED IN THIS RULE XIV PRIOR TO SUCCESSFULLY COMPLETING HIS/HER CLINICAL ONSITE INSPECTION.
 - B. UNLESS OTHERWISE AUTHORIZED BY THE BOARD, THE TEMPORARY PRIVILEGES OR PERMIT WILL BE ISSUED ONCE AND WILL REMAIN VALID FOR A MAXIMUM OF NINETY (90) DAYS.
3. MINIMAL SEDATION PRIVILEGES –
 - A. TO ADMINISTER MINIMAL SEDATION, A DENTIST SHALL HAVE MINIMAL SEDATION PRIVILEGES, MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT ISSUED IN ACCORDANCE WITH THIS RULE XIV.
 - B. MINIMAL SEDATION PRIVILEGES SHALL BE VALID FOR A PERIOD OF FIVE (5) YEARS, AFTER WHICH SUCH PRIVILEGES MAY BE RENEWED UPON REAPPLICATION.

4. MODERATE SEDATION PRIVILEGES –

- A. TO ADMINISTER MODERATE SEDATION, A DENTIST SHALL HAVE MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT ISSUED IN ACCORDANCE WITH THIS RULE XIV.
- B. MODERATE SEDATION PRIVILEGES SHALL BE VALID FOR A PERIOD OF FIVE (5) YEARS AFTER WHICH SUCH PRIVILEGES MAY BE RENEWED UPON REAPPLICATION.

5. DEEP SEDATION/GENERAL ANESTHESIA PERMIT –

- A. TO ADMINISTER DEEP SEDATION/AND OR GENERAL ANESTHESIA, A DENTIST SHALL HAVE A DEEP SEDATION/GENERAL ANESTHESIA PERMIT ISSUED IN ACCORDANCE WITH THIS RULE XIV.
- B. A DEEP SEDATION/GENERAL ANESTHESIA PERMIT SHALL BE VALID FOR A PERIOD OF FIVE (5) YEARS AFTER WHICH SUCH PERMIT MAY BE RENEWED UPON REAPPLICATION.
- C. IN ORDER TO INITIALLY APPLY FOR OR RENEW A DEEP SEDATION/GENERAL ANESTHESIA PERMIT PURSUANT TO THIS RULE XIV, AN APPLICANT MUST PAY A FEE ESTABLISHED BY THE DIRECTOR OF THE DIVISION OF REGISTRATIONS PURSUANT TO SECTION 24-34-105, C.R.S.

G. NITROUS OXIDE/OXYGEN INHALATION REQUIREMENTS

- 1. A DENTIST MAY DELEGATE UNDER DIRECT SUPERVISION THE MONITORING AND ADMINISTRATION OF NITROUS OXIDE/OXYGEN INHALATION TO APPROPRIATELY TRAINED DENTAL PERSONNEL, PURSUANT TO SECTION 12-35-113(1)(q), C.R.S.
- 2. THE SUPERVISING DENTIST IS RESPONSIBLE FOR DETERMINING AND DOCUMENTING THE MAXIMUM PERCENT-DOSAGE OF NITROUS OXIDE ADMINISTERED TO THE PATIENT. DOCUMENTATION SHALL INCLUDE THE LENGTH OF TIME NITROUS OXIDE WAS USED AND THE LENGTH OF TIME THE PATIENT WAS REOXYGENATED WITH 100% OXYGEN.
- 3. IT IS THE RESPONSIBILITY OF THE SUPERVISING DENTIST TO ENSURE THAT DENTAL PERSONNEL WHO ADMINISTER AND/OR MONITOR NITROUS OXIDE/OXYGEN INHALATION ARE APPROPRIATELY TRAINED.
- 4. IF NITROUS OXIDE IS USED IN THE PRACTICE OF DENTISTRY, THEN THE SUPERVISING DENTIST SHALL PROVIDE AND ENSURE THE FOLLOWING:
 - A. FAIL SAFE MECHANISMS IN THE DELIVERY SYSTEM AND AN APPROPRIATE SCAVENGING SYSTEM;
 - B. THE INHALATION EQUIPMENT MUST BE EVALUATED FOR PROPER OPERATION AND DELIVERY OF INHALATION AGENTS;
 - C. ANY ADMINISTRATION OR MONITORING OF NITROUS OXIDE/OXYGEN INHALATION TO PATIENTS BY DENTAL PERSONNEL IS PERFORMED IN

ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF DENTAL OR DENTAL HYGIENE PRACTICE.

H. LOCAL ANESTHESIA PRIVILEGES FOR DENTAL HYGIENISTS

1. A DENTAL HYGIENIST MAY OBTAIN LOCAL ANESTHESIA PRIVILEGES AFTER SUBMITTING A BOARD-APPROVED APPLICATION AND UPON SUCCESSFUL COMPLETION OF COURSES CONDUCTED BY A SCHOOL ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION.
2. COURSES MUST MEET THE FOLLOWING REQUIREMENTS:
 - A. TWELVE (12) HOURS OF DIDACTIC TRAINING, INCLUDING BUT NOT LIMITED TO:
 - ANATOMY;
 - PHARMACOLOGY;
 - TECHNIQUES;
 - PHYSIOLOGY; AND
 - MEDICAL EMERGENCIES.
 - B. TWELVE (12) HOURS OF CLINICAL TRAINING THAT INCLUDES THE ADMINISTRATION OF AT LEAST SIX (6) INFILTRATION AND SIX (6) BLOCK INJECTIONS.

I. MINIMAL SEDATION PRIVILEGES – A DENTIST MAY OBTAIN MINIMAL SEDATION PRIVILEGES AFTER SUBMITTING A BOARD-APPROVED APPLICATION AND UPON SUCCESSFUL COMPLETION OF THE EDUCATIONAL REQUIREMENTS SET FORTH BELOW:

1. A SPECIALTY RESIDENCY OR GENERAL PRACTICE RESIDENCY RECOGNIZED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION THAT INCLUDES COMPREHENSIVE AND APPROPRIATE TRAINING TO ADMINISTER AND MANAGE MINIMAL SEDATION; OR
2. EDUCATIONAL CRITERIA FOR MODERATE SEDATION PRIVILEGES OR FOR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT; OR
3. A MINIMUM OF SIXTEEN (16) HOURS OF BOARD-APPROVED COURSEWORK COMPLETED WITHIN THE PAST FIVE (5) YEARS THAT PROVIDES TRAINING IN THE ADMINISTRATION AND INDUCTION OF MINIMAL SEDATION TECHNIQUES AND MANAGEMENT OF COMPLICATIONS AND EMERGENCIES ASSOCIATED WITH SEDATION.
 - A. THE COURSEWORK MUST CONTAIN AN APPROPRIATE COMBINATION OF DIDACTIC INSTRUCTION AND PRACTICAL SKILLS TRAINING.
 - B. THE APPLICANT MUST SUBMIT FOR BOARD APPROVAL DOCUMENTATION OF THE TRAINING COURSE(S) TO INCLUDE, BUT NOT BE LIMITED TO, A SYLLABUS OR COURSE OUTLINE OF THE PROGRAM AND A CERTIFICATE OR OTHER DOCUMENTATION FROM COURSE SPONSORS OR INSTRUCTORS INDICATING THE NUMBER OF COURSE HOURS, CONTENT OF SUCH COURSES AND DATE OF SUCCESSFUL COMPLETION.

- C. COURSE CONTENT LEADING TO CURRENT BASIC LIFE SUPPORT AND/OR ADVANCED CARDIAC LIFE SUPPORT AND/OR PEDIATRIC ADVANCED LIFE SUPPORT CANNOT BE CONSIDERED AS PART OF THE SIXTEEN (16) HOURS OF CLASSROOM AND CLINICAL INSTRUCTION.

J. MODERATE SEDATION PRIVILEGES – A DENTIST MAY OBTAIN MODERATE SEDATION PRIVILEGES AFTER SUBMITTING A BOARD-APPROVED APPLICATION AND UPON SUCCESSFUL COMPLETION OF EDUCATION ONLY OR A COMBINATION OF APPROVED EDUCATION AND EXPERIENCE AS SET FORTH BELOW:

- 1. EDUCATION ONLY ROUTE – MUST SUBMIT PROOF OF HAVING SUCCESSFULLY COMPLETED ONE OF THE FOLLOWING:

- A. A SPECIALTY RESIDENCY OR GENERAL PRACTICE RESIDENCY RECOGNIZED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION THAT INCLUDES COMPREHENSIVE AND APPROPRIATE TRAINING TO ADMINISTER AND MANAGE MODERATE SEDATION; OR

- B. EDUCATIONAL CRITERIA FOR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT.

- 2. EDUCATION/EXPERIENCE ROUTE – MUST SUBMIT PROOF OF SUCCESSFULLY COMPLETING MODERATE SEDATION COURSE(S) AND ACCEPTABLE SEDATION CASES AS SET FORTH BELOW.

- A. EDUCATION –

- I) SIXTY (60) HOURS OF BOARD-APPROVED COURSEWORK COMPLETED WITHIN THE PAST FIVE (5) YEARS THAT PROVIDES TRAINING IN THE ADMINISTRATION AND INDUCTION OF MODERATE SEDATION TECHNIQUES AND MANAGEMENT OF COMPLICATIONS AND EMERGENCIES ASSOCIATED WITH SEDATION.
- II) SUCH COURSEWORK MUST INCLUDE AN APPROPRIATE COMBINATION OF DIDACTIC INSTRUCTION AND PRACTICAL SKILLS TRAINING.
- III) THE APPLICANT MUST SUBMIT FOR BOARD APPROVAL DOCUMENTATION OF THE TRAINING COURSE(S) TO INCLUDE, BUT NOT BE LIMITED TO, A SYLLABUS OR COURSE OUTLINE OF THE PROGRAM AND A CERTIFICATE OR OTHER DOCUMENTATION FROM COURSE SPONSORS OR INSTRUCTORS INDICATING THE NUMBER OF COURSE HOURS, CONTENT OF SUCH COURSES AND DATE OF SUCCESSFUL COMPLETION.
- IV) COURSE CONTENT LEADING TO CURRENT BASIC LIFE SUPPORT AND/OR ADVANCED CARDIAC LIFE SUPPORT AND/OR PEDIATRIC ADVANCED LIFE SUPPORT CANNOT BE CONSIDERED AS PART OF THE SIXTY (60) HOURS OF CLASSROOM AND CLINICAL INSTRUCTION.

- B. EXPERIENCE –

- I) TWENTY (20) SEDATION CASES THAT WERE COMPLETED AS PART OF OR SEPARATE FROM THE BOARD APPROVED SEDATION TRAINING COURSE.
- II) IF COMPLETED SEPARATE FROM THE COURSE, THEN ALL CASES MUST BE COMPLETED DURING THE ONE (1) YEAR PERIOD IMMEDIATELY AFTER COMPLETION OF THE APPROVED TRAINING PROGRAM.
- III) ALL OF THE CASES MUST BE PERFORMED AND DOCUMENTED UNDER THE ON-SITE INSTRUCTION AND SUPERVISION OF A PERSON QUALIFIED TO ADMINISTER ANESTHESIA AT A DEEP SEDATION/GENERAL ANESTHESIA LEVEL.
- IV) ALL OF THE CASES MUST BE PERFORMED AND DOCUMENTED BY THE APPLICANT.
- V) CASES MAY BE PERFORMED ON LIVE PATIENTS OR AS PART OF A HIGH-FIDELITY SEDATION SIMULATION CENTER OR PROGRAM.
- VI) ALL OF THE CASES MUST MEET GENERALLY ACCEPTED STANDARDS FOR THE PROVISION AND DOCUMENTATION OF MODERATE SEDATION.

K. DEEP SEDATION/GENERAL ANESTHESIA PERMIT – A DENTIST MAY OBTAIN A DEEP SEDATION/GENERAL ANESTHESIA PERMIT AFTER SUBMITTING A BOARD-APPROVED APPLICATION AND UPON SUCCESSFUL COMPLETION OF ONE OF THE FOLLOWING EDUCATIONAL REQUIREMENTS:

- 1. A RESIDENCY PROGRAM IN GENERAL ANESTHESIA THAT IS APPROVED BY THE AMERICAN DENTAL ASSOCIATION, THE AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY, THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE AMERICAN OSTEOPATHIC ASSOCIATION OR ANY SUCCESSOR ORGANIZATION TO ANY OF THE FORGOING; OR
- 2. AN ACCEPTABLE POST-DOCTORAL TRAINING PROGRAM (E.G., ORAL AND MAXILLOFACIAL SURGERY) THAT AFFORDS COMPREHENSIVE AND APPROPRIATE TRAINING NECESSARY TO ADMINISTER AND MANAGE DEEP SEDATION AND GENERAL ANESTHESIA COMMENSURATE WITH THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF ANXIETY AND PAIN IN DENTISTRY.

L. CLINICAL ON-SITE INSPECTION FOR OBTAINING MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT

- 1. ANY DENTIST APPLYING FOR MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT WILL INITIALLY BE ISSUED A TEMPORARY PERMIT UPON SUCCESSFULLY MEETING THE EDUCATIONAL AND/OR EXPERIENCE REQUIREMENTS AS PROVIDED IN THIS RULE XIV. THE DENTIST MUST THEN UNDERGO A CLINICAL ON-SITE INSPECTION.
- 2. UNLESS OTHERWISE AUTHORIZED BY THE BOARD, A CLINICAL ON-SITE INSPECTION MUST BE SUCCESSFULLY COMPLETED WITHIN NINETY (90) DAYS

OF A TEMPORARY PERMIT BEING ISSUED IN ORDER TO RECEIVE MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT.

3. THE BOARD MAY REQUIRE RE-INSPECTION OF A FACILITY AS PART OF THE PROCESS FOR RENEWAL OR REINSTATEMENT OF THE PRIVILEGES OR PERMIT.
4. A SEPARATE CLINICAL ON-SITE INSPECTION IS NOT REQUIRED FOR DENTISTS WHO RECEIVE MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT PURSUANT TO THIS RULE XIV FOR ONE OFFICE AND TRAVEL TO OTHER DENTAL OFFICE LOCATIONS TO ADMINISTER ANESTHESIA. HOWEVER, IT IS THE RESPONSIBILITY OF THE ANESTHESIA PROVIDER TO ENSURE THAT EACH FACILITY MEETS THE REQUIREMENTS OUTLINED IN THIS RULE. THIS RESPONSIBILITY ALSO EXTENDS TO A DENTIST WITHOUT MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT WHO ELECTS TO ENGAGE THE SERVICES OF ANOTHER ANESTHESIA PROVIDER TO PROVIDE SUCH ANESTHESIA IN HIS/HER DENTAL OFFICE.
5. THE DENTIST REQUIRING THE ANESTHESIA INSPECTION IS RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE INSPECTION.
6. THE ANESTHESIA INSPECTION SHALL CONSIST OF FOUR (4) PARTS:
 - A. REVIEW OF THE OFFICE EQUIPMENT, RECORDS, AND EMERGENCY MEDICATIONS REQUIRED IN SECTIONS N, O, P.2 AND P.3 OF THIS RULE XIV.
 - B. SURGICAL/ANESTHETIC TECHNIQUES. THE INSPECTOR SHALL OBSERVE AT LEAST ONE (1) CASE WHILE THE DENTIST ADMINISTERS ANESTHESIA AT THE LEVEL FOR WHICH HE/SHE IS MAKING APPLICATION TO THE BOARD. THE INSPECTOR MAY REQUIRE ADDITIONAL CASES TO OBSERVE AT HIS/HER DISCRETION.
 - C. SIMULATED EMERGENCIES. THE DENTIST AND HIS/HER TEAM MUST BE ABLE TO DEMONSTRATE HIS/HER EXPERTISE IN MANAGING EMERGENCIES AS REQUIRED IN THE APPLICATION.
 - D. DISCUSSION PERIOD.
7. THE INSPECTOR SHALL BE A COLORADO LICENSED ANESTHESIOLOGIST OR CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) OR DENTIST WITH A DEEP SEDATION/GENERAL ANESTHESIA PERMIT.
8. THE INSPECTOR SHALL NOT HAVE AN UNETHICAL AGREEMENT OR CONFLICT OF INTEREST WITH AN APPLICANT. AN INSPECTOR'S RECEIPT OF PAYMENT FROM THE APPLICANT FOR SERVICES AS AN INSPECTOR IS ACCEPTABLE AND DOES NOT CONSTITUTE AN UNETHICAL AGREEMENT OR CONFLICT OF INTEREST.
9. INSPECTORS SHALL BE CONSIDERED CONSULTANTS FOR THE BOARD AND SHALL BE IMMUNE FROM LIABILITY IN ANY CIVIL ACTION BROUGHT AGAINST HIM/HER OCCURRING WHILE ACTING IN THIS CAPACITY AS SET FORTH IN SECTION 12-35-109(3), CRS.

10. THE DOCUMENTATION OF THE ANESTHESIA INSPECTION MUST BE COMPLETED ON FORMS APPROVED BY THE BOARD.

M. OFFICE FACILITIES AND EQUIPMENT FOR PROVISION OF MINIMAL SEDATION, MODERATE SEDATION, DEEP SEDATION AND/OR GENERAL ANESTHESIA –

1. ANY DENTIST WHOSE PRACTICE INCLUDES THE ADMINISTRATION OF MINIMAL SEDATION BY ANY ANESTHESIA PROVIDER MUST PROVIDE THE FOLLOWING OFFICE FACILITIES AND EQUIPMENT, WHICH ARE REQUIRED TO BE FUNCTIONAL AT ALL TIMES:
 - A. EMERGENCY EQUIPMENT AND FACILITIES, INCLUDING:
 - I) AN APPROPRIATE SIZE BAG-VALVE-MASK APPARATUS OR EQUIVALENT WITH AN OXYGEN HOOK-UP;
 - II) ORAL AND NASOPHARYNGEAL AIRWAYS;
 - III) APPROPRIATE EMERGENCY MEDICATIONS; AND
 - IV) AN EXTERNAL DEFIBRILLATOR – MANUAL OR AUTOMATIC.
 - B. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION, INCLUDING:
 - I) A CONTINUOUS PULSE OXIMETER; AND
 - II) A BLOOD PRESSURE CUFF OF APPROPRIATE SIZE AND STETHOSCOPE, OR EQUIVALENT BLOOD PRESSURE MONITORING DEVICES.
 - C. OXYGEN, SUCTION, AND A PULSE OXIMETER MUST BE IMMEDIATELY AVAILABLE DURING THE RECOVERY PERIOD.
2. ANY DENTIST WHOSE PRACTICE INCLUDES THE ADMINISTRATION OF MODERATE SEDATION BY ANY ANESTHESIA PROVIDER MUST PROVIDE THE FOLLOWING OFFICE FACILITIES AND EQUIPMENT, WHICH ARE REQUIRED TO BE FUNCTIONAL AT ALL TIMES:
 - A. EMERGENCY EQUIPMENT AND FACILITIES, INCLUDING:
 - I) AN APPROPRIATE SIZE BAG-VALVE-MASK APPARATUS OR EQUIVALENT WITH AN OXYGEN HOOK-UP;
 - II) ORAL AND NASOPHARYNGEAL AIRWAYS;
 - III) APPROPRIATE EMERGENCY MEDICATIONS; AND
 - IV) AN EXTERNAL DEFIBRILLATOR – MANUAL OR AUTOMATIC.
 - B. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION, INCLUDING:
 - I) A CONTINUOUS PULSE OXIMETER; AND

- II) A BLOOD PRESSURE CUFF OF APPROPRIATE SIZE AND STETHOSCOPE, OR EQUIVALENT BLOOD PRESSURE MONITORING DEVICES.
 - C. OXYGEN, SUCTION, AND A PULSE OXIMETER MUST BE IMMEDIATELY AVAILABLE DURING THE RECOVERY PERIOD.
 - D. BACK-UP SUCTION EQUIPMENT.
 - E. BACK-UP LIGHTING SYSTEM.
 - F. PARENTERAL ACCESS OR THE ABILITY TO GAIN PARENTERAL ACCESS, IF CLINICALLY INDICATED.
 - G. ELECTROCARDIOGRAPH, IF CLINICALLY INDICATED.
3. ANY DENTIST WHOSE PRACTICE INCLUDES THE ADMINISTRATION OF DEEP SEDATION AND/OR GENERAL ANESTHESIA BY ANY ANESTHESIA PROVIDER MUST PROVIDE THE FOLLOWING OFFICE FACILITIES AND EQUIPMENT, WHICH ARE REQUIRED TO BE FUNCTIONAL AT ALL TIMES:
- A. EMERGENCY EQUIPMENT AND FACILITIES, INCLUDING:
 - I) AN APPROPRIATE SIZE BAG-VALVE-MASK APPARATUS OR EQUIVALENT WITH AN OXYGEN HOOK-UP;
 - II) ORAL AND NASOPHARYNGEAL AIRWAYS;
 - III) APPROPRIATE EMERGENCY MEDICATIONS; AND
 - IV) AN EXTERNAL DEFIBRILLATOR – MANUAL OR AUTOMATIC.
 - B. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION, INCLUDING:
 - I) A CONTINUOUS PULSE OXIMETER; AND
 - II) A BLOOD PRESSURE CUFF OF APPROPRIATE SIZE AND STETHOSCOPE, OR EQUIVALENT BLOOD PRESSURE MONITORING DEVICES.
 - C. OXYGEN, SUCTION, AND A PULSE OXIMETER MUST BE IMMEDIATELY AVAILABLE DURING THE RECOVERY PERIOD.
 - D. BACK-UP SUCTION EQUIPMENT.
 - E. BACK-UP LIGHTING SYSTEM.
 - F. PARENTERAL ACCESS OR THE ABILITY TO GAIN PARENTERAL ACCESS, IF CLINICALLY INDICATED.
 - G. ELECTROCARDIOGRAPH.
 - H. END-TIDAL CARBON DIOXIDE MONITOR IF USING A LARYNGEAL MASK AIRWAY OR ENDOTRACHEAL INTUBATION.

I. ADDITIONAL EMERGENCY EQUIPMENT AND FACILITIES, INCLUDING:

- I) ENDOTRACHEAL TUBES SUITABLE FOR PATIENTS BEING TREATED;
- II) A LARYNGOSCOPE WITH RESERVE BATTERIES AND BULBS,
- III) ENDOTRACHEAL TUBE FORCEPS (I.E. MAGILL); AND
- IV) AT LEAST ONE ADDITIONAL AIRWAY DEVICE.

N. VOLATILE ANESTHESIA DELIVERY SYSTEMS – IF UTILIZED, SHALL INCLUDE:

- 1. CAPABILITY TO DELIVER OXYGEN TO A PATIENT UNDER POSITIVE PRESSURE, INCLUDING A BACK-UP OXYGEN SYSTEM;
- 2. GAS OUTLETS THAT MEET GENERALLY ACCEPTED SAFETY STANDARDS PREVENTING ACCIDENTAL ADMINISTRATION OF INAPPROPRIATE GASES OR GAS MIXTURE;
- 3. FAIL-SAFE MECHANISMS FOR INHALATION OF NITROUS OXIDE ANALGESIA;
- 4. THE INHALATION EQUIPMENT MUST HAVE AN APPROPRIATE SCAVENGING SYSTEM IF VOLATILE ANESTHETICS ARE USED; AND
- 5. GAS STORAGE FACILITIES, WHICH MEET GENERALLY ACCEPTED SAFETY STANDARDS.

O. DOCUMENTATION – SHALL INCLUDE, BUT IS NOT LIMITED TO:

- 1. FOR ADMINISTRATION OF LOCAL ANESTHESIA AND ANALGESIA –
 - A. PERTINENT MEDICAL HISTORY, INCLUDING WEIGHT; AND
 - B. MEDICATION(S) ADMINISTERED AND DOSAGE(S).
- 2. FOR ADMINISTRATION OF MINIMAL SEDATION, MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA –
 - A. MEDICAL HISTORY – CURRENT AND COMPREHENSIVE;
 - B. WEIGHT;
 - C. HEIGHT FOR ANY PATIENT OVER THE AGE OF 12;
 - D. AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION;
 - E. DENTAL PROCEDURE(S);
 - F. INFORMED CONSENT;
 - G. ANESTHESIA RECORD, WHICH INCLUDES:
 - I) PARENTERAL ACCESS SITE AND METHOD, IF UTILIZED;

- II) MEDICATION(S) ADMINISTERED – MEDICATION (INCLUDING OXYGEN), DOSAGE, ROUTE, AND TIME GIVEN;
- III) VITAL SIGNS BEFORE AND AFTER ANESTHESIA IS UTILIZED;
- IV) INTRAVENOUS FLUIDS, IF UTILIZED; AND
- V) RESPONSE TO ANESTHESIA – INCLUDING ANY COMPLICATIONS;

H. CONDITION OF PATIENT AT DISCHARGE.

3. FOR ADMINISTRATION OF MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA:

- A. PHYSICAL EXAMINATION – AIRWAY ASSESSMENT; BASELINE HEART RATE, BLOOD PRESSURE, RESPIRATORY RATE, AND OXYGEN SATURATION;
- B. ANESTHESIA RECORD, WHICH INCLUDES:
 - I) TIME ANESTHESIA COMMENCED AND ENDED;
 - II) AT LEAST EVERY 5 MINUTES – BLOOD PRESSURE, HEART RATE; AND
 - III) AT LEAST EVERY 15 MINUTES – OXYGEN SATURATION (SAO₂); RESPIRATORY RATE; ELECTROCARDIOGRAPH (ECG), IF CLINICALLY INDICATED BY PATIENT HISTORY, MEDICAL CONDITION(S), OR AGE; AND VENTILATION STATUS (SPONTANEOUS, ASSISTED, OR CONTROLLED).

P. PATIENT MONITORING – SHALL INCLUDE, BUT IS NOT LIMITED TO THE FOLLOWING FOR THE ADMINISTRATION OF:

- 1. LOCAL ANESTHESIA AND ANALGESIA –
 - A. GENERAL STATE OF THE PATIENT.
- 2. MINIMAL SEDATION –
 - A. CONTINUOUS HEART RATE AND RESPIRATORY STATUS;
 - B. CONTINUOUS OXYGEN SATURATION, IF CLINICALLY INDICATED BY PATIENT HISTORY, MEDICAL CONDITION(S), OR AGE;
 - C. PRE AND POST PROCEDURE BLOOD PRESSURE; AND
 - D. LEVEL OF ANESTHESIA ON THE CONTINUUM.
 - E. LEVEL OF COOPERATION IN THE PEDIATRIC OR SPECIAL NEEDS PATIENT MAY NOT REASONABLY ALLOW FOR FULL COMPLIANCE WITH SOME MONITORING REQUIREMENTS. IN SUCH INSTANCE, THE SUPERVISING DENTIST SHALL USE PROFESSIONAL JUDGMENT AND SHALL DOCUMENT AVAILABLE MONITORING PARAMETERS TO THE BEST OF HIS/HER ABILITY.

3. MODERATE SEDATION –

- A. CONTINUOUS HEART RATE, RESPIRATORY STATUS, AND OXYGEN SATURATION;
- B. INTERMITTENT BLOOD PRESSURE EVERY 5 MINUTES OR MORE FREQUENTLY;
- C. CONTINUOUS ELECTROCARDIOGRAPH, IF CLINICALLY INDICATED BY PATIENT HISTORY, MEDICAL CONDITION(S), OR AGE; AND
- D. LEVEL OF ANESTHESIA ON THE CONTINUUM.

4. DEEP SEDATION OR GENERAL ANESTHESIA –

- A. CONTINUOUS HEART RATE, RESPIRATORY STATUS, AND OXYGEN SATURATION;
- B. INTERMITTENT BLOOD PRESSURE EVERY 5 MINUTES OR MORE FREQUENTLY;
- C. CONTINUOUS ELECTROCARDIOGRAPH;
- D. END-TIDAL CARBON DIOXIDE MONITORING IF USING A LARYNGEAL MASK AIRWAY OR ENDOTRACHEAL INTUBATION; AND
- E. LEVEL OF ANESTHESIA ON THE CONTINUUM.

Q. MISCELLANEOUS REQUIREMENTS

1. CERTIFICATION(S) –

- A. ALL DENTISTS AND DENTAL PERSONNEL UTILIZING, ADMINISTERING OR MONITORING LOCAL ANESTHESIA, ANALGESIA, MINIMAL SEDATION, MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA SHALL HAVE SUCCESSFULLY COMPLETED CURRENT BASIC LIFE SUPPORT (BLS) TRAINING.
- B. ADDITIONALLY, ANY DENTIST APPLYING FOR OR MAINTAINING MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT MUST HAVE SUCCESSFULLY COMPLETED CURRENT ADVANCED CARDIAC LIFE SUPPORT (ACLS) OR PEDIATRIC ADVANCED LIFE SUPPORT (PALS), AS APPROPRIATE FOR THE DENTIST'S PRACTICE.

2. PERSONNEL –

- A. MINIMAL/MODERATE SEDATION – DURING THE ADMINISTRATION OF MINIMAL OR MODERATE SEDATION, THE SUPERVISING DENTIST AND AT LEAST ONE (1) OTHER INDIVIDUAL MUST BE PRESENT.
- B. DEEP SEDATION/GENERAL ANESTHESIA – DURING THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA, THE SUPERVISING DENTIST AND AT LEAST TWO (2) OTHER INDIVIDUALS

MUST BE PRESENT; ONE OF WHOM IS EXPERIENCED IN PATIENT MONITORING AND DOCUMENTATION.

3. MONITORING AND MEDICATION ADMINISTRATION – MAY BE DELEGATED TO TRAINED DENTAL PERSONNEL UNDER THE DIRECT SUPERVISION OF THE DENTIST; HOWEVER, THE SUPERVISING DENTIST RETAINS FULL ACCOUNTABILITY.
4. DISCHARGE – PATIENT DISCHARGE AFTER SEDATION AND/OR GENERAL ANESTHESIA MUST BE SPECIFICALLY AUTHORIZED BY THE ANESTHESIA PROVIDER.

R. ADDITIONAL REQUIREMENTS FOR PRIVILEGES OR PERMITS: DEMONSTRATION OF CONTINUED COMPETENCY AND REINSTATEMENT OF EXPIRED PRIVILEGES OR PERMITS

1. AN APPLICANT FOR LOCAL ANESTHESIA PRIVILEGES, MINIMAL SEDATION PRIVILEGES, MODERATE SEDATION PRIVILEGES OR A DEEP SEDATION/GENERAL ANESTHESIA PERMIT SHALL DEMONSTRATE TO THE BOARD THAT HE/SHE HAS MAINTAINED THE PROFESSIONAL ABILITY AND KNOWLEDGE REQUIRED TO PERFORM ANESTHESIA WHEN THE APPLICANT HAS NOT COMPLETED A RESIDENCY PROGRAM OR THE COURSEWORK SET FORTH IN THIS RULE XIV WITHIN THE PAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE APPLICATION. THE APPLICANT MAY DEMONSTRATE COMPETENCY AS FOLLOWS:
 - A. SUBMIT PROOF THAT HE/SHE HAS ENGAGED IN THE LEVEL OF ADMINISTRATION OF ANESTHESIA WITHIN GENERALLY ACCEPTED STANDARDS OF DENTAL OR DENTAL HYGIENE PRACTICE AT OR ABOVE THE LEVEL FOR WHICH THE APPLICANT IS PURSUING PRIVILEGES OR A PERMIT FOR AT LEAST ONE (1) OF THE FIVE (5) YEARS IMMEDIATELY PRECEDING THE APPLICATION, OR
 - B. SUBMIT PROOF OF AN EVALUATION, COMPLETED WITHIN ONE (1) YEAR PRECEDING THE APPLICATION BY A PERSON OR ENTITY APPROVED BY THE BOARD THAT CERTIFIES THE APPLICANT'S ABILITY TO ADMINISTER ANESTHESIA WITHIN GENERALLY ACCEPTED STANDARDS OF PRACTICE AT OR ABOVE THE LEVEL FOR WHICH HE/SHE IS REQUESTING PRIVILEGES OR A PERMIT. THE PROPOSED PROCEDURE FOR THE EVALUATION AND THE PROPOSED EVALUATING PERSON OR ENTITY MUST BE SUBMITTED AND BE PRE-APPROVED BY THE BOARD.
2. IF A DENTIST ALLOWS HIS/HER COLORADO DENTAL LICENSE TO EXPIRE THEN HIS/HER MINIMAL SEDATION PRIVILEGES, MODERATE SEDATION PRIVILEGES OR DEEP SEDATION/GENERAL ANESTHESIA PERMIT SHALL ALSO EXPIRE. THE DENTIST MAY APPLY FOR REINSTATEMENT OF HIS/HER MINIMAL SEDATION PRIVILEGES, MODERATE SEDATION PRIVILEGES OR DEEP SEDATION/GENERAL ANESTHESIA PERMIT SIMULTANEOUSLY WITH OR SUBSEQUENT TO APPLICATION FOR REINSTATEMENT OF LICENSURE.
3. IF A DENTAL HYGIENIST ALLOWS HIS/HER COLORADO DENTAL HYGIENIST LICENSE TO EXPIRE THEN HIS/HER LOCAL ANESTHESIA PRIVILEGES SHALL ALSO EXPIRE. THE DENTAL HYGIENIST MAY APPLY FOR REINSTATEMENT OF HIS/HER LOCAL ANESTHESIA PRIVILEGES SIMULTANEOUSLY WITH OR SUBSEQUENT TO APPLICATION FOR REINSTATEMENT OF LICENSURE.

4. A DENTIST OR DENTAL HYGIENIST WHO IS SUBMITTING AN APPLICATION FOR REINSTATEMENT OF HIS/HER PRIVILEGES OR PERMIT SHALL DEMONSTRATE TO THE BOARD THE SAME COMPETENCY REQUIREMENTS SET FORTH IN SECTION M.1. IF HE/SHE HAS NOT HAD PRIVILEGES OR A PERMIT WITHIN THE TWO (2) YEARS IMMEDIATELY PRECEDING SUCH REINSTATEMENT APPLICATION.

S. ANESTHESIA MORBIDITY/MORTALITY REPORTING REQUIREMENTS – A COMPLETE WRITTEN REPORT SHALL BE SUBMITTED TO THE BOARD BY THE ANESTHETIZING DENTIST OR DENTAL HYGIENIST AND HIS/HER SUPERVISING DENTIST WITHIN FIFTEEN (15) DAYS OF ANY ANESTHESIA RELATED INCIDENT RESULTING IN SIGNIFICANT PATIENT MORBIDITY OR MORTALITY.

1. A MORBIDITY AND MORTALITY REPORT SHALL INCLUDE THE COMPLETE ANESTHESIA RECORD WITH AN ASSOCIATED NARRATIVE OF ALL EVENTS.
2. ALL RECORDS RELATED TO THE INCIDENT SHALL BE SUBMITTED TO THE BOARD AS PART OF THE REPORT.

T. EFFECT OF 2009 AMENDMENTS ON CURRENTLY ISSUED PERMITS.

1. ANY DENTIST WHOSE BOARD-ISSUED PERMIT TO PERFORM GENERAL ANESTHESIA AND/OR DEEP SEDATION IS ACTIVE ON MARCH 30, 2010 SHALL AUTOMATICALLY OBTAIN A DEEP SEDATION/GENERAL ANESTHESIA PERMIT PURSUANT TO THIS RULE XIV. SUCH DENTIST'S PERMIT SHALL EXPIRE FIVE (5) YEARS FROM THE DATE UNDER WHICH THE PRIOR GENERAL ANESTHESIA AND/OR DEEP SEDATION PERMIT WAS GRANTED. FOLLOWING SUCH EXPIRATION, THE DENTIST MUST COMPLY WITH ALL APPLICABLE STATUTORY AND REGULATORY REQUIREMENTS IN ORDER TO RENEW THE DEEP SEDATION/GENERAL ANESTHESIA PERMIT.
2. ANY DENTIST WHOSE BOARD-ISSUED PERMIT TO PERFORM PARENTERAL CONSCIOUS SEDATION IS ACTIVE ON MARCH 30, 2010 SHALL AUTOMATICALLY OBTAIN MODERATE SEDATION PRIVILEGES PURSUANT TO THIS RULE XIV. SUCH DENTIST'S PRIVILEGES SHALL EXPIRE FIVE (5) YEARS FROM THE DATE UNDER WHICH THE PRIOR PARENTERAL CONSCIOUS SEDATION PERMIT WAS GRANTED. FOLLOWING SUCH EXPIRATION, THE DENTIST MUST COMPLY WITH ALL APPLICABLE STATUTORY AND REGULATORY REQUIREMENTS IN ORDER TO RENEW THE MODERATE SEDATION PRIVILEGES.
3. ANY DENTIST WHOSE BOARD-ISSUED PERMIT TO PERFORM ENTERAL CONSCIOUS SEDATION IS ACTIVE ON MARCH 30, 2010 SHALL AUTOMATICALLY OBTAIN MINIMAL SEDATION PRIVILEGES PURSUANT TO THIS RULE XIV. SUCH DENTIST'S PRIVILEGES SHALL EXPIRE FIVE (5) YEARS FROM THE DATE UNDER WHICH THE PRIOR ENTERAL CONSCIOUS SEDATION PERMIT WAS GRANTED. FOLLOWING SUCH EXPIRATION, THE DENTIST MUST COMPLY WITH ALL APPLICABLE STATUTORY AND REGULATORY REQUIREMENTS IN ORDER TO RENEW THE MINIMAL SEDATION PRIVILEGES.
4. ANY DENTAL HYGIENIST WHOSE BOARD-ISSUED PERMIT TO PERFORM LOCAL ANESTHESIA IS ACTIVE ON MARCH 30, 2010 SHALL AUTOMATICALLY OBTAIN LOCAL ANESTHESIA PRIVILEGES PURSUANT TO THIS RULE XIV. SUCH HYGIENIST'S PRIVILEGES SHALL REMAIN VALID FOR SO LONG AS THE LICENSEE MAINTAINS AN ACTIVE LICENSE TO PRACTICE, EXCEPT AS OTHERWISE PROVIDED IN THIS RULE XIV.

U. BOARD RESERVED RIGHTS

1. DENTISTS OR DENTAL HYGIENISTS UTILIZING ANESTHESIA THAT REQUIRES PRIVILEGES OR A PERMIT SHALL BE RESPONSIBLE FOR PRACTICING WITHIN GENERALLY ACCEPTED STANDARDS OF DENTAL OR DENTAL HYGIENE PRACTICE IN ADMINISTERING ANESTHESIA AND COMPLYING WITH THE TERMS OF THIS RULE XIV, PURSUANT TO SECTION 12-35-129(1), C.R.S.
2. DENTISTS OR DENTAL HYGIENISTS UTILIZING ANESTHESIA THAT REQUIRES PRIVILEGES OR A PERMIT, UNDER THIS RULE XIV WITHOUT FIRST OBTAINING THE REQUIRED PRIVILEGES OR PERMIT, OR UTILIZING SUCH ANESTHESIA WITH EXPIRED PRIVILEGES OR AN EXPIRED PERMIT, MAY BE DISCIPLINED PURSUANT TO SECTION 12-35-129, C.R.S.
3. UPON A SPECIFIC FINDING OF A VIOLATION OF THIS RULE XIV, AND/OR UPON REASONABLE CAUSE, THE BOARD MAY REQUIRE A SUPERVISING DENTIST TO SUBMIT PROOF DEMONSTRATING THAT APPLICABLE STAFF HAVE THE APPROPRIATE EDUCATION/TRAINING IN ORDER TO ADMINISTER NITROUS OXIDE/OXYGEN AND/OR ARE OTHERWISE ACTING IN COMPLIANCE WITH THIS RULE XIV.
4. THE BOARD MAY DISCIPLINE OR DENY A DENTIST OR DENTAL HYGIENIST FOR A VIOLATION OF THIS RULE XIV AND/OR ANY OTHER GROUNDS PURSUANT TO SECTION 12-35-129, C.R.S.
5. IN ADDITION TO THE REMEDIES SET FORTH ABOVE, NOTHING IN THIS RULE XIV SHALL LIMIT THE AUTHORITY OF THE BOARD, UPON OBJECTIVE AND REASONABLE GROUNDS, TO ORDER SUMMARY SUSPENSION OF ANESTHESIA PRIVILEGES OR PERMIT PURSUANT TO SECTION 24-4-104(4), C.R.S.
6. IN ADDITION TO THE REMEDIES SET FORTH ABOVE, NOTHING IN THIS RULE XIV SHALL LIMIT THE AUTHORITY OF THE BOARD, UPON OBJECTIVE AND REASONABLE GROUNDS, TO ORDER SUMMARY SUSPENSION OF A LICENSE TO PRACTICE DENTISTRY OR DENTAL HYGIENE, PURSUANT TO SECTION 24-4-104(4), C.R.S.
7. UPON REVIEW OF A MORBIDITY/MORTALITY REPORT AND/OR UPON REASONABLE CONCERN REGARDING THE USE OF ANESTHESIA, THE BOARD MAY REQUIRE AN ON-SITE INSPECTION OF THE DENTAL FACILITY UTILIZED BY THE ANESTHESIA PROVIDER IN ADMINISTERING ANESTHESIA.
8. THE BOARD RESERVES ALL OTHER POWERS AND AUTHORITIES SET FORTH IN THE DENTAL PRACTICE LAW OF COLORADO, ARTICLE 35 OF TITLE 12, C.R.S. AND THE ADMINISTRATIVE PROCEDURE ACT, ARTICLE 4 OF TITLE 24, C.R.S.

~~Rule XIX.~~ RULE XV Practice Monitor Consultant Guidelines

(Amended February 1, 1998, May 15, 1998, December 2, 2002)

- A. Licensees requiring monitoring must pay the monitor for service. Remuneration for such service will be a reasonable fee negotiated by the parties.

- B. Monitors must be approved by the Board and shall submit their application for practice monitor on form(s) supplied by the Board.
- C. Monitors are responsible for periodic assessment of a licensee's practice as directed by the Board or its agent(s).
- D. Monitors shall have access to all patient records, files, and materials to effectively monitor a licensee's practice.
- E. The monitor may elect to observe the licensee in the execution of certain procedures.
- F. Monitors shall be required to submit practice monitor reports on form(s) supplied by the Board and on a schedule to be determined by the Board.
- G. Monitors approved by the Board shall be d

~~Rule XX~~ RULE XV Denture Construction by Assistants

(Effective February 1, 1999)

(Amended October 1, 1999, December 2, 2002)

This rule relates to tasks authorized to be performed by dental assistants as defined in section 12-35-128(3)(d) and tasks authorized to be performed by unlicensed persons as defined in 12-35-133.

- A. Dentures are defined as removable, full, or partial appliances designed to replace teeth.
- B. Dental assistants or any other unlicensed personnel who renders direct patient treatment as defined in section 12-35-128(3)(d) C.R.S., necessary for the construction of dentures, shall be employed by the dentist.
- C. Unlicensed persons who are not employees of the dentist shall only perform the services defined in 12-35-133 and shall not render direct patient treatment as defined in 12-35-128(3)(d).
- D. A dental assistant or unlicensed person shall not practice dentistry as defined in 12-35-113.
- E. All tasks authorized to be performed by a dental assistant or any other unlicensed person pursuant to 12-35-128(3)(d) shall be performed in the "regularly announced office location" of a dentist where the dentist is the proprietor and in which he or she regularly practices dentistry.
- F. Nothing in this rule shall prevent the filling of a valid work order pursuant to 12-35-133, by any person, association, corporation, or other entity for the construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth or for restoration of natural teeth.

~~Rule XXI~~ RULE XVII Financial Liability Requirement

(Effective February 1, 1999)

Unless exempt from Financial Responsibility pursuant to 12-35-123, C.R.S., and Rule I of the Rules and Regulations of the State Board of Dental Examiners, all licensed dentists who practice in Colorado must establish and continuously maintain financial responsibility as required in 13-64-301, C.R.S.

~~Rule XXII~~ RULE XVIII Treatment Provider Identification

(Effective February 1, 1999)

1. Patient records shall note at the time of the treatment or service the name of any dentist, dental hygienist, or dental assistant who performs any treatment or service upon a patient.
2. When patient treatment or service is performed which requires supervision, the patient record must also note the name of the supervising dentist or dental hygienist for the treatment or service performed on the patient.

~~Rule XXIII~~ RULE XIX Patient Records Retention

(Effective February 1, 1999)

(Amended December 2, 2002)

- A. Records for minors shall be kept for a minimum of seven (7) years after the patient reaches the age of majority (age 18).
- B. Records for adult patients shall be kept for a minimum of seven (7) years after the last date of dental treatment or examination, whichever occurs at the latest date.
- C. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs.
- D. When the destruction cycle is imminent, written notice to the patient's last known address, or notice by publication, must be made sixty (60) days prior to destruction. Destruction cannot take place until a 30 day period has elapsed wherein the patient may claim the records.
- E. Notice by publication may be accomplished by publishing in a major newspaper or a newspaper broadly circulated in the local community one day per week for four (4) consecutive weeks.
- F. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however appropriate postage and handling costs are permitted.
- G. Records may not be withheld for past due fees relating to dental treatment
- H. Destruction shall be accomplished by a means which renders the records unable to be identified or read such as by fire or shredding.

~~Rule XXIV~~ RULE XX Practice in Education and Research Programs

(Promulgated as Emergency Rule XXVIII on 7/7/2004)

- A. Pursuant to §12-35-115(1)(f), the names of individuals engaging in practice while appearing in programs of dental education or research must be submitted to the Board on the Board-approved form.
- B. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental education shall include the following.
 1. Name of program
 2. Goals or objectives of program
 3. Instructors in program

4. Syllabus of content
 5. Method of program evaluation
- C. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental research shall include the following
1. Name of Program
 2. Research goal or objectives
 3. Research design
 4. Evidence of approval of research by a Review Board for Human Subject Research which meets the requirements of the Office of Human Subjects Research, National Institutes of Health
- D. The dentists and/or dental hygienists invited to participate in the educational or research program who are not licensed in Colorado shall submit evidence to the Board that each participant understands the limitations in such practice as specified in to §12-35-115(1)(f).
- E. The Board shall approve participation if, in the judgment of the Board, the information submitted indicates the program is in compliance with to §12-35-115(1)(f).
- F. The Board may deny participation if, in the judgment of the Board, the information submitted indicates the program is not in compliance with to §12-35-115(1)(f).

~~Rule XXV.~~ RULE XXI Patient Records in the Custody of a Dentist or Dental Hygienist

(Effective December 2, 2002)

- A. Every patient's record in the custody of a dentist or dental hygienist shall be available to a patient or the patient's designated representative at reasonable times and upon reasonable notice.
- B. A patient or designated representative (representative) may inspect or obtain a copy of his/her patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the representative shall acknowledge in writing the patient's or representative's request. After inspection, the patient or representative shall sign and date the record to acknowledge inspection.
- C. The custodian of the record shall make a copy of the record available or make the record available for inspection within a reasonable time from the date of the signed request, normally not to exceed five days, excluding weekends and holidays.
- D. Patient or representative may not be charged for inspection of records.
- E. The patient or representative shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed \$12.00 for the first ten or fewer pages and \$0.25 per page for every additional page. Actual postage costs may also be charged.
- F. If the patient or representative so approves, the custodian may supply a written interpretation by the attending provider or representative of patient records, such as radiographs, diagnostic casts, or non-written records which cannot be reproduced without special equipment. If the requestor prefers to obtain a copy of such patient records, the patient must pay the actual cost of such reproduction.

- G. If changes, corrections, deletions, or other modifications are made to any portion of a patient record, the person must note in the record date, time, nature, reason, correction, deletion, or other modification, and his/her name.
- H. Nothing in this rule shall be construed as to limit a right to inspect patient records that is otherwise granted by state statute to the patient or representative.
- I. Nothing in this rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records the possession of the custodian.

~~Rule XXVI.~~ RULE XXII Advertising

(Effective August 1, 2000)

(Temporarily Expired December 2, 2002)

(Effective July 1, 2003; Amended October 27, 2004)

(Amended October 26, 2006 and Effective December 30, 2006)

(Amended April 25, 2007 and Effective July 1, 2007)

(Amended October 24, 2007 and Effective December 31, 2007)

(Amended October 22, 2008 and Effective November 30, 2008)

This rule applies to advertising in all types of media that is directed to the public. No dentist or dental hygienist shall advertise in any form of communication in a manner that is misleading, deceptive or false.

- A. Misleading, deceptive, or false advertising includes, but is not limited to the following, and if proven is a violation of Section 12-35-129 (1), C.R.S.:
 - 1. A known material misrepresentation of fact;
 - 2. Omits a fact necessary to make the statement considered as a whole not materially misleading;
 - 3. Is intended to be or is likely to create an unjustified expectation about the results the dentist or dental hygienist can achieve;
 - 4. Contains a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dental or dental hygiene services if that representation is not subject to reasonable substantiation. For the purposes of this subsection, reasonable substantiation is defined as tests, analysis, research, studies, or other evidence based on the expertise of professionals in the relevant area that have been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results. Individual experiences are not a substitute for scientific research. Evidence about the individual experience of consumers may assist in the substantiation, but a determination as to whether reasonable substantiation exists is a question of fact on a case-by-case basis;
 - 5. Claims that state or imply a specialty practice by a general dentist in violation of section (B) hereof;

6. The false or misleading use of a claim regarding Board certification, registration, listing, education, or an unearned degree;
7. Advertisement that uses patient testimonials unless the following conditions are met:
 - a. The patient's name, address, and telephone number as of the time the advertisement was made must be maintained by the dentist or dental hygienist and that identifying information shall be made available to the Board within ten (10) days of a request for the information by the Board.
 - b. Dentists or dental hygienists who advertise dental or dental hygiene services, which are the subject of the patient testimonial, must have actually provided these services to the patient making the testimonial.
 - c. If compensation, remuneration, a fee, or benefit of any kind has been provided to the person in exchange for consideration of the testimonial, such testimonial must include a statement that the patient has been compensated for such testimonial.
 - d. A specific release and consent for the testimonial from the patient shall be obtained from the patient which shall be made available to the Board within ten (10) days of request of that information.
 - e. Any testimonial shall indicate that results may vary in individual cases.
 - f. Patient testimonials attesting to the technical quality or technical competence of a service or treatment offered by a licensee must have reasonable substantiation.
8. Advertising that makes an unsubstantiated medical claim or is outside the scope of dentistry, unless the dentist or dental hygienist holds a license or registration in another profession and the advertising and/or claim is within the scope authorized by the license or registration in another profession;
9. Advertising that makes unsubstantiated promises or claims, including but not limited to claims that the patient will be cured;
10. The use of "bait and switch" in advertisements. "Bait and switch" advertising is defined as set forth in the Colorado Consumer Protection Act, Section 6-1-105, C.R.S.;
11. The Board recognizes that clinical judgment must be exercised by a dentist or dental hygienist. Therefore, a good faith diagnosis that the patient is not an appropriate candidate for the advertised dental or dental hygiene service or product is not a violation of this rule;
12. If an advertisement includes an endorsement by a third party in which there is compensation, remuneration, fee paid, or benefit of any kind, the endorsement by the third party must indicate that it is a paid endorsement;
13. Inferring or giving the appearance that an advertisement is a news item without using the phrase "paid advertisement";
14. Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform;
15. The use of any personal testimonial by the licensed provider attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable;

16. At the time any type of advertisement is placed the dentist or dental hygienist must in good faith possess information that would substantiate the truthfulness of any assertion, omission or claim set forth in the advertisement;
17. A licensed dentist or dental hygienist shall be responsible and shall approve any advertisement made on behalf of the dental or dental hygiene practice. The dentist or dental hygienist shall maintain a listing stating the name and license number of the dentists or dental hygienists who approved and are responsible for the advertisement and shall maintain such list for a period of three (3) years;
18. Advertising that claims to provide services at a specific rate and fails to disclose that the patient's insurance may provide payment for all or part of the services.

B. SPECIALTY PRACTICE AND ADVERTISING.

1. A licensed dentist has the legal authority to practice in any and all areas of dentistry and also the authority to confine the areas in which he or she chooses to practice.
2. Dental specialties are recognized as only those defined by the American Dental Association and dental specialists are those dentists who have successfully completed a Commission on Dental Accreditation specialty program.
3. Practitioners who have successfully completed a Commission on Dental Accreditation accredited specialty program may advertise the practice of that specialty. Practitioners who have not completed an accredited specialty program, and have limited their practice to a specific Commission on Dental Accreditation defined specialty, must clearly state in all advertising and/or public promotions, that he or she is a general dentist who has limited his or her practice to that field of dentistry and must disclose "General Dentistry" in print larger and/or bolder and noticeably more prominent than any other area of practice or service advertised.
4. It is misleading, deceptive or false for general practitioners to list their names, advertise, or promote themselves in any area or location that implies a specialty. A general practitioner who advertises in any medium under a specialty heading or section may be considered as having engaged in misleading, deceptive or false advertising and may be in violation of section 12-35-129 (1), C.R.S.
5. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered in an advertisement. Names and qualifications shall be made available to the public upon request.

C. ACRONYMS

In addition to those acronyms required by law pertaining to one's business entity such as Professional Corporation (P.C.) or Limited Liability Company (L.L.C.), dentists or dental hygienists may only use those acronyms earned at a program accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation.

Rule XXVII. RULE XXIII Infection Control

(Effective August 1, 2000)

(Amended January 5, 2001)

- A. Failure to utilize generally accepted standards of infection control procedures may violate 12-35-129 (1)(k), CRS.

Rule XXVIII. RULE XXIV Application of Local Therapeutic Agents Into Periodontal Pockets

(Effective June 30, 1996 as Rule XXIV; Amended December 2, 2002)

- A. "Local Therapeutic Agents" means any agent approved for use by the FDA utilized in controlled drug delivery systems in the course of periodontal pocket treatment.
- B. The responsibility for diagnosis, treatment planning, or the prescription of therapeutic measures in the practice of dentistry shall remain with a licensed dentist and may not be assigned to any dental hygienist or dental assistant.
- C. The placement and removal of local therapeutic agents for treatment of periodontal pockets may be assigned to a Colorado licensed dental hygienist. The placement of local therapeutic agents may not be assigned to a dental assistant.
- D. The licensed dentist shall be responsible for obtaining appropriate training for him/herself and the dental hygienist prior to assigning the application of local therapeutic agents to a dental hygienist. Appropriate training must include: documentation, case selection, pharmacology, application and removal, follow-up treatment, and management of complications as they relate to local therapeutic agents.
- E. Any dental hygienist placing local therapeutic agents shall have proof of current Basic Life Support (BLS) knowledge and skills, including Cardiopulmonary Resuscitation (CPR).

Rule XXIX. RULE XXV PEDIATRIC CASE MANAGEMENT; MEDICAL IMMOBILIZATION/PROTECTIVE STABILIZATION

(Amended October 24, 2007 and Effective December 31, 2007) *Eff 12/31/2007*

- A. The purpose of this rule is to recognize that pediatric cases may require special case management, and that pediatric and special needs patients may need specialized care in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. In addition to patient management of the pediatric and special needs patient, it may be necessary to medically immobilize the pediatric and special needs patients to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve effective pediatric patient management, it is important to build a trusting relationship between the dentist, the dental staff, the patient, and the parent or guardian. This necessitates that the dentist establishes communication with them and promotes a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care. *Eff 12/31/2007*
- B. Pediatric Case Management *Eff 12/31/2007*
1. Parents or legal guardians cannot be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record. *Eff 12/31/2007*
 2. This provision shall not apply to dental care delivered in an accredited hospital or acute care facility. *Eff 12/31/2007*
- C. Medical Immobilization/Protective Stabilization *Eff 12/31/2007*

1. Within this rule, the terms medical immobilization and protective stabilization are used interchangeably. These terms refer to partial or complete immobilization of the patient necessary to protect the patient, practitioner, and other dental staff from injury while providing care. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device. *Eff 12/31/2007*
2. Training requirement. Prior to utilizing medical immobilization, the dentist shall have received training beyond basic dental education through a residency program or graduate program that contains content and experiences in advanced behavior management or a continuing education course of no less than 6 hours in advanced behavior management that involves both didactic and demonstration components. This training requirement will be effective October 1, 2006. *Eff 12/31/2007*
3. Pre-Immobilization Requirements *Eff 12/31/2007*
 - a. Prior to utilizing medical immobilization, the dentist shall consider each of the following: *Eff 12/31/2007*
 1. Other alternative less restrictive behavioral management methods; *Eff 12/31/2007*
 2. The dental needs of the patient; *Eff 12/31/2007*
 3. The effect on the quality of dental care; *Eff 12/31/2007*
 4. The patient's emotional development; and *Eff 12/31/2007*
 5. The patient's physical condition; and *Eff 12/31/2007*
 6. The safety of the patient, dentist, and staff. *Eff 12/31/2007*
 - b. Prior to using medical immobilization, the dentist shall obtain written informed consent for the specific technique of immobilization from the parent or legal guardian and document such consent in the dental record, unless the parent or legal guardian is immobilizing the patient. Consent involving solely the presentation or description of a listing of various behavior management techniques is not considered to constitute informed consent for medical immobilization. The parent or guardian must be informed of the advantages and disadvantages of the technique(s) of immobilization being utilized and/or considered. *Eff 12/31/2007*
4. Medical Immobilization or Protective Stabilization *Eff 12/31/2007*
 - a. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device. *Eff 12/31/2007*
 - b. Immobilization must cause no serious or permanent injury and the least possible discomfort. *Eff 12/31/2007*
 - c. Indication. Partial or complete immobilization may be used for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior management techniques have failed and/or when the safety of the patient, dentist or dental staff would be at risk without using protective stabilization. This method can only be used to reduce or eliminate untoward movement, protect the patient and staff from injury, and to assist in the delivery of quality dental treatment. *Eff 12/31/2007*

- d. Contraindications. Medical immobilization may not be used for the convenience of the dentist, as punishment, to provide care for a cooperative patient, or for a patient who cannot be immobilized safely due to medical conditions. [Eff 12/31/2007](#)
- e. Documentation. The patient's records should include: [Eff 12/31/2007](#)
 - 1. Specific written informed consent for the medical immobilization, including the reason why immobilization is required; [Eff 12/31/2007](#)
 - 2. Type of immobilization used, including immobilization by a parent or guardian; [Eff 12/31/2007](#)
 - 3. Indication or reason for specific immobilization; [Eff 12/31/2007](#)
 - 4. Duration of application; [Eff 12/31/2007](#)
 - 5. Documentation of adequacy of patient airway, peripheral circulation and proper positioning of immobilization device or technique in increments of 15 minutes while immobilization is utilized. [Eff 12/31/2007](#)
 - 6. In addition, there must be documentation of the outcome of the immobilization, including the occurrence of any marks, bruises, injuries, or complications to the patient. [Eff 12/31/2007](#)
- f. Duration of Application. [Eff 12/31/2007](#)
 - 1. The patient record must document the time each immobilization began and ended. [Eff 12/31/2007](#)
 - 2. The status and progress of the treatment and the plan for future or remaining treatment with treatment options shall be reported at least hourly, or more frequently if appropriate, to the parent or legal guardian. After each such hourly report, renewed consent for continuation of the immobilization must be specifically obtained. Such consent may be verbal but shall be documented in the record. [Eff 12/31/2007](#)
- g. If the treatment plan changes during the procedure from that presented to the parent or legal guardian in the initial informed consent discussion, the parent or legal guardian shall be notified and consulted immediately. [Eff 12/31/2007](#)
- h. Dental hygienists and dental assistants shall not use medical immobilization by themselves, but may assist the dentist as necessary. [Eff 12/31/2007](#)

~~RULE XXX.~~ Rule XXVI COMPLIANCE WITH BOARD SUBPOENA

(Effective December 31, 2007) [Eff 12/31/2007](#)

- A. When the Board requests a patient's complete patient record, pursuant to subpoena, the patient chart or record shall include all medical histories for the patient, all patient notes, all labeled and dated radiographs, all billing and/or all insurance records that are compiled for a specific patient. [Eff 12/31/2007](#)
- B. It is the responsibility of the licensed dentist or dental hygienist to assure that all records submitted are legible and, if necessary, to have records transcribed to assure legibility. [Eff 12/31/2007](#)

- C. Failure by a licensed dentist or dental hygienist to submit the complete patient record to the Board, or any relevant papers, books, records, documentary evidence, and/or other materials, as requested pursuant to subpoena is a violation of § 12-35-129(1)(i), C.R.S. [Eff 12/31/2007](#)
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Editor's Notes

History

Rules XVII, XXVI eff. 7/1/2007. Rules XXVI, XXIX, XXX eff. 12/31/2007. Rule XXVI eff. 11/30/2008.