

## **Rule XIV. Anesthesia**

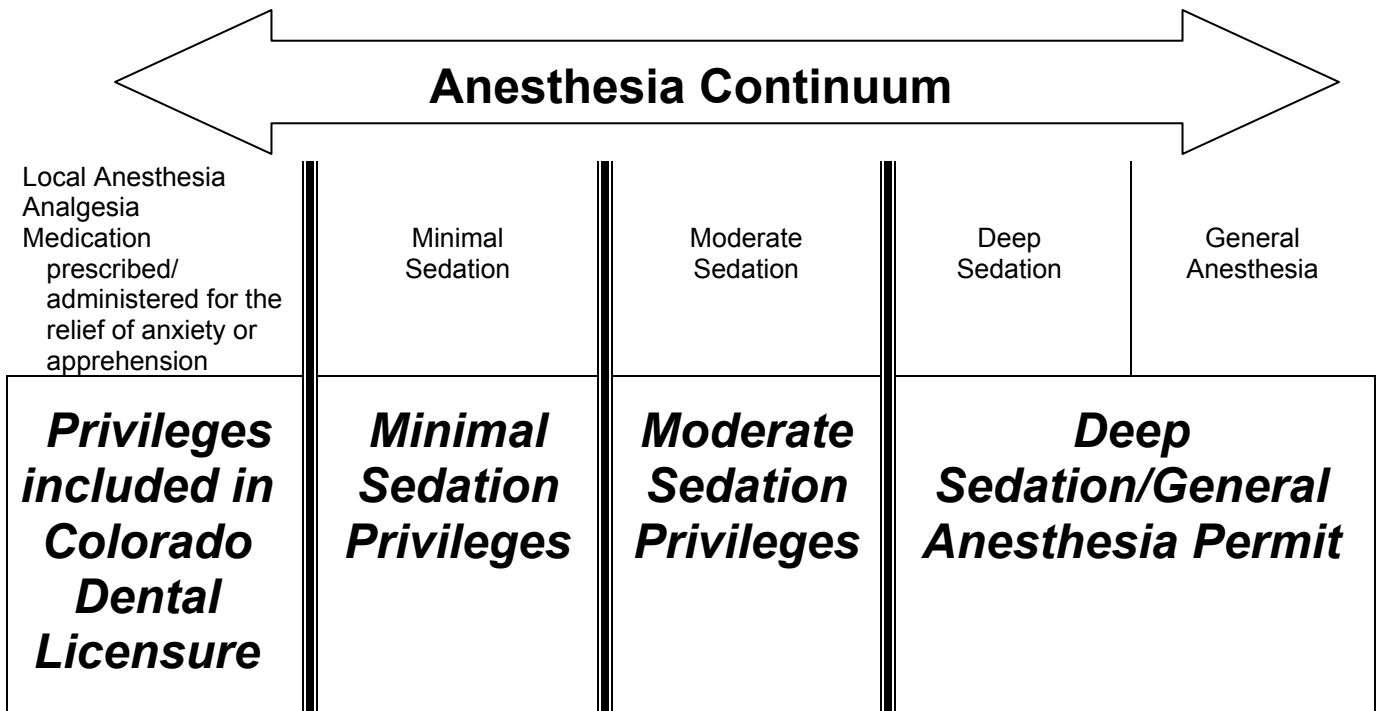
(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; July 9, 2009, Effective December 31, 2006; Amended January 21, 2010, Effective March 30, 2010)

### **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.



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 patient

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 –
      - l) 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 foregoing; 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), C.R.S.
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 (SAO<sub>2</sub>); 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 R.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.