

1 21 NCAC 16G .0106 is proposed for adoption as follows:
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3 **21 NCAC 16G. 0106 DENTAL HYGIENE SCHOOL EXTENSION FACILITIES AND OFF**
4 **CAMPUS CLASSES**

5 (a) Dental hygiene schools may operate extension facilities and conduct off-campus hygiene classes in
6 which dental hygiene services are provided to members of the public at Board approved sites, including
7 non-profit health care facilities serving low income populations, state and county institutions with resident
8 populations, hospitals, state or county health department and area health education centers.

9 (b) Dental hygiene schools which operate extension facilities or conduct hygiene classes off-campus must
10 notify the Dental Board of the location and nature of each facility or off campus course location, the names
11 of the students assigned thereto, and the names and qualifications of all instructors functioning therein.

12 (c) No student enrolled in an off-campus dental hygiene class or extension facility may receive fees,
13 compensation or remuneration of any kind for providing dental hygiene services in accordance with G.S.
14 90-29(c)(4) or G.S. 90-233(c)(2).

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16 History Note: Authority G.S. 90-29(c)(4); G.S. 90-233(c)(2).

17 Adopted Eff. Nov. 1, 2009.
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1 21 NCAC 16B .0501 is proposed for amendment as follows:

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3 **21 NCAC 16B .0501 DENTAL LICENSURE BY CREDENTIALS**

4 (a) An applicant for a dental license by credentials shall submit to the Board:

- 5 (1) a completed, notarized application form provided by the Board;
- 6 (2) the licensure by credentials fee;
- 7 (3) an affidavit from the applicant stating for the five years immediately preceding
- 8 application:
- 9 (A) the dates that and locations where the applicant has practiced dentistry;
- 10 (B) that the applicant has provided at least 5000 hours of clinical care directly to
- 11 patients, not including post graduate training, residency programs or an
- 12 internship;
- 13 (C) that the applicant has continuously held an active, unrestricted dental license
- 14 issued by another U.S. state or any U.S. territory;
- 15 (4) if applicable, a statement disclosing and explaining any disciplinary actions,
- 16 investigations, malpractice claims, state or federal agency complaints, judgments,
- 17 settlements, or criminal charges;
- 18 (5) if applicable, a statement disclosing and explaining periods, within the last 10 years, of
- 19 observation, assessment, or treatment for substance abuse, with verification
- 20 demonstrating that the applicant has complied with all provisions and terms of any
- 21 county or state drug treatment program, or impaired dentists or other impaired
- 22 professionals program;
- 23 (6) a copy of a current course completion certification card in cardiopulmonary resuscitation;
- 24 and
- 25 (7) a statement disclosing whether or not the applicant holds or has ever held a registration
- 26 with the federal Drug Enforcement Administration (DEA) and whether such registration
- 27 has ever been surrendered, surrendered for cause, or revoked.

28 (b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental license by

29 credentials shall arrange for and ensure the submission to the Board office, the following documents as a

30 package, with each document in an unopened envelope sealed by the entity involved:

- 31 (1) official transcripts from the applicant's dental school verifying that the applicant has
- 32 graduated from a dental school accredited by the Commission on Dental Accreditation of
- 33 the American Dental Association;
- 34 (2) if the applicant is or has ever been employed as a dentist by or under contract with a
- 35 federal agency, a letter certifying the applicant's current status and disciplinary history
- 36 from each federal agency where the applicant is or has been employed or under contract;

- 1 (3) certificate of the applicant's licensure status from the dental regulatory authority or other
2 occupational or professional regulatory authority and complete information regarding any
3 disciplinary action taken or investigation pending, from all licensing jurisdictions where
4 the applicant holds or has ever held a dental license or other occupational or professional
5 license;
- 6 (4) a report from the National Practitioner Databank;
- 7 (5) a report of any pending or final malpractice actions against the applicant verified by the
8 malpractice insurance carrier covering the applicant. The applicant must submit a letter
9 of coverage history from all current and all previous malpractice insurance carriers
10 covering the applicant;
- 11 (6) a score certification letter from a dental professional regulatory board or regional testing
12 agency of a passing score on a clinical licensure examination substantially equivalent to
13 the clinical licensure examination required in North Carolina and such examination shall
14 be administered by the dental professional regulatory board or its designated agent other
15 than an educational institution.
- 16 (A) Such certification shall state that the examination included procedures
17 performed on human subjects as part of the assessment of restorative clinical
18 competencies and shall have included evaluations in at least four of the
19 following subject areas:
- 20 (i) periodontics, clinical abilities testing;
- 21 (ii) endodontics, clinical abilities testing;
- 22 (iii) amalgam preparation and restoration;
- 23 (iv) anterior composite preparation and restoration;
- 24 (v) posterior ceramic or composite preparation and restoration;
- 25 (vi) cast gold, clinical abilities testing;
- 26 (vii) prosthetics, written or clinical abilities testing;
- 27 (viii) oral diagnosis, written or clinical abilities testing; or
- 28 (ix) oral surgery, written or clinical abilities testing.
- 29 (B) In addition to the foregoing requirements, to be eligible for consideration for
30 equivalency, a licensure examination after January 1, 1998 shall include:
- 31 (i) anonymity between candidates and examination raters;
- 32 (ii) standardization and calibration of raters; and
- 33 (iii) a mechanism for post exam analysis;
- 34 (7) the applicant's passing score on the Dental National Board Part I and Part II written
35 examination administered by the Joint Commission on National Dental Examinations;
36 and

1 (8) the applicant's passing score on the licensure examination in general dentistry conducted
2 by a regional testing agency or independent state licensure examination substantially
3 equivalent to the clinical licensure examination required in North Carolina as set out in
4 Subparagraph (b)(6) of this Rule.

5 (c) All information required must be completed and received by the Board office as a complete package
6 with the initial application and application fee. If all of the information is not received as a complete
7 package, the application shall be returned to the applicant.

8 (d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and
9 such other form(s) required to perform a criminal history check at the time of the application.

10 (e) An applicant for dental licensure by credentials must successfully complete written examinations as set
11 out in G.S. 90-36 and, if deemed necessary based on the applicant's history, a clinical simulation
12 examination administered by the Board. If the applicant fails any of the examinations, the applicant may
13 retake the examination failed two additional times during a one year period.

14 (f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall
15 be required.

16 (g) Any license obtained through fraud or by any false representation shall be void ab initio and of no
17 effect.

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19 *History Note: Authority G.S. 90-28; 90-36;*
20 *Temporary Adoption Eff. January 1, 2003;*
21 *Eff. January 1, 2004;*
22 *Recodified from 21 NCAC 16B .0401 Eff. March 1, ~~2006~~ 2006;*
23 *Amended eff. Nov. 1, 2009.*

1 21 NCAC 16C .0501 is proposed for amendment as follows:

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3 **21 NCAC 16C .0501 DENTAL HYGIENE LICENSURE BY CREDENTIALS**

4 (a) An applicant for a dental hygiene license by credentials shall submit to the Board:

- 5 (1) a completed, notarized application form provided by the Board;
- 6 (2) the licensure by credentials fee;
- 7 (3) an affidavit from the applicant stating:
 - 8 (A) the dates that and locations where the applicant has practiced dental hygiene;
 - 9 (B) that the applicant has provided at least 2000 hours of clinical care directly to
 - 10 patients, during the two years immediately preceding application;
 - 11 (C) that the applicant has continuously held an active, unrestricted dental hygiene
 - 12 license issued by another U.S. state or any U.S. territory;
- 13 (4) a statement disclosing and explaining any disciplinary actions, investigations, malpractice
- 14 claims, state or federal agency complaints, judgments, settlements, or criminal charges;
- 15 (5) if applicable, a statement disclosing and explaining periods, within the last 10 years, of
- 16 observation, assessment, or treatment for substance abuse, with verification
- 17 demonstrating that the applicant has complied with all provisions and terms of any
- 18 county or state drug treatment program, or impaired dental hygiene or other impaired
- 19 professionals program; and
- 20 (6) a copy of a current course completion certification card in cardiopulmonary resuscitation.

21 (b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental hygiene license
22 by credentials shall arrange for and ensure the submission to the Board office, the following documents as a
23 package, with each document in an unopened envelope sealed by the entity involved:

- 24 (1) official transcripts certifying that the applicant has graduated from a dental hygiene
- 25 program accredited by the Commission on Dental Accreditation of the American Dental
- 26 Association;
- 27 (2) if the applicant is or has ever been employed as a dentist or dental hygienist by or under
- 28 contract with a federal agency, a certification letter of the applicant's current status and
- 29 disciplinary history from each federal agency where the applicant is or has been
- 30 employed or under contract;
- 31 (3) certificate of the applicant's licensure status from the regulatory authority or other
- 32 occupational or professional regulatory authority and information regarding all
- 33 disciplinary actions taken or investigations pending, from all licensing jurisdictions
- 34 where the applicant holds or has ever held a dental hygiene license or other occupational
- 35 or professional license;
- 36 (4) a report from the National Practitioner Databank, if reporting is required or allowed by
- 37 federal law;

- 1 (5) a report of any pending or final malpractice actions against the applicant verified by the
2 malpractice insurance carrier covering the applicant. The applicant must submit a letter
3 of coverage history from all current and all previous malpractice insurance carriers
4 covering the applicant;
- 5 (6) the applicant's passing score on the National Board Dental Hygiene Examination
6 administered by the Joint Commission on National Dental Examinations; and
- 7 (7) the applicant's passing score on the licensure examination conducted by a regional testing
8 agency or independent state licensure examination that is substantially equivalent to the
9 clinical licensure examination required in North Carolina.
- 10 (c) All information required must be completed and received by the Board office as a complete package
11 with the initial application and application fee. If all of the information is not received as a complete
12 package, the application shall be returned to the applicant.
- 13 (d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and
14 such other form(s) required to perform a criminal history check at the time of the application.
- 15 (e) An applicant for dental hygiene licensure by credentials must successfully complete written
16 examinations and, if deemed necessary based on the applicant's history, a clinical simulation examination
17 administered by the Board. If the applicant fails any of the examinations, the applicant may retake the
18 examination failed two additional times during a one year period.
- 19 (f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall
20 be required.
- 21 (g) Any license obtained through fraud or by any false representation shall be void ab initio and of no
22 effect.

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24 *History Note: Authority G.S. 90-223; 90-224.1;*
25 *Temporary Adoption Eff. January 1, 2003;*
26 *Eff. January 1, 2004;*
27 *Recodified from Rule .0401 Eff. June 1, ~~2006~~ 2006;*
28 *Amended eff. Nov. 1, 2009.*

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1 21 NCAC 16Q .0101 is proposed for amendment as follows:

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3 **21 NCAC 16Q .0101 GENERAL ANESTHESIA AND SEDATION DEFINITIONS**

4 For the purpose of these Rules relative to the administration of minimal conscious sedation, moderate
5 conscious sedation, moderate conscious sedation limited to oral routes or nitrous oxide inhalation, moderate
6 pediatric conscious sedation or general anesthesia by or under the direction of a dentist, the following
7 definitions shall apply:

- 8 (1) "Analgesia" – the diminution or elimination of pain.
- 9 (2) "Anti-anxiety sedative" – a sedative agent administered in a dosage intended to reduce
10 anxiety without diminishing consciousness or protective reflexes.
- 11 (3) "Anxiolysis" – pharmacological reduction of anxiety through the administration of a
12 single dose of a minor ~~psychosedative psychosedative, possibly in combination with~~
13 ~~nitrous oxide~~, to children or adults on the night before the appointment, followed by an
14 additional single dose of a minor psychosedative prior to commencement of treatment on
15 the day of the appointment which allows for uninterrupted interactive ability in a totally
16 awake patient with no compromise in the ability to maintain a patent airway continuously
17 and without assistance. Nitrous oxide may be administered on the day of treatment in
18 addition to the minor psychosedative without constituting multiple dosing for purpose of
19 these Rules.
- 20 (4) "Behavior control" – the use of pharmacological techniques to control behavior to a level
21 that dental treatment can be performed effectively and efficiently.
- 22 (5) "Behavioral management" – the use of pharmacological or psychological techniques,
23 singly or in combination, to modify behavior to a level that dental treatment can be
24 performed effectively and efficiently.
- 25 (6) "Competent" – displaying special skill or knowledge derived from training and
26 experience.
- 27 (7) "Conscious sedation" - an induced state of a depressed level of consciousness that retains
28 the patient's ability to independently and continuously maintain an airway and respond
29 appropriately to physical stimulation and verbal command, and that is produced by
30 pharmacologic or non-pharmacologic agents, or a combination thereof. In accordance
31 with this particular definition, the drugs or techniques used shall carry a margin of safety
32 wide enough to render unintended loss of consciousness unlikely.
- 33 (8) "Deep sedation" – an induced state of a depressed level of consciousness accompanied
34 by partial loss of protective reflexes, including the ability to continually maintain an
35 airway independently or respond purposefully to verbal command, and is produced by
36 pharmacological agents.

- 1 (9) “Direct supervision” – the dentist responsible for the sedation/anesthesia procedure shall
2 be physically present in the facility and shall be continuously aware of the patient’s
3 physical status and well being.
- 4 (10) “Facility” – the location where a permit holder practices dentistry and provides
5 anesthesia/sedation services.
- 6 (11) “Facility inspection” - an on-site inspection to determine if a facility where the applicant
7 proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a
8 condition to support provision of anesthesia/sedation services that meet the minimum
9 standard of care.
- 10 (12) “General anesthesia” -- the intended controlled state of a depressed level of
11 consciousness that is produced by pharmacologic agents and accompanied by a partial or
12 complete loss of protective reflexes, including the ability to maintain an airway and
13 respond purposefully to physical stimulation or verbal commands.
- 14 (13) “Immediately available” – on-site in the facility and available for immediate use.
- 15 (14) “Local anesthesia” – the elimination of sensations, especially pain, in one part of the
16 body by the regional application or injection of a drug.
- 17 (15) “May” – indicates freedom or liberty to follow a reasonable alternative.
- 18 (16) “Minimal conscious sedation” – conscious sedation characterized by a minimally
19 depressed level of consciousness, in which patient retains the ability to independently and
20 continuously maintain an airway and respond normally to tactile stimulation and verbal
21 command, provided to patients 13 years or older, by oral or rectal routes of
22 administration of a single pharmacological agent, in one or more doses, not to exceed the
23 manufacturer’s maximum recommended dose, at the time of treatment, possibly in
24 combination with nitrous oxide. Minimal conscious sedation is provided for behavioral
25 management.
- 26 (17) “Minor psychosedative/Minor tranquilizer” – pharmacological agents which allow for
27 uninterrupted interactive ability in a patient with no compromise in the ability to maintain
28 a patent airway continuously and without assistance and carry a margin of safety wide
29 enough to render unintended loss of consciousness unlikely.
- 30 (18) “Moderate conscious sedation” – conscious sedation characterized by a drug induced
31 depression of consciousness, during which patients respond purposefully to verbal
32 commands, either alone or accompanied by light tactile stimulation, provided to patients
33 13 years or older, by oral, nasal, rectal or parenteral routes of administration of multiple
34 pharmacological agents, in multiple doses, within a 24 hour period, including the time of
35 treatment, possibly in combination with nitrous oxide. Moderate conscious sedation is
36 provided for behavior control.

- 1 (19) “Moderate conscious sedation limited to oral routes and nitrous oxide inhalation” –
2 conscious sedation characterized by a drug induced depression of consciousness during
3 which patients respond purposefully to verbal commands, either alone or accompanied by
4 light tactile stimulation, provided to patients 13 years or older, by oral routes of
5 administration and nitrous oxide inhalation, of single or multiple pharmacological agents,
6 in single or multiple doses, within a 24 hour period. Moderate conscious sedation
7 limited to oral routes and nitrous oxide inhalation is provided for behavior control.
- 8 (20) “Moderate pediatric conscious sedation” -- conscious sedation characterized by a drug
9 induced depression of consciousness, during which patients respond purposefully to
10 verbal commands, either alone or accompanied by light tactile stimulation, provided to
11 patients under 13 years of age, by oral, nasal, rectal or parenteral routes of administration
12 of single or multiple pharmacological agents, in single or multiple doses, within a 24 hour
13 period, including the time of treatment, possibly in combination with nitrous oxide.
14 Moderate pediatric conscious sedation is provided for behavior control.
- 15 (21) “Must” or “shall” – indicates an imperative need or duty or both; an essential or
16 indispensable item; mandatory.
- 17 (22) “Parenteral” --the administration of pharmacological agents intravenously,
18 intraosseously, intramuscularly, subcutaneously, submucosally, intranasally, or
19 transdermally.
- 20 (23) “Protective reflexes” – includes the ability to swallow and cough.
- 21 (24) “Supplemental dosing” – the oral administration of a pharmacological agent that results
22 in an enhanced level of conscious sedation when added to the primary sedative agent
23 administered for the purpose of oral moderate conscious sedation, and which, when
24 added to the primary agent, does not exceed the maximum safe dose of either agent,
25 separately or synergistically.
- 26 (25) “Vested adult” – a responsible adult who is the legal parent or guardian, or designee of a
27 legal parent or guardian, entrusted with the care of a minor following the administration
28 of general anesthesia or conscious sedation.

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30 *History Note: Statutory authority G.S. 90-28; 90-30.1;*
31 *Eff. February 1, 1990;*
32 *Temporary Amendment Eff. December 11, 2002;*
33 *Amended Eff. Nov. 1, 2009; Sept. 1, 2007; August 1, 2004.*
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1 21 NCAC 16Q .0301 is proposed for amendment as follows:

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3 **21 NCAC 16Q .0301 CREDENTIALS AND PERMITS FOR MODERATE CONSCIOUS**
4 **SEDATION, MODERATE PEDIATRIC CONSCIOUS SEDATION AND MODERATE**
5 **CONSCIOUS SEDATION LIMITED TO ORAL ROUTES OF ADMINISTRATION AND**
6 **NITROUS OXIDE**

7 (a) Before a dentist licensed to practice in North Carolina may administer or supervise a certified
8 registered nurse anesthetist (CRNA) to administer moderate conscious sedation, moderate pediatric
9 conscious sedation or moderate conscious sedation limited to oral routes of administration and nitrous
10 oxide to dental patients on an outpatient basis, the dentist shall obtain a permit from the Board by
11 completing an application form provided by the Board and paying a fee of one hundred dollars (\$100.00).
12 Such permit shall be renewed annually and shall be displayed with the current renewal at all times in a
13 conspicuous place in the facility of the permit holder.

14 (b) For a dentist to employ a certified registered nurse anesthetist to administer moderate conscious
15 sedation, moderate conscious sedation limited to oral routes and nitrous oxide or moderate pediatric
16 conscious sedation, the dentist must demonstrate through the permitting process that he/she is capable of
17 performing all duties and procedures to be delegated to the CRNA. The dentist must not delegate said
18 CRNA to perform procedures outside of the scope of the technique and purpose of moderate conscious
19 sedation, moderate pediatric conscious sedation or moderate conscious sedation limited to oral routes and
20 nitrous oxide as defined in Rule .0101 of this Subchapter.

21 (c) A dentist applying for a permit to administer moderate conscious sedation or moderate pediatric
22 conscious sedation must meet at least one of the following criteria:

23 (1) Satisfactory completion of a Board approved course that provides a minimum of 60 hours
24 of didactic training, ~~including in addition to PALS or age-specific equivalent,~~ and
25 instruction in intravenous conscious sedation and satisfactory management of a minimum
26 of 10 patients, under supervision, using intravenous sedation; or

27 (2) Satisfactory completion of a pre-doctoral dental or postgraduate program which included
28 intravenous conscious sedation training equivalent to that defined in Subparagraph (c)(1)
29 of this Rule; or

30 (3) Satisfactory completion of ~~an~~ a U.S. pediatric internship or U.S. pediatric residency
31 approved by the Commission on Dental Accreditation, ~~which included intravenous~~
32 ~~conscious sedation training equivalent to that defined in Subparagraph (c)(1) of this Rule;~~

33 ~~or~~

34 (d) A dentist may modify his/her moderate conscious sedation permit to include the privilege of moderate
35 pediatric conscious sedation by completing a ~~Board approved~~ pediatric dental degree or pediatric dental
36 residency program approved by the Commission on Dental Accreditation or obtaining the equivalent hours
37 of continuing education program in pediatric dental anesthesia. If said qualifications are satisfied, it shall

1 be so designated on the dentist's moderate conscious sedation permit and will be subject to the renewal
2 requirements stated in .0501(d) of this Subchapter.

3 (e) To be eligible for a moderate conscious sedation permit, moderate conscious sedation limited oral
4 routes and nitrous oxide inhalation or moderate pediatric conscious sedation permit, a dentist must operate
5 within a facility which includes the capability of delivering positive pressure oxygen, and is staffed with
6 supervised auxiliary personnel for each procedure performed. The dentist shall ensure that auxiliary
7 personnel document annual, successful completion of basic life support (BLS) training and are capable of
8 assisting with procedures, problems and emergencies incident thereto.

9 (f) Prior to issuance of a moderate conscious sedation permit, moderate conscious pediatric sedation permit
10 or moderate conscious sedation permit limited to oral routes and nitrous oxide
11 inhalation permit, the applicant shall undergo an evaluation which includes a facility inspection. The Board
12 shall direct an evaluator to perform this evaluation. The applicant shall be notified in writing that an
13 evaluation and facility inspection is required and provided with the name of the evaluator who shall
14 perform the evaluation and facility inspection. The applicant shall be responsible for successful completion
15 of the evaluation and inspection of his or her facility within three months of notification. An extension of
16 no more than 90 days shall be granted if the designated evaluator or applicant requests one. The dentist
17 will demonstrate competency in the areas set out in 16Q .0401(d)(2) – (4).

18 (g) The evaluator shall assign a grade of pass or fail and shall report his recommendation to the Board,
19 setting out the basis for his conclusion. The Board is not bound by the evaluator's recommendation and
20 shall make a final determination regarding whether the applicant has passed the evaluation. The applicant
21 shall be notified of the Board's decision in writing.

22 (h) A dentist who holds a moderate conscious sedation, moderate conscious sedation limited to oral routes
23 and nitrous oxide inhalation or moderate pediatric conscious sedation permit shall not intentionally
24 administer deep sedation although deep sedation may occur briefly and unintentionally.

25 (i) A dentist may obtain a moderate conscious sedation permit limited to oral routes of administration and
26 nitrous oxide inhalation, including the ability to add supplemental dosing to the techniques set out in Rule
27 .0101(23) of this Subchapter upon compliance with the following requirements:

28 (1) successfully complete 24 hours of Board approved didactic training and manage at least
29 10 adult case experiences, including at least three live clinical dental experiences. The live clinical cases
30 shall not be handled by groups with more than five participants. The remaining cases may include
31 simulations, video presentations or both, but must include one experience in returning/rescuing a patient
32 from deep to moderate sedation, or

33 ~~_____ (2) _____ document, with patient names and dates of completion, at least 100 cases of oral~~
34 ~~moderate conscious sedation procedures successfully completed within one year preceding the effective~~
35 ~~date of these rules and;~~

36 ~~_____ (3) _____ fulfill all the requirements listed in .0401 for minimal conscious sedation. moderate~~
37 ~~sedation, or~~

1 (2) document, with patient names and dates of completion, at least 100 cases of oral
2 moderate conscious sedation procedures successfully completed between July 3, 2007 and July 3, 2008
3 and fulfill all the requirements listed in Rule .0401 of this Subchapter for minimal conscious sedation.

4 (j) A dentist who is qualified to administer general anesthesia, moderate conscious sedation or moderate
5 pediatric conscious sedation and holds a general anesthesia, moderate conscious sedation permit or a
6 moderate pediatric conscious sedation permit may administer minimal conscious sedation without
7 obtaining a separate minimal conscious sedation permit.

8 (k) Any dentist who holds an active parenteral conscious sedation permit as of the effective date of these
9 amendments shall be deemed to hold an active moderate conscious sedation permit. Such permits shall be
10 subject to the renewal requirements set out in .0501 of this Subchapter.

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12 *History Note: Authority G.S. 90-28; 90-30.1;*
13 *Eff. February 1, 1990;*
14 *Amended Eff. April 1, 2001; August 1, 2000; January 1, 1994;*
15 *Temporary Amendment Eff. December 11, 2002;*
16 *Amended Eff. . Nov. 1, 2009; Sept. 1, 2007; August 1, 2004;*
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1 21 NCAC 16Q .0401 is proposed for amendment as follows:
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3 **21 NCAC 16Q .0401 MINIMAL CONSCIOUS SEDATION CREDENTIALS, EVALUATION**
4 **AND PERMIT**

5 (a) Before a dentist licensed to practice in North Carolina may administer or supervise a certified
6 registered nurse anesthetist to administer minimal conscious sedation, the dentist shall obtain a Board-
7 issued permit for minimal conscious sedation, moderate pediatric conscious sedation, moderate conscious
8 sedation or general anesthesia. A permit is not required for prescription administration of DEA controlled
9 drugs prescribed for postoperative pain control intended for home use. A dentist may obtain a minimal
10 conscious sedation permit from the Board by completing an application form provided by the Board and
11 paying a fee of one hundred dollars (\$100.00). Such permit must be renewed annually and shall be
12 displayed with the current renewal at all times in a conspicuous place in the office of the permit holder.

13 (b) Only a dentist who holds a general anesthesia license may administer deep sedation or general
14 anesthesia.

15 (c) Application:

16 (1) A minimal conscious sedation permit may be obtained by completing an application form
17 provided by Board, a copy of which may be obtained from the Board office, and meeting
18 the requirements of Section .0400 of this Subchapter.

19 (2) The application form must be filled out completely and appropriate fees paid.

20 (3) An applicant for a minimal conscious sedation permit shall be licensed and in good
21 standing with the Board in order to be approved. For purposes of these Rules "good
22 standing" means that the applicant is not subject to a disciplinary investigation and his or
23 her license has not been revoked or suspended and is not subject to a probation or stayed
24 suspension order.

25 (d) Evaluation:

26 (1) Prior to issuance of a minimal conscious sedation permit the applicant shall undergo a
27 facility inspection. The Board shall direct an evaluator qualified to administer minimal
28 sedation to perform this inspection. The applicant shall be notified in writing that an
29 inspection is required and provided with the name of the evaluator who shall perform the
30 inspection. The applicant shall be responsible for successful completion of inspection of
31 his or her facility within three months of notification. An extension of no more than 90
32 days shall be granted if the designated evaluator or applicant requests one.

33 (2) During an inspection or evaluation, the applicant or permit holder shall demonstrate
34 competency in the following areas:

35 (A) Monitoring of blood pressure, pulse, pulse oximetry and respiration;

36 (B) Drug dosage and administration (by verbal demonstration);

- 1 (C) Treatment of untoward reactions including respiratory or cardiac depression (by
2 verbal demonstration);
- 3 (D) Sterilization;
- 4 (E) Use of CPR certified personnel;
- 5 (F) Monitoring of patient during recovery (by verbal demonstration); and
- 6 (G) Sufficiency of patient recovery time (by verbal demonstration).
- 7 (3) During an inspection or evaluation, the applicant or permit holder shall verbally
8 demonstrate competency to the evaluator in the treatment of the following clinical
9 emergencies:
- 10 (A) Laryngospasm;
- 11 (B) Bronchospasm;
- 12 (C) Emesis and aspiration;
- 13 (D) Respiratory depression and arrest;
- 14 (E) Angina pectoris;
- 15 (F) Myocardial infarction;
- 16 (G) Hypertension/Hypotension;
- 17 (H) Syncope;
- 18 (I) Allergic reactions;
- 19 (J) Convulsions;
- 20 (K) Bradycardia;
- 21 (L) Insulin shock; and
- 22 (M) Cardiac arrest.
- 23 (4) The evaluator shall assign a grade of pass or fail and shall report his recommendation to
24 the Board, setting out the basis for his conclusion. The Board is not bound by the
25 evaluator's recommendation and shall make a final determination regarding whether the
26 applicant has passed the evaluation. The applicant shall be notified of the Board's
27 decision in writing.
- 28 (e) Educational/Professional Requirements:
- 29 (1) The dentist applying for a minimal conscious sedation permit shall meet one of the
30 following criteria:
- 31 (A) successful completion of training consistent with that described in Part I or Part
32 III of the American Dental Association (ADA) Guidelines for Teaching the
33 Comprehensive Control of Pain and Anxiety in Dentistry, and have documented
34 administration of minimal conscious sedation in a minimum of five cases;
- 35 (B) successful completion of an ADA accredited post-doctoral training program
36 which affords comprehensive training necessary to administer and manage
37 minimal conscious sedation;

- 1 (C) successful completion of an 18-hour minimal conscious sedation course which
2 must be approved by the Board based on whether it affords comprehensive
3 training necessary to administer and manage minimal conscious sedation;
4 (D) successful completion of an ADA accredited postgraduate program in pediatric
5 dentistry; or
6 (E) is a North Carolina licensed dentist in good standing who has been using
7 minimal conscious sedation in a competent manner for at least one year
8 immediately preceding October 1, 2007 and his or her office facility has passed
9 an on-site inspection by a Board evaluator as required in Paragraph (d) of this
10 Rule. Competency shall be determined by presentation of successful
11 administration of minimal conscious sedation in a minimum of five clinical
12 cases.

13 (2) All applicants for a minimal sedation permit must document successful completion of a
14 Basic Life Saving (BLS) course within the 12 months prior to the date of application.

15 (f) A dentist administering minimal conscious sedation must ensure that the facility meets the requirements
16 set out in 16Q .0302(a).

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18 *History Note: Authority G.S. 90-28; 90-30.1;*

19 *Temporary Adoption Eff. March 13, 2003; December 11, 2002;*

20 *Eff. August 1, 2004;*

21 *Amended Eff. . Nov. 1, 2009; July 3, 2008.*

1 21 NCAC 16Q .0402 is proposed for amendment as follows:

2
3 **21 NCAC 16Q. 0402 MINIMAL CONSCIOUS SEDATION PERMIT REQUIREMENTS,**
4 **CLINICAL PROVISIONS AND EQUIPMENT**

5 (a) Minimal conscious sedation is indicated for use only as defined in Rule .0101(15) of this Subchapter
6 (relating to Definitions). Minimal conscious sedation is not indicated for use to achieve deep sedation.

7 (b) A minimal conscious sedation permit is not required for minor psychosedatives used for anxiolysis, as
8 defined in Rule .0101(3) of this Subchapter. ~~anxiolysis prescribed for administration outside of the dental~~
9 ~~office when pre-procedure instructions are likely to be followed.~~ Medication administered for the purpose
10 of minimal conscious sedation shall not exceed the maximum doses recommended by the drug
11 manufacturer, sedation textbooks, or juried sedation journals. Except for nitrous inhalation, drugs in
12 combination are not permitted for minimal conscious sedation. During longer periods of minimal
13 conscious sedation, in which the amount of time of the procedures exceeds the effective duration of the
14 sedative effect of the drug used, the incremental doses of the sedative shall not exceed total safe dosage
15 levels based on the effective half-life of the drug used.

16 (c) Each dentist shall:

- 17 (1) adhere to the clinical requirements as detailed in Paragraph (e) of this Rule;
- 18 (2) maintain under continuous direct supervision any auxiliary personnel, who shall be
19 capable of assisting in procedures, problems, and emergencies incident to the use of
20 minimal conscious sedation or secondary to an unexpected medical complication;
- 21 (3) utilize sufficient auxiliary personnel for each procedure performed who shall document
22 current annual successful completion of basic life support training; and
- 23 (4) not allow a minimal conscious sedation procedure to be performed in his or her office by
24 a Certified Registered Nurse Anesthetist (CRNA) unless the dentist holds a permit issued
25 by the Board for the procedure being performed. This provision addresses dentists and is
26 not intended to address the scope of practice of persons licensed by any other agency.

27 (d) Each dentist shall meet the following requirements:

- 28 (1) Patient Evaluation. Patients who are administered minimal conscious sedation must be
29 valuated for medical health risks prior to the start of any sedative procedure. A patient
30 receiving minimal conscious sedation must be healthy or medically stable (ASA I, or
31 ASA II as defined by the American Society of Anesthesiologists). An evaluation is a
32 review of the patient's current medical history and medication use. However, for
33 individuals who are not medically stable or who have a significant health disability
34 Physical Status III (ASA III, as defined by the American Society of Anesthesiologists) a
35 consultation with their primary care physician or consulting medical specialist regarding
36 potential procedure risk is required.
- 37 (2) Pre-procedure preparation, informed consent:

- 1 (A) The patient or guardian must be advised of the procedure associated
2 with the delivery of the minimal conscious sedation.
3 (B) Equipment must be evaluated and maintained for proper operation.
4 (C) Baseline vital signs shall be obtained at the
5 discretion of the operator depending on the medical status of the patient
6 and the nature of the procedure to be performed.
7 (D) Dentists administering minimal conscious sedation shall use sedative
8 agents that he/she is competent to administer and shall administer such
9 agents in a manner that is within the standard of care.

10 (e) Patient monitoring:

- 11 (1) Patients who have been administered minimal conscious sedation shall be monitored
12 during waiting periods prior to operative procedures. An adult who has accepted
13 responsibility for the patient and been given written pre-procedural instruction may
14 provide such monitoring. The patient shall be monitored for alertness, responsiveness,
15 breathing and skin coloration.
16 (2) Dentists administering minimal conscious sedation shall maintain direct supervision of
17 the patient during the operative procedure and for such a period of time necessary to
18 establish pharmacologic and physiologic vital sign stability.
19 (A) Oxygenation. Color of mucosa, skin or blood shall be continually
20 evaluated. Oxygen saturation shall be evaluated continuously by pulse
21 oximetry, except as provided in Paragraph (e)(4) of this Rule.
22 (B) Ventilation. Observation of chest excursions or auscultation of breath
23 sounds or both shall be performed.
24 (C) Circulation. Blood pressure and pulse shall be taken and recorded
25 initially and thereafter as appropriate except as provided in Paragraph
26 (e)(4) of this Rule.
27 (D) AED. Dentists administering minimal conscious sedation shall
28 maintain a functioning automatic external defibrillator (AED).
29 (3) An appropriate time oriented anesthetic record of vital signs shall be maintained in the
30 permanent record including documentation of individual(s) administering the drug and
31 showing the name of drug, strength and dosage used.
32 (4) If the dentist responsible for administering minimal conscious sedation must deviate from
33 the requirements set out in this Rule, he or she shall document the occurrence of such
34 deviation and the reasons for such deviation.

35 (f) Post-operative procedures:

- 36 (1) Following the operative procedure, positive pressure oxygen and suction equipment shall
37 be immediately available in the recovery area or operator.

- 1 (2) Vital signs shall be continuously monitored when the sedation is no longer being
2 administered and the patient shall have direct continuous supervision until oxygenation
3 and circulation are stable and the patient is sufficiently responsive for discharge from the
4 office.
- 5 (3) Patients who have adverse reactions to minimal conscious sedation shall be assisted and
6 monitored either in an operatory chair or recovery area until stable for discharge.
- 7 (4) Recovery from minimal conscious sedation shall include:
- 8 (A) cardiovascular function stable;
9 (B) airway patency uncompromised;
10 (C) patient easily arousable and protective reflexes
11 intact;
12 (D) state of hydration within normal limits;
13 (E) patient can talk, if applicable;
14 (F) patient can sit unaided, if applicable;
15 (G) patient can ambulate, if applicable, with minimal assistance; and
16 (H) for the patient who is disabled, or incapable of the usually expected
17 responses, the pre-sedation level of responsiveness or the level as close
18 as possible for that patient shall be achieved.
- 19 (5) Prior to allowing the patient to leave the office, the dentist shall determine that the patient
20 has met the recovery criteria set out in Paragraph (f)(4) of this Rule and the following
21 discharge criteria:
- 22 (A) oxygenation, circulation, activity, skin color and level of
23 consciousness are sufficient and stable and have been documented;
24 (B) explanation and documentation of written postoperative instructions
25 have been provided to the patient or a responsible adult at time of
26 discharge;
27 (C) responsible individual is available for the patient to transport the
28 patient after discharge;
29 (D) A vested adult must be available to transport patients for whom a
30 motor vehicle restraint system is required and an additional
31 responsible individual must be available to attend to the patients.
- 32 (g) The dentist, personnel and facility shall be prepared to treat emergencies that may arise from the
33 administration of minimal conscious sedation, and shall have the ability to provide positive pressure
34 ventilation with 100% oxygen with an age appropriate device.

35 *History Note: Authority G.S. 90-28; 90-30.1;*
36 *Temporary Adoption Eff. December 11, 2002;*
37 *Amended Eff. Nov. 1, 2009; Sept. 1, 2007; August 1, 2004.*

1 21 NCAC 16Q .0501 is proposed for amendment as follows:

2
3 **21 NCAC 16Q .0501 ANNUAL RENEWAL REQUIRED**

4 (a) General anesthesia and all sedation permits shall be renewed by the Board annually. Such renewal
5 shall be accomplished in conjunction with the license renewal process, and applications for permits shall be
6 made at the same time as applications for renewal of licenses. A one hundred (\$100.00) annual renewal fee
7 shall be paid at the time of renewal.

8 (b) All sedation permits shall be subject to the same renewal deadlines as are dental practice licenses, in
9 accordance with G.S. 90-31. If the permit renewal application is not received by the date specified in G.S.
10 90-31, continued administration of general anesthesia or any level of conscious sedation shall be unlawful
11 and shall subject the dentist to the penalties prescribed by Section .0700 of this Subchapter.

12 (c) As a condition for renewal of the general anesthesia permit, the permit holder shall meet the
13 requirements of 21 NCAC 16Q .0202 and document current, successful completion of advanced cardiac
14 life support (ACLS) training, or its age-specific equivalent or other equivalent course, and auxiliary
15 personnel shall document current, annual, successful completion of basic life support (BLS) training.

16 (d) As a condition for renewal of the moderate conscious sedation permit or moderate pediatric conscious
17 sedation permit, the permit holder shall meet the requirements of 21 NCAC 16Q .0302 and the following
18 criteria:

19 (1) document annual, successful completion of BLS training and obtain three hours of
20 continuing education each year in one or more of the following areas, which may be
21 counted toward fulfillment of the continuing education required each calendar year for
22 license renewal:

- 23 (A) sedation;
- 24 (B) medical emergencies;
- 25 (C) monitoring IV sedation and the use of monitoring equipment;
- 26 (D) pharmacology of drugs and agents used in IV sedation;
- 27 (E) physical evaluation, risk assessment, or behavioral management; or
- 28 (F) audit ACLS/Pediatric Advanced Life Support (PALS) ~~courses~~; courses; or

29 (2) document current, successful completion of ACLS training or its age-specific equivalent,
30 or other equivalent course and annual successful completion of ~~BLS~~; and BLS.

31 ~~(3) moderate pediatric conscious sedation permit holders must have current PALS at all~~
32 ~~times.~~

33 (e) Moderate pediatric conscious sedation permit holders must have current PALS at all times.

34 ~~(f)~~ (f) As a condition for renewal of the minimal conscious sedation permit and the moderate conscious
35 sedation permit limited to oral routes and nitrous oxide inhalation, the permit holder shall meet the
36 requirements of 16Q .0402 and shall document annual, successful completion of BLS training and obtain

1 six hours of continuing education every two years in one or more of the following areas, which may be
2 counted toward fulfillment of the continuing education required each calendar year for license renewal:

- 3 (1) pediatric or adult sedation;
- 4 (2) medical emergencies;
- 5 (3) monitoring sedation and the use of monitoring equipment;
- 6 (4) pharmacology of drugs and agents used in sedation;
- 7 (5) physical evaluation, risk assessment, or behavioral management; or
- 8 (6) audit ACLS/PALS courses.

9 ~~(f)~~ (g) Any dentist who fails to renew a general anesthesia or sedation permit on or before March 31 of each
10 year must complete a reinstatement application, pay the one hundred dollar (\$100.00) renewal fee and a
11 one hundred dollar (\$100.00) penalty and comply with all conditions for renewal set out in this Rule for the
12 permit sought. Dentists whose anesthesia or sedation permits have been lapsed for more than 12 calendar
13 months must pass a facilities inspection as part of the reinstatement process.

14
15 *History Note: Authority G.S. 90-28; 90-30.1; 90-48;*
16 *Eff. February 1, 1990;*
17 *Amended Eff. August 1, 2002;*
18 *Transferred and Recodified from 16Q .0401 to 16Q .0501;*
19 *Temporary Amendment Eff. December 11, 2002;*
20 *Amended Eff. . Nov. 1, 2009; July 3, 2008; August 1, 2004.*

21
22
23
24 **21 NCAC 16Q .0301 CREDENTIALS AND PERMITS FOR MODERATE CONSCIOUS**
25 **SEDATION, MODERATE PEDIATRIC CONSCIOUS SEDATION AND**
26 **MODERATE CONSCIOUS SEDATION LIMITED TO ORAL ROUTES**
27 **OF ADMINISTRATION AND NITROUS OXIDE**
28

29 (a) Before a dentist licensed to practice in North Carolina may administer or supervise a certified
30 registered nurse anesthetist (CRNA) to administer moderate conscious sedation, moderate pediatric
31 conscious sedation or moderate conscious sedation limited to oral routes of administration and nitrous
32 oxide to dental patients on an outpatient basis, the dentist shall obtain a permit from the Board by
33 completing an application form provided by the Board and paying a fee of one hundred dollars (\$100.00).
34 Such permit shall be renewed annually and shall be displayed with the current renewal at all times in a
35 conspicuous place in the facility of the permit holder.

36 (b) For a dentist to employ a certified registered nurse anesthetist to administer moderate conscious
37 sedation, moderate conscious sedation limited to oral routes and nitrous oxide or moderate pediatric
38 conscious sedation, the dentist must demonstrate through the permitting process that he/she is capable of
39 performing all duties and procedures to be delegated to the CRNA. The dentist must not delegate said

1 CRNA to perform procedures outside of the scope of the technique and purpose of moderate conscious
2 sedation, moderate pediatric conscious sedation or moderate conscious sedation limited to oral routes and
3 nitrous oxide as defined in Rule .0101 of this Subchapter.

4 (c) A dentist applying for a permit to administer moderate conscious sedation or moderate pediatric
5 conscious sedation must meet at least one of the following criteria:

- 6 (1) Satisfactory completion of a minimum of 60 hours of didactic training, including PALS,
7 and instruction in intravenous conscious sedation and satisfactory management of a
8 minimum of 10 patients, under supervision, using intravenous sedation; or
- 9 (2) Satisfactory completion of a pre-doctoral dental or postgraduate program which included
10 intravenous conscious sedation training equivalent to that defined in Subparagraph (c)(1)
11 of this Rule; or
- 12 (3) Satisfactory completion of an internship or residency which included intravenous
13 conscious sedation training equivalent to that defined in Subparagraph (c)(1) of this Rule.

14 (d) Notwithstanding the foregoing, a dentist may also qualify for a permit to administer moderate pediatric
15 conscious sedation by documenting, with patient names and dates of completion, at least 100 cases of
16 moderate pediatric sedation procedures successfully completed between July 3, 2006 and July 3, 2009. A
17 dentist who obtains a pediatric conscious sedation permit pursuant to this subsection may not administer
18 sedation intravenously and such limitation shall be noted on the dentist's permit.

19 ~~(e)~~ (d) A dentist may modify his/her moderate conscious sedation permit to include the privilege of
20 moderate pediatric conscious sedation by completing a Board approved pediatric dental degree or pediatric
21 dental residency program or obtaining the equivalent hours of continuing education program in pediatric
22 dental anesthesia. If said qualifications are satisfied, it shall be so designated on the dentist's moderate
23 conscious sedation permit and will be subject to the renewal requirements stated in Rule .0501(d) of this
24 Subchapter.

25 ~~(f)~~ (e) To be eligible for a moderate conscious sedation permit, moderate conscious sedation limited to oral
26 routes and nitrous oxide inhalation permit or moderate pediatric conscious sedation permit, a dentist must
27 operate within a facility which includes the capability of delivering positive pressure oxygen, and is staffed
28 with supervised auxiliary personnel for each procedure performed. The dentist shall ensure that auxiliary
29 personnel document annual, successful completion of basic life support (BLS) training and are capable of
30 assisting with procedures, problems and emergencies incident thereto.

31 ~~(g)~~ (f) Prior to issuance of a moderate conscious sedation permit, moderate conscious pediatric sedation
32 permit or moderate conscious sedation permit limited to oral routes and nitrous oxide inhalation permit, the
33 applicant shall undergo an evaluation which includes a facility inspection. The Board shall direct an
34 evaluator to perform this evaluation. The applicant shall be notified in writing that an evaluation and
35 facility inspection is required and provided with the name of the evaluator who shall perform the evaluation
36 and facility inspection. The applicant shall be responsible for successful completion of the evaluation and

1 inspection of his or her facility within three months of notification. An extension of no more than 90 days
2 shall be granted if the designated evaluator or applicant requests one.

3 ~~(h)~~ (g) The evaluator shall assign a grade of pass or fail and shall report his recommendation to the Board,
4 setting out the basis for his conclusion. The Board is not bound by the evaluator's recommendation and
5 shall make a final determination regarding whether the applicant has passed the evaluation. The applicant
6 shall be notified of the Board's decision in writing.

7 ~~(i)~~ (h) A dentist who holds a moderate conscious sedation, moderate conscious sedation limited to oral
8 routes and nitrous oxide inhalation or moderate pediatric conscious sedation permit shall not intentionally
9 administer deep sedation although deep sedation may occur briefly and unintentionally.

10 ~~(j)~~ (i) A dentist may obtain a moderate conscious sedation permit limited to oral routes of administration
11 and nitrous oxide inhalation, including the ability to add supplemental dosing to the techniques set out in
12 Rule .0101(23) of this Subchapter upon compliance with the following requirements:

- 13 (1) successfully complete 24 hours of didactic training and manage at least 10 adult case
14 experiences, including at least three live clinical dental experiences. The live clinical
15 cases shall not be handled by groups with more than five student participants. The
16 remaining cases may include simulations, video presentations or both, but must include
17 one experience in returning/rescuing a patient from deep to moderate sedation; or
- 18 (2) document, with patient names and dates of completion, at least 100 cases of oral
19 moderate conscious sedation procedures successfully completed within one year
20 preceding the effective date of these Rules; and
- 21 (3) fulfill all the requirements listed in Rule .0401 of this Subchapter for minimal conscious
22 sedation.

23 ~~(k)~~ (j) A dentist who is qualified to administer general anesthesia, moderate conscious sedation or
24 moderate pediatric conscious sedation and holds a general anesthesia, moderate conscious sedation permit
25 or a moderate pediatric conscious sedation permit may administer minimal conscious sedation without
26 obtaining a separate minimal conscious sedation permit.

27 ~~(l)~~ (k) Any dentist who holds an active parenteral conscious sedation permit as of October 1, 2007 shall be
28 deemed to hold an active moderate conscious sedation permit. Such permits shall be subject to the renewal
29 requirements set out in Rule .0501 of this Subchapter.

30
31 *History Note: Authority G.S. 90-28; 90-30.1;*
32 *Eff. February 1, 1990;*
33 *Amended Eff. April 1, 2001; August 1, 2000; January 1, 1994;*
34 *Temporary Amendment Eff. December 11, 2002;*
35 *Amended Eff. January, 2010; July 3, 2008; August 1, 2004.*

1 **21 NCAC 16Q .0302 CLINICAL REQUIREMENTS AND EQUIPMENT**

2
3 (a) A dentist administering moderate conscious sedation or moderate pediatric conscious sedation or
4 supervising the administration of moderate conscious sedation or moderate pediatric conscious sedation by
5 a certified registered nurse anesthetist shall ensure that the facility in which the sedation is to be
6 administered meets the following requirements:

7 (1) The facility is equipped with:

- 8 (A) An operatory of size and design to permit access of emergency equipment and
9 personnel and to permit effective emergency management;
10 (B) A CPR Board or a dental chair without enhancements, suitable for providing
11 emergency treatment;
12 (C) Lighting as necessary for specific procedures; and
13 (D) Suction equipment as necessary for specific procedures, including non-electrical
14 back-up suction.

15 (2) The following equipment is maintained:

- 16 (A) Positive oxygen delivery system, including full face mask for adults and
17 pediatric patients and back-up E-cylinder portable oxygen tank apart from the
18 central system;
19 (B) Oral and nasal airways of various sizes;
20 (C) Blood pressure monitoring device;
21 (D) Pulse oximeter; and
22 (E) Automatic External Defibrillator (AED).

23 (3) The following emergency equipment is maintained:

- 24 (A) I.V. set-up as necessary for specific procedures, including hardware and fluids,
25 if anesthesia is intravenous;
26 (B) Syringes as necessary for specific procedures; and
27 (C) Tourniquet and tape.

28 (4) The following drugs are maintained with a current shelf life and within easy access from
29 the operatory and recovery area:

- 30 (A) Epinephrine;
31 (B) Atropine;
32 (C) Narcotic antagonist;
33 (D) Antihistamine;
34 (E) Corticosteroid;
35 (F) Nitroglycerine;
36 (G) Bronchial dilator;
37 (H) Antiemetic;
38 (I) Benzodiazepine antagonist; and

- 1 (J) 50% Dextrose.
- 2 (5) Written emergency and patient discharge protocols are maintained and training to
3 familiarize office personnel in the treatment of clinical emergencies is provided; and
- 4 (6) The following records are maintained for at least 10 years:
- 5 (A) Patient's current written medical history, including known allergies and previous
6 surgery;
- 7 (B) Drugs administered during the procedure, including route of administration,
8 dosage, strength, time and sequence of administration;
- 9 (C) A sedation record which shall include:
- 10 (i) blood pressure;
- 11 (ii) pulse rate;
- 12 (iii) respiration;
- 13 (iv) duration of procedure;
- 14 (v) documentation of complications or morbidity; and
- 15 (vi) status of patient upon discharge.
- 16 (b) During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration
17 of moderate conscious sedation on a patient, or where applicable, moderate pediatric conscious sedation on
18 a patient, including the deployment of an intravenous delivery system, while the evaluator observes.
19 Practices limited to pediatric dentistry will not be required to demonstrate the deployment of an intravenous
20 delivery system. Instead, they will orally describe to the evaluator the technique of their training in
21 intravenous and intraosseous deployment. During the demonstration, the applicant or permit holder shall
22 demonstrate competency in the following areas:
- 23 (1) Monitoring blood pressure, pulse, and respiration;
- 24 (2) Drug dosage and administration;
- 25 (3) Treatment of untoward reactions including respiratory or cardiac depression, if
26 applicable;
- 27 (4) Sterile technique;
- 28 (5) Use of CPR certified personnel;
- 29 (6) Monitoring of patient during recovery; and
- 30 (7) Sufficiency of patient recovery time.
- 31 (c) During an inspection or evaluation, the applicant or permit holder shall verbally demonstrate
32 competency to the evaluator in the treatment of the following clinical emergencies:
- 33 (1) Laryngospasm;
- 34 (2) Bronchospasm;
- 35 (3) Emesis and aspiration;
- 36 (4) Respiratory depression and arrest;
- 37 (5) Angina pectoris;

- 1 (6) Myocardial infarction;
- 2 (7) Hypertension/Hypotension;
- 3 (8) Allergic reactions;
- 4 (9) Convulsions;
- 5 (10) Syncope;
- 6 (11) Bradycardia;
- 7 (12) Insulin shock; and
- 8 (13) Cardiac arrest.

9 (d) A dentist administering moderate conscious sedation or moderate pediatric conscious sedation shall
10 ensure that the facility is staffed with sufficient auxiliary personnel for each procedure performed who shall
11 document annual successful completion of basic life support training and be capable of assisting with
12 procedures, problems, and emergency incidents that may occur as a result of the sedation or secondary to
13 an unexpected medical complication.

14 (e) Upon request, the holder of a moderate pediatric conscious sedation or moderate conscious sedation
15 permit may travel to the office of a licensed dentist who does not hold such a permit and provide sedation
16 services at the level for which the traveling dentist holds a valid permit, as well as minimal sedation or
17 moderate conscious sedation limited to oral routes ~~minimal sedation, moderate conscious sedation or~~
18 ~~moderate pediatric conscious sedation services~~ for the patients of that dentist who are undergoing dental
19 procedures. The permit holder is solely responsible for providing that the facility in which the sedation is
20 administered meets the requirements established by the Board, that the required drugs and equipment are
21 present, and that the permit holder utilizes sufficient auxiliary personnel for each procedure performed who
22 shall document annual successful completion of basic life support training and be capable of assisting with
23 procedures, problems, and emergency incidents that may occur as a result of the sedation or secondary to
24 an unexpected medical complication. Holders of moderate conscious sedation permits limited to oral
25 routes and nitrous oxide inhalation may not provide sedation at the office of a licensed dentist who does not
26 hold an appropriate sedation permit.

27

28 *History Note: Authority G.S. 90-28; 90-30.1; 90-48;*
29 *Eff. February 1, 1990;*
30 *Amended Eff. August 1, 2002; August 1, 2000;*
31 *Temporary Amendment Eff. December 11, 2002;*
32 *Amended Eff. January _____, 2010; July 3, 2008; August 1, 2004.*

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