



West Virginia Board of
Dentistry

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Anesthesia Update

MONITORING REQUIREMENTS

During all levels of sedation, whether at the most minimal level of relative analgesia or at the deepest level of general anesthesia, the patient shall be observed at all times by a Qualified Monitor until discharge criteria have been met.

Relative analgesia is a level of sedation that does not require a permit. A Qualified Monitor for relative analgesia is not required to have a Qualified Monitor certificate from the Board. A current health care provider BLS/CPR certification is required as well as a nitrous monitoring certificate, issued by the Board, when monitoring a nitrous oxide unit during relative analgesia procedures.

For all other levels of sedation requiring a permit, A Qualified Monitor shall apply to the Board for a Qualified Monitor certification. Permit holders are familiar with these requirements. Should you need to review these requirements, they may be found at the Board's website. www.wvdentalboard.org/lawsandrules, the rules are series 13, the law is §30-4A.

AT NO TIME may the permit holder monitor their own patient unless the permit holder is a dentist anesthesiologist who is only administering the anesthesia.

FACILITY & EQUIPMENT REQUIREMENTS

Gone are the days of toting portable equipment for sedation practices in the State of West Virginia. The equipment required by laws and rules for all facilities, where any level of sedation is induced, is expected to be a permanent part of that facility. Permit holders utilizing a dentist anesthesiologist or CRNA are expected to have a permanent facility. This includes any equipment required to monitor the patients vital signs during sedation procedures.

The Board and Anesthesia Committee are aware that most dentist anesthesiologists and CRNA's have portable equipment, our permit holders are required to have a permanent facility with permanent equipment.

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REPORTING OF DEATH, SERIOUS COMPLICATIONS OR INJURY

If a death, any serious complication or any injury occurs which may have resulted from the administration of general anesthesia/deep conscious sedation, conscious sedation/moderate sedation, anxiolysis/minimal sedation, or relative analgesia/minimal sedation, the licensee performing the dental procedure shall submit a written detailed report to the board within seventy-two hours of the incident along with copies of the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental procedure, that person shall also submit a detailed written report. The detailed report(s) shall include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident along with their names and addresses;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient including local anesthesia;
- (5) A narrative description of the incident including approximate times and evolution of symptoms; and
- (6) The anesthesia record and the signed informed consent form for the anesthesia.

FACILITY INSPECTIONS

The Board shall re-inspect the facilities of Class 3 & 4 permit holders once every 5 years. The Board may re-inspect annually at its discretion. The Board reserves the right to conduct an on-site inspection WHENEVER it deems necessary for ALL permit holders.

Facilities of Class 2 permit holders may be inspected if the Board deems necessary.

Inspections may be announced or unannounced, but shall be held during regular business hours.

Cancellation or failure to appear or be present for a scheduled evaluation by a permit holder, for an unexplained or unexcusable reason, shall be assessed a penalty fee two times the permit holders normal annual renewal fee. Penalty fees are separate from the annual renewal fee.