APA-1
11/96

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control_____Department or Agency: Board of Dental Examiners of Alabama
Rule No.: 270-X-2.17
Rule Title: Criteria For On-Site Inspection For the Use of General Anesthesia And Parenteral Sedation
_____New ___X___Amend _____Repeal _____Adopt by Reference

Would the absence of the proposed rule significantly Harm or endanger the public health, welfare, or safety? ____Yes_____

Is there a reasonable relationship between the state's Police power and the protection of the public health, Safety, or welfare? _____Yes_____

Is there another, less restrictive method of regulation Available that could adequately protect the public? _____No_____

Does the proposed rule have the effect of directly or Indirectly increasing the costs of any goods or services Involved and, if so, to what degree? _____No_____

Is the increase in cost, if any, more harmful to the public Than the harm that might result from the absence of The proposed rule? ____No_____

Are all facets of the rulemaking process designed solely For the purpose of, and so they have, as their primary Effect, the protection of the public? _____Yes_____

****
Does the proposed rule have an economic impact? _____No_____

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama, 1975.
****
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer 

Date: 12/6/11

(DATE FILED)
(STAMP)

APA-2
11/96

Board of Dental Examiners of Alabama

NOTICE OF INTENDED ACTION

AGENCY NAME: Board of Dental Examiners of Alabama

RULE NO. & TITLE: 270-X-2.17 Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation.
INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: The Board proposes to correctly site statutory authority, to clarify language, to remove non-essential requirements/information, to add essential requirements/information and to provide protocol for anesthesia certificates.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:30 p.m. on Friday, February 3, 2012. Comments should be directed to Sonya Lankford, Financial Secretary, at 5346 Stadium Trace Pky., Ste. 112 Hoover, AL 35244 or via electronic mail at BDEAL@dentalboard.org or via telephone at 205-985-7267.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Friday, February 3, 2012

CONTACT PERSON AT AGENCY:

Ms. Sonya Lankford
Financial Secretary
5346 Stadium Trace Pky., Ste. 112
Hoover, AL 35244
(205) 985-7267

Billington M. Garrett, *Counsel*
Board of Dental Examiners of Alabama

APA-2
11/96

Board of Dental Examiners of Alabama

NOTICE OF INTENDED ACTION

RULE NUMBER: 270-X-2.17

TITLE OF RULE: Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation.

(1) This rule contains the procedures, criteria, and information which the inspecting team shall observe, gather, or use in determining whether a dentist's facilities, equipment, and personnel have satisfied the requirements imposed by law and this rule for the issuance of a general anesthesia or a parenteral sedation permit. This determination shall be made based upon the following procedures, criteria, and information:

(a) Clinical Use of Parenteral Sedation and/or General Anesthesia. Three (3) procedures utilizing Parenteral Sedation and/or General Anesthesia should be observed. At least two (2) procedures should be performed. This portion of the evaluation should not exceed two (2) hours. No evaluation can be considered complete unless this part is included.

(b) Simulated Emergencies.

~~1.~~ (i) The evaluators and the dental team should not just talk about the emergency situations and how they should be managed. The dentist and his team must perform an actual demonstration of their method for managing the following situations:

~~(i)~~ (1) Laryngospasm

~~(ii)~~ (2) Bronchospasm

~~(iii)~~ (3) Emesis and aspiration of vomitus

~~(iv)~~ (4) Management of foreign bodies in the airway

~~(v)~~ (5) Angina pectoris

~~(vi)~~ (6) Myocardial ~~infraction~~ infarction

~~(vii)~~ (7) Cardiopulmonary resuscitation

~~(viii)~~ (8) Hypotension

~~(ix)~~ (9) Hypertensive crisis

~~(x)~~ (10) Acute allergic reaction

~~(xi)~~ (11) Hyperventilation syndrome

~~(xii)~~ (12) Convulsion of unknown etiology

~~(xiii)~~ (13) Syncope

~~(xiv) Malignant hyperthermia~~

~~2.~~ (ii) The simulated emergency procedures are to be demonstrated in the operatory with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated.

(c) Office Equipment, Records, and Emergency Medications.

~~1.~~ (i) All office equipment and records related to patient care should be available for inspection by the visiting doctors.

~~2.~~ (ii) Specific attention should be directed to the following areas:

~~(i)~~ (1) The oxygen and supplement gas-delivery system backup system

~~(ii)~~ (2) Provision for suction and backup system

~~(iii)~~ (3) Auxiliary lighting system

~~(iv)~~ (4) The gas storage facilities

~~(v)~~ (5) Suitability of the operatory

~~(vi)~~ (6) Patient transportation equipment (if used)

~~(vii)~~ (7) Recovery area

~~(viii)~~ (8) Sterilization areas

~~(ix)~~ (9) Preparation of medications

~~(x)~~ (10) Completeness of emergency anesthetic equipment and medications

~~(xi)~~ (11) Completeness of office patient-care records

~~(xii)~~ (12) Monitoring equipment

~~3.~~ (d) Outline of Information that Should be Obtained and Recorded in the Patient's Record ~~File~~. The information should provide a database that aids in treatment planning and selection of the anesthetic/sedation and furnish needed data in the event that unexpected physiologic change occurs during the course of surgical/operative procedure. Patients are reassured and apprehension reduced by the knowledge that surgery/operative procedure is being managed carefully by a competent team with a sincere interest in their problem. The need to develop a database to substantiate the choice of therapy selected is essential. A written record of this evaluation is a requirement for proper patient care. This section sets forth the core of material that should be obtained and recorded. This should serve as a reference to the knowledgeable dentist as ~~he~~ he/she reviews ~~his~~ his/her own standards for patient evaluation.

(i) Vital Statistics. Vital statistics are the most basic information in the office record. They should include:

~~(I)~~ (1) Patient's full name

~~(II)~~ (2) Address home and work

~~(III)~~ (3) Telephone home and work

~~(IV)~~ (4) Date of birth

~~(V)~~ (5) Sex

~~(VI)~~ (6) Marital status (name of spouse_____)

~~(VII)~~ (7) Occupation

~~(VIII)~~ (8) Name of parent or guardian, if patient is a minor

~~(IX) (9) Frequently office records include additional basic information such as social security number, name of insurance carrier, and other facts related to the business functions of a dental practice. These items do not properly make up a portion of the vital statistics record, but may be included for convenience.~~

(ii) Patient Evaluation (Medical History).

~~(I)~~ (1) The patient's chief complaint, followed by history of the present illness or a statement about the patient's problem, should be recorded. The history should fulfill two basic requirements:

~~I.~~ (a) It must elicit the core medical information which will enable the dentist to identify the poor risk patient.

~~II.~~ (b) It should provide written evidence that the process of patient evaluation did occur and that the treatment was logical.

~~III.~~ (2) The following core questions should be on any medical history:

~~A.~~ (a) Are you now or have you ever been under a physician's care during the past five years?

~~B.~~ (b) Are you currently under a doctor's orders or taking any medication?

~~C.~~ (c) Do you have any allergies or are you sensitive to any drugs such as penicillin, Novocain, aspirin, or codeine?

~~D.~~ (d) Do you bleed excessively after a cut, wound, or surgery?

~~E.~~ (e) Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?

~~F.~~ (f) Have you ever had any breathing difficulty such as asthma, emphysema, chronic cough, pneumonia, tuberculosis, or any other lung disorders?

~~G.~~ (g) Have you ever had any of the following illnesses?

Heart problems_____
Stroke_____
Rheumatic fever_____

Hepatitis or liver disease_____
Kidney disease_____
High blood pressure_____
Diabetes_____
Anemia_____

(iii) The Core Physical Examination. Vital signs include blood pressure, pulse rate, and respiratory rate~~, and body temperature~~. Preoperative blood pressure and pulse rate measurements should be made and documented on the patient's record. Temperature should be taken and recorded when one suspects it is elevated and could affect the treatment plan.

(iv) Laboratory Data. Laboratory studies such as complete blood count, blood chemistries, and urinalysis are not a routine part of the preoperative outpatient evaluation in the dental office. These tests may be requested by the dentist for specific problems~~.~~ ,and shall be made part of the patient's record.

(v) Summary of Data that should be in the Office-Record:

~~(I)~~ (1) A written medical history containing the vital statistics and core medical information.

~~(II)~~ (2) An examination chart with the proposed procedure clearly indicated and the probable complications written on that record or on the informed consent.

~~(III)~~ (3) A written informed consent for the proposed procedure. ~~In some localities, written consent for proposed dental or surgical procedures commonly is not obtained. However, it is strongly recommended.~~

~~(IV)~~ (4) When indicated, adequate radiographs should be available and should delineate clearly the areas to be treated.

~~(V)~~ (5) A record of the anesthesia/sedation must be made. This may be combined with the operative record or it may be a separate form. In either event, the anesthetic and other agents and amounts given must be indicated. Preoperative, intraoperative and post-operative vital signs should be recorded and any unusual reactions or complications should be documented. Starting and ending times for anesthesia should be recorded. The members of the surgical/operative team present during the procedure should be noted.

~~(VI)~~ (6) A record of prescriptions given should be included. A duplicate copy of the prescription is preferred. A separate note on the operative record indicating the above information is satisfactory if duplicate prescriptions are not being used.

~~(3)~~ (e) Office Facilities and Equipment. This section deals with the physical requirements for conducting office anesthesia/sedation. ~~The fundamental physical requirements for the anesthesia/sedation facility are:~~

(i) The fundamental physical requirements for the anesthesia/sedation facility are:

~~The operating room/operatory~~
~~The operating table or dental chair~~
~~Lighting system~~
~~Suction equipment~~
~~Oxygen and supplemental gas-delivery system~~
~~Sterilization area~~
~~Recovery area~~
~~Gas storage area~~

~~(a)~~ (1) The Operating ~~Room/Operatory.~~ Room/Operatory- The operatory should be large enough to adequately accommodate the patient on a table or in a dental chair and permit the anesthesia/sedation team, consisting of the dentist and two or three trained assistants, to move freely about the patient.

~~(b)~~ (2) The Operating Table or Dental ~~Chair.~~ Chair- The most important features of the table or chair are that it permits the patient to be positioned so the anesthesia team can maintain the airway, allows quick alteration of patient position in an emergency, provides a firm platform for the management of cardiopulmonary resuscitation, and provides easy access to the patient's oral cavity.

~~(c)~~ (3) Lighting Systems.

~~1.~~ (a) Room lighting must be adequate to permit evaluation of the patient's skin and mucosal color.

~~2.~~ (b) Provision for auxiliary lighting in the event of power failure in the operatory is most important. Backup lighting should be battery powered and of sufficient intensity to permit completion of any procedure under way at the time of general power failure.

~~(d)~~ (4) Suction Equipment.

~~1.~~ (a) Aspiration may be provided either by a portable suction unit or by a central suction installation. It is important to provide for auxiliary suction in the event the pump or electrical power fails.

~~2.~~ (b) If electrical power should fail, suction can be provided by a unit functioning on the Venturi principle. A simple, water-powered laboratory suction device that attaches to a convenient water supply or a unit that creates suction by the flow of oxygen may be installed. Sources of light and suction not dependent on electrical current are important. Multiple suction tips, including tonsil suction tips, should be ~~in the operatory~~ available.

~~(e)~~ (5) Oxygen and Supplemental Gas-Delivery System.

~~1.~~ (a) The fundamental requirement is a unit capable of delivering metered oxygen under positive pressure.

~~2.~~ (b) Gas outlets for remote delivery systems must be coded to prevent accidental administration of the wrong gas. Fail-

safe mechanisms on anesthetic machines are ~~desirable and encouraged~~ mandatory.

~~(i)~~ (6) Patient Recovery.

~~1.~~ (a) Patients should be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital-sign and airway observations. ~~Maximum safety is attained when the patient recovers in the operating room and walks with assistance to the recovery area.~~

~~2.~~ (b) The major requirement for the recovery area is that the staff must be able to observe a patient recovering from a general anesthetic or sedation procedure and that there must be room to treat any emergency situation. ~~Consideration should be given to providing~~ It is mandatory that the recovery area can provide oxygen under pressure, adequate lighting, suction, and the presence of electrical outlets for connecting cardiac monitoring and defibrillating equipment.

~~(l)~~ (7) Drug and Instrument ~~Preparation~~ Preparation/Sterilization and Storage ~~Area.~~ Area- An adequate outpatient facility should contain a sterilization area conducive to the sterile preparation and storage of drugs used in anesthesia/sedation. There should be provision for refrigeration to store such drugs as succinylcholine, certain antibiotics, and anesthetic agents. The sterilization area should include a secure storage site for narcotics and other dangerous drugs.

(8) Gas Storage Area.

(a) Defined
- (i) May be gas stored in centeral location used by one or multiple practitioners within the the same building.
- (ii) May by gas stored in the individual operatory.
- (iii) May be reserve tanks of gas not connected for immediate use

(b) Requirements
- (i) All gas storage must be maintained according to local building, fire and safety codes.
- (ii) Gas stored in a centeral location must have a central low pressure alarm, easly heard in the treatment area where the dentist is located. In lieu of a centeral alarm, a daily gas log may be maintained and checked by the dentist.

~~(ii) Additional anesthesia/sedation facility requirements may be as follows:~~

~~(f) (1) Parenteral Agents and Supplies. Supplies- Specific guidelines must be established by the dentist for the auxiliary personnel for the care and handling of these agents. Aseptic procedures must be rigidly followed in the mixing and use of these agents. Disposable extension~~

~~tubes and syringes are recommended. All syringes containing injectable materials must be labeled to insure proper identification.~~

~~(g) (2) Records in the Operating Room/Operatory.~~

~~1. (a) It is important that the medical database, including history and physical examination of the patient undergoing an office anesthetic/sedation procedure, be available for review by the anesthesia/sedation team prior to any procedure. Findings of significance should be known to all members of the team.~~

~~2. (b) An anesthesia/sedation record should be maintained before, during, and after any anesthetic/sedation procedure. This record, ideally, should include vital signs of the patient, drugs and amounts administered, length of the procedure, names of the personnel in the room, and any complications that might occur during the anesthetic or sedation procedure.~~

~~(h) (3) Emergency Airway Equipment and Agents.~~

~~1. (a) Basic airway equipment must be available immediately to the office anesthesia/sedation team. These items may be in the operatory or on a portable device that can be brought immediately to the patient's side. Emergency airway equipment should include the following:~~

~~(i) Full face mask~~

~~(ii) Oral and nasopharyngeal airways~~

~~(iii) Endotracheal tubes (various sizes for children and adults)~~

~~(iv) A laryngoscope (with reserve batteries and bulbs)~~

~~(v) Equipment for performing a coniotomy or tracheostomy.~~

~~2. (b) Having adequate emergency drugs and equipment in good working order along with a plan of action to deal with an office emergency are essential.~~

~~(i) (4) Monitoring Equipment. Equipment Heart sound and/or pulse monitoring and oximetry throughout any operative or surgical procedure conducted under any form of parenteral sedation or general anesthesia will be mandatory. Acceptable dental and anesthetic practice dictates that all patients be monitored continually when sedation or general anesthetic agents are employed.~~

~~(j) Patient Recovery.~~

~~1. Patients should be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital sign and airway observations. Maximum safety is attained when the patient~~

~~recovers in the operating room and walks with assistance to the recovery area.~~

~~2. The major requirement for the recovery area is that the staff must be able to observe a patient recovering from a general anesthetic or sedation procedure and that there must be room to treat any emergency situation. Consideration should be given to providing oxygen under pressure, adequate lighting, suction, and the presence of electrical outlets for connecting cardiac monitoring and defibrillating equipment.~~

~~(k)~~ (5) ~~Communications~~. Communications It is important that the dental team has a method of communicating with other members of the office staff in an emergency. It is preferable to have the telephone numbers of an ambulance service or a paramedic squad and the nearest hospital readily available. These numbers should be displayed prominently and their location known to the office staff.

~~(l) Drug and Instrument Preparation and Storage Area. An adequate outpatient facility should contain a sterilization area conducive to the sterile preparation and storage of drugs used in anesthesia/sedation. There should be provision for refrigeration to store such drugs as succinylcholine, certain antibiotics, and anesthetic agents. The sterilization area should include a secure storage site for narcotics and other dangerous drugs.~~

~~(4)~~ (f) Monitoring.

~~(a)~~ (i) Anesthetics/sedatives may directly or indirectly alter the metabolic, electrolyte, or hemodynamic parameters in various tissues and organ systems. The quantitative and qualitative changes produced are directly dependent on various factors such as the pharmacologic properties of the agents, autonomic response, concentration, mode of administration, tissue perfusion, and metabolism and excretion of the agent (biotransformation).

~~(b)~~ (ii) The various methods and physiologic parameters used in monitoring patients should be designed to detect immediately the changes produced either by dental stimulation or the anesthetics or sedatives employed. This information allows for alteration of the anesthetic management to minimize or prevent any adverse reactions induced by the stress of the procedure, anesthesia, or preexisting systemic disease.

~~(c)~~ (iii) Acceptable anesthetic practice dictates that all patients must be monitored when anesthetics/sedation are employed. The accuracy and reliability of the data obtained from monitoring will make possible early recognition of problems and their proper treatment. Thus the doctor must obtain, evaluate, and interpret all the available preoperative information and establish a diagnosis prior to treatment. ~~He~~ He/she must be continually alert in observing the patient's status and in making a moment-to-moment assessment of the patient's condition so ~~he~~ he/she can make the necessary adjustments.

~~(d)~~ (iv) Strict reliance on measuring a single physiologic parameter not only may be misleading, but also potentially hazardous. For example, the diagnosis of acute myocardial ~~infraction~~ infarction by electrocardiography cannot always be made immediately, but may be delayed 12 to 18 hours or may not even be possible. Alteration in the ECG tracing may be very subtle. Thus vital signs, symptoms, and clinical judgment are of paramount importance in establishing the diagnosis. As a rule, no single symptom may be diagnostic of a particular

condition, but rather the "total patient" must be evaluated in respect to the various signs and symptoms.

~~(e)~~ (v) The primary step in total patient monitoring begins with a review of the past and most recent medical history. The importance of the medical history cannot be overemphasized because many of the potential hazards and pitfalls of anesthesia and surgery can be circumvented when the dentist has evaluated thoroughly the patient's medical status and its relevance to the proposed anesthesia and treatment.

~~(f)~~ (vi) The classic vital signs of blood pressure, cardiac rate and rhythm~~,~~ and respiratory exchange~~, and temperature~~ are the standard physiologic parameters to be used in monitoring the patient, baseline determinations are imperative.

~~(g)~~ (vii) A monitor can be defined as one who or that which watches and warns. Monitoring methods may be either mechanical (e.g., E.C.G., B.P.) or ~~nonmechanical~~ non-mechanical (visual observations). Mechanical monitors have disadvantages but serve as adjuncts to alert the practitioner to any change in the patient's status. The ~~nonmechanical~~ non-mechanical methods of monitoring involve close observation of the patient. Is the patient breathing? What is the character of the respiratory pattern, i.e., depth, rate, rhythm? Is the respiratory exchange unobstructed? What is the patient's color? What is the color of the blood? These observations will give some information as to the adequacy or deficiency of the "oxygen carrier system" which is comprised of the blood components, the respiratory system, and heart action. The degree of autonomic tone and perfusion may be inferred by observing the patient's color and temperature. The patient with increased sympathetic tone and marked peripheral vasoconstriction as a result of stress, decreased blood pressure, or decreased cardiac rate will have pallor and coolness of the extremities. These signs and symptoms will not necessarily pinpoint the exact etiology but, when coupled with mechanical methods of monitoring (i.e., blood pressure, pulse, or electrocardioscope), will help establish the diagnosis and facilitate treatment.

~~(h)~~ (viii) It is ~~recommended~~ mandatory that some method of mechanical monitoring be used with every patient. Blood pressure~~,~~ ~~and~~ cardiac rate and oxygen saturation are the vital signs most frequently monitored during the pre-anesthetic/pre-sedation and intra-and-postoperative interval. EKG monitoring is suggested in all patients and mandated in all ASA Class 2 or higher patients. If any unforeseen reaction should occur with alteration or depression of the vital signs, the magnitude of the baseline shift may be determined and appropriate therapy begun.

~~(i)~~ (ix) An example of the importance of the magnitude of the baseline shift of vital signs can best be illustrated by the patient with hypertensive cardiovascular disease. If the individual with a resting blood pressure of 170/90 suffers a drop in systemic pressure to 120/70, he may greatly compromise his cerebral and coronary perfusion even though a blood pressure of 120/80 is regarded as very acceptable in the normotensive individual.

~~(j) The type of mechanical monitor is not of paramount importance. Individual preference will determine the physiologic modalities to monitor. In some instances, use of some mechanical monitor in conjunction with the non-mechanical method is recommended for optimal patient care. Continuous heartsound and/or pulse monitoring and oximetry is required throughout a dental procedure conducted under any form of parenteral sedation or general anesthesia.~~

~~1.~~ (g) Monitoring of Respiration.

(i) ~~Pretracheal~~ Pre-tracheal stethoscope -least expensive means of continuously monitoring rate and volume of ventilation.

(ii) Electronically enhanced ~~pretracheal~~ pre-tracheal stethoscope with speaker.

(iii) Oximetry

~~2.~~ (h) Monitoring of Heart Rate.

(i) ~~Precordial~~ Pre-cordial stethoscope –least expensive means of continuously monitoring heart rate, rhythm and heart sounds

(ii) Pulse monitor -inexpensive electrical pickup of peripheral pulse recorded digitally.

(iii) Plethysmograph- electrical pickup of peripheral pulse. The pulse wave form is displayed on an oscilloscope (indication of stroke volume and cardiac output). The heart rate and rhythm are recorded as well.

(iv) Electrocardioscope (ECG) Electrical activity of heart is picked up, usually centrally, and recorded graphically on an oscilloscope. The heart rate and rhythm are also evident.

~~3.~~ (i) Monitor of Blood Pressure (systolic pressure, diastolic pressure, mean arterial pressure, and heart rate are recorded).

(i) Sphygmomanometer and stethoscope- least expensive way to monitor blood pressure.

(ii) Numerous manufacturers produce equipment to do this automatically. The machine can be set to monitor as frequently as you choose. Several manufacturers have recorders for this information. The continuous record during the procedure can be part of your anesthetic record.

~~4.~~ (j) Oximetry.

(i) Oximeter using a peripheral (finger, ear or toe) electrical pickup. The oxygen saturation of the arterial hemoglobin is measured and recorded. In addition, most equipment records the quality and rate of peripheral pulse. This technique is noninvasive. Its accuracy has been established by comparison with invasive arterial oxygen saturation studies. Oximetry provides not only evidence of peripheral perfusion, but also it indicates that the blood is sufficiently saturated with oxygen to provide for adequate cellular respiration.

~~(5)~~ (k) Personnel.

~~(a)~~ (i) For conscious sedation, the practitioner responsible for treatment of the patient and/or administration of the drugs must be appropriately trained in the use of this modality. The minimum number of people

involved should be two, i.e., the dentist or other licensed professional and an assistant trained to monitor appropriate physiologic variables.

~~(b)~~ (ii) For deep sedation or general anesthesia, at least three (3) individuals, each appropriately trained, are required. One is the operating dentist who directs the deep sedation or general anesthesia. The second is a person whose responsibilities are observation and monitoring of the patient. If this person is an appropriately trained professional, he or she may direct the deep sedation or general anesthesia. The third person assists the operating dentist.

~~(6)~~ (l) The Board shall appoint examiners for the purpose of conducting the on-site inspections of dental facilities, equipment, and personnel. Any on-site inspection shall be conducted by a team of three examiners. All examiners appointed by the Board for the purpose of inspecting applicants for a ~~perenteral~~ parenteral sedation permit shall be dentists who are authorized to administer parenteral sedation. The examiners shall receive as compensation and expenses while in the performance of their duties the same amount paid to members of the Board and under the same terms and conditions.

~~(7)~~ (m) If upon an initial application for the issuance of a permit for the administration of general anesthesia or parenteral sedation, the primary office of a dentist(s) has received a satisfactory onsite inspection and the dentist(s) also applies for the issuance of a permit to administer General Anesthesia or Parenteral sedation at a secondary office(s) or location(s), any onsite inspection thereof shall be limited only to the dental facility and equipment, provided that the same personnel satisfactorily evaluated at the primary office(s) of the dentist(s) will be engaged or involved in the administration of general anesthesia or parenteral sedation at the said secondary office(s) or location(s). If upon a request for renewal by a dentist(s) of a permit to administer general anesthesia or parenteral sedation at both his primary and secondary office(s) or location(s), the Board of Dental Examiners of Alabama determines that an onsite inspection of these office(s) or location(s) is required, the same procedure as outlined above in relation to the initial application for these permits shall be utilized.

~~(8)~~ (n) The examining team shall submit to the Board the report of their onsite inspection within ~~14~~ fourteen (14) days from the date of said inspection. If the results of the initial evaluation are deemed unsatisfactory, ~~upon written request of the dentist, a second evaluation shall be conducted by a different team of examiners~~ the anesthesia certificate is immediately suspended and the applicant must reapply.

Statutory Authority ~~Code of Ala. 1975~~, Code of Alabama (1975), §§ 34-9-43(10), 34-9-60(2)(a)(4), 34-9-60(2)(b), 34-9-63(1)(b)(c), 34-9-65(b).

Original Rule Filed: May 23, 1986, Amended: Filed November ___, 2011