

ARTICLE 4A. ADMINISTRATION OF ANESTHESIA BY DENTISTS.

§30-4A-1. Legislative findings and declaration of purpose.

The Legislature hereby finds and declares that dentists are increasingly administering anesthesia in their offices on an out-patient basis; that the administration of anesthesia carries with it an inherent risk and danger to the patient; that, however, the administration of anesthesia on an out-patient basis by dentists is necessary and for the good of the public; but that because of the inherent dangers in the administration of, it is necessary to insure that the persons administering and supervising such anesthesia are competent and trained in the techniques; that it is in the best interests of the public and the dentists of West Virginia to prohibit dentists from administering or supervising the administration of anesthesia unless those dentists meet certain minimal training and competency standards in the administration and supervision of anesthesia; and that requiring a dentist to obtain a special certificate or permit before he or she can administer or supervise anesthesia is the best method to preserve the use of anesthesia by dentists on out-patients and, at the same time, ensure that such administration and supervision is performed by competent dentists trained in the use of such techniques.

§30-4A-2. Definitions.

(a) "General anesthesia" means an induced controlled state of unconsciousness in which the patient experiences complete loss of protective reflexes, as evidenced by the inability to independently maintain an airway, the inability to respond purposefully to physical stimulation, or the inability to respond purposefully to verbal command. "Deep conscious sedation/general anesthesia" includes partial loss of protective reflexes and the patient retains the ability to independently and continuously maintain an airway.

(b) "Relative analgesia" means an induced controlled state of minimally depressed

consciousness, produced solely by the inhalation of a combination of nitrous oxide and oxygen, or single oral premedication without the addition of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command. Dosage of oral premedication is not to exceed the recommended dosage limits set by the manufacturer for the treatment of anxiety, insomnia or pain.

(c) "Conscious sedation" means an induced controlled state of depressed consciousness, produced through the administration of nitrous oxide and oxygen and/or the administration of other agents whether enteral or parenteral, in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(d) "Anxiolysis" or premedication for anxiety - means removing, eliminating or decreasing anxiety by the use of a single anxiolytic or analgesia medication that is administered in an amount consistent with the manufacturer's current recommended dosage for the unsupervised treatment of anxiety, insomnia or pain, in conjunction with nitrous oxide and oxygen. This does not include multiple dosing or exceeding current normal dosage limits set by the manufacturer for unsupervised use by the patient (at home), for the treatment of anxiety.

(e) "Central Nervous System Anesthesia" means an induced controlled state of unconsciousness or depressed consciousness produced by a pharmacologic method.

(f) "ACLS" means Advanced Cardiac Life Support.

(g) "BLS" means Basic Life Support.

(h) "CPR" means Cardiopulmonary Resuscitation.

(i) "Health Care Provider BLS/CPR" means Health Care Provider Basic Life

Support/Cardiopulmonary Resuscitation.

(j) "PALS" means Pediatric Advanced Life Support.

(k) "Board" means West Virginia Board of Dental Examiners.

(l) "ADA" means the American Dental Association.

(m) "AMA" means the American Medical Association.

(n) "Subcommittee" means West Virginia Board of Dental Examiners Subcommittee on Anesthesia.

§30-4A-3.

Presumption of Degree of Central Nervous System Depression.

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia/deep conscious sedation, conscious sedation, anxiolysis, or relative analgesia), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) No permit holder may have more than one person under conscious sedation and/or general anesthesia/deep conscious sedation at the same time, exclusive of recovery.

§30-4A-4. Requirement for Anesthesia Certificate or Permit.

(1) No dentist may induce central nervous system anesthesia without first having obtained an anesthesia permit under these rules for the level of anesthesia being induced.

(2) The applicant for an anesthesia permit must pay the appropriate permit fees and renewal fees, designated in section six of this article, submit a completed Board-approved application and consent to an office evaluation. The fees are to be set in accordance with section eighteen of this article.

(3) Permits shall be issued to coincide with the applicant's licensing period.

§30-4A-5. Classes of Anesthesia Certificates and Permits.

The Board shall issue the following certificates and/or permits:

(1) Class II Certificate: A Class 2 Certificate authorizes a dentist to induce anxiolysis.

(2) Class III Permit: A Class 3 Permit authorizes a dentist to induce conscious sedation as limited enteral (3a) and/or comprehensive parenteral (3b), and anxiolysis.

(3) Class IV Permit: A Class 4 Permit authorizes a dentist to induce general anesthesia/deep conscious sedation, conscious sedation, and anxiolysis.

§30-4A-6. Qualifications, Standards Applicable, and Continuing Education

Requirements for Anesthesia Certificate or Permit.

(a) Relative Analgesia.

(1) The Board shall allow administration of relative analgesia without a permit if the practitioner:

(A) Is a licensed dentist in the State of West Virginia;

(B) Holds valid and current documentation showing successful completion of a Health Care Provider BLS/CPR course; and

(C) Has completed a training course of instruction in dental school, continuing education or as a postgraduate in the administration of relative analgesia.

(2) A practitioner who administers relative analgesia shall have the following facilities, equipment and drugs available during the procedure and during recovery:

(A) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of age appropriate care in an emergency

situation;

(B) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(C) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(D) Suction equipment which permits aspiration of the oral and pharyngeal cavities;

(E) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(F) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system.

(G) All equipment used must be appropriate for the height and weight of the patient.

(3) Before inducing nitrous oxide sedation, a practitioner shall:

(A) Evaluate the patient;

(B) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(C) Certify that the patient is an appropriate candidate for relative analgesia.

(4) A practitioner who administers relative analgesia shall see that the patient's condition is visually monitored. At all times the patient shall be observed by trained personnel until discharge criteria have been met. Trained personnel shall be certified in both adult and pediatric CPR.

Documentation of credentials and training must be maintained in the personnel records of the

trained personnel. The patient shall be monitored as to response to verbal stimulation and oral mucosal color.

(5) The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(6) A discharge entry shall be made in the patient's record indicating the patient's condition upon discharge.

(7) Hold valid and current documentation:

(A) Showing successful completion of a Health Care Provider BLS/CPR course; and

(B) Have received training and be competent in the recognition and treatment of medical emergencies, monitoring vital signs, the operation of nitrous oxide delivery systems and the use of the sphygmomanometer and stethoscope.

(8) The practitioner shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(A) The patient is alert and oriented to person, place and time as appropriate to age and preoperative neurological status;

(B) The patient can talk and respond coherently to verbal questioning or to preoperative neurological status;

(C) The patient can sit up unaided or without assistance or to preoperative neurological status;

(D) The patient can ambulate with minimal assistance or to preoperative neurological status; and

(E) The patient does not have nausea, vomiting or dizziness.

(b)Class II Certificate.

Class II Certificate: Anxiolysis.

(1) The Board shall issue a Class II Certificate to an applicant who:

- (A) Is a licensed dentist in West Virginia;
- (B) Holds valid and current documentation showing successful completion of a Health Care Provider BLS/CPR; and
- (C) Has completed a board approved course of at least six hours didactic and clinical of either predoctoral dental school or postgraduate instruction.

(2) A dentist who induces anxiolysis shall have the following facilities, properly maintained equipment and appropriate drugs available during the procedures and during recovery:

(A) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(B) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(C) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(D) Suction equipment which permits aspiration of the oral and pharyngeal cavities;

(E) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(F) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(G) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.

The recovery area can be the operating room;

(H) Sphygmomanometer, stethoscope, and pulse oximeter;

(I) Emergency drugs; and

(J) A defibrillator device is recommended.

(K) All equipment and medication dosages must be in accordance with the height and weight of the patient being treated.

(3) Before inducing anxiolysis, a dentist shall:

(A) Evaluate the patient;

(B) Certify that the patient is an appropriate candidate for anxiolysis sedation; and

(C) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) The dentist shall monitor and record the patient's condition or shall use trained personnel qualified as a monitor to monitor and record the patient's condition. The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training. A Class II Certificate holder shall have no more than one person under anxiolysis at the same time.

(5) The patient shall be monitored as follows:

(A) Patients must have continuous monitoring using pulse oximetry. The patient's blood pressure, heart rate, and respiration shall be recorded at least once before, during and after the procedure, and these recordings shall be documented in the patient record. At all times the patient shall be observed by trained personnel until discharge criteria have been met. If the dentist is unable to obtain this information, the reasons shall be documented in the patient's record. The record must also include documentation of all medications administered with dosages, time intervals and route of administration.

(B) A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge.

(6) A permit holder who uses anxiolysis shall see that the patient's condition is visually monitored. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(7) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(A) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(B) The patient is alert and oriented to person, place and time as appropriate to age and preoperative neurological status;

(C) The patient can talk and respond coherently to verbal questioning, or to preoperative neurological status;

(D) The patient can sit up unaided, or to preoperative neurological status;

(E) The patient can ambulate with minimal assistance, or to preoperative neurological status; and

(F) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(G) A dentist shall not release a patient who has undergone anxiolysis except to the care of a responsible adult third party.

(c) Class III Permit (includes a limited (enteral) and a comprehensive (parenteral) permit);

Class III Permit: Conscious sedation and anxiolysis.

(1) The Board shall issue or renew a Class 3 Permit to an applicant who:

(A) Is a licensed dentist in West Virginia;

(B) Holds valid and current documentation showing successful completion of a Health Care Provider BLS/CPR course, ACLS and/or a PALS course if treating pediatric patients; and

(C) Satisfies one of the following criteria:

(i) Certificate of completion of a comprehensive training program in conscious sedation that satisfies the requirements described in Part III of the ADA *Guidelines for Teaching the*

Comprehensive Control of Pain and Anxiety in Dentistry at the time training was commenced.

(ii) Certificate of completion of an ADA accredited postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage conscious sedation, commensurate with these guidelines.

(iii) In lieu of these requirements, the Board may accept documented evidence of equivalent training or experience in conscious sedation anesthesia:

(I) Limited (Enteral) Permit (3(a)) must have a Board approved course of at least eighteen hours didactic and twenty mentored clinical cases (PALS or ACLS course).

(II) Comprehensive (Parenteral) Permit (3(b)) must have a Board approved course of at least sixty hours didactic and twenty mentored clinical cases (ACLS course).

(2) A dentist who induces conscious sedation shall have the following facilities, properly maintained age appropriate equipment and age appropriate medications available during the procedures and during recovery:

(A) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(B) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(C) A lighting system which permits evaluation of the patient's skin and mucosal color and a

backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(D) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(E) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(F) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(G) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.

The recovery area can be the operating room;

(H) Sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, intravenous fluid administration equipment;

(I) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants; and

(J) A defibrillator device.

(3) Before inducing conscious sedation, a dentist shall:

(A) Evaluate the patient and document, using the *American Society of Anesthesiologists Patient Physical Status Classifications*, that the patient is an appropriate candidate for conscious sedation;

(B) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or neurological status of the patient, the patient's guardian; and

- (C) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- (4) The dentist shall monitor and record the patient's condition or shall use an assistant qualified as a monitor to monitor and record the patient's condition. A qualified monitor shall be present to monitor the patient at all times.
- (5) The patient shall be monitored as follows:
- (A) Patients must have continuous monitoring using pulse oximetry. At no time shall the patient be unobserved by trained personnel until discharge criteria have been met. The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training and the American Association of Oral and Maxillofacial Surgeon Office Anesthesia Assistant certification or an equivalent. The patient's blood pressure, heart rate, and respiration shall be recorded every five minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If the dentist is unable to obtain this information, the reasons shall be documented in the patient's record.
- (B) During the recovery phase, the patient must be monitored by a qualified monitor.
- (C) A discharge entry shall be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (6) A dentist shall not release a patient who has undergone conscious sedation except to the care of a responsible adult third party.
- (7) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
- (A) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(B) The patient is alert and oriented to person, place and time as appropriate to age and preoperative neurological status;

(C) The patient can talk and respond coherently to verbal questioning, or to preoperative neurological status;

(D) The patient can sit up unaided, or to preoperative neurological status;

(E) The patient can ambulate with minimal assistance, or to preoperative neurological status; and

(F) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(8) A dentist who induces conscious sedation shall employ the services of an assistant at all times who holds a valid BLS/CPR certification and maintains such certification.

(9) A dentist granted a Class III Permit must hold a valid Health Care Provider BLS/CPR and ACLS certification for Comprehensive (3(a)) Permit and ACLS or PALS certification for Limited (3(b)) Permit and maintain such certification.

(d) Class IV Permit

Class IV Permit: general anesthesia/deep conscious sedation, conscious sedation, and anxiolysis.

(1) The Board shall issue a Class IV Permit to an applicant who:

(A) Is a licensed dentist in West Virginia;

(B) Has a current Advanced Cardiac Life Support (ACLS) Certificate;

(C) Satisfies one of the following criteria:

(i) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Part II of the *ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* at the time training was commenced;

(ii) Completion of an ADA or AMA accredited postdoctoral training program which affords

comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines;

(iii) In lieu of these requirements, the Board may accept documented evidence of equivalent training or experience in general anesthesia.

(2) A dentist who induces general anesthesia/deep conscious sedation shall have the following facilities, properly maintained age appropriate equipment and age appropriate drugs available during the procedure and during recovery:

(A) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(B) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(C) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(D) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(E) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(F) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(G) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.

The recovery area can be the operating room;

(H) Sphygmomanometer, pulse oximeter, electrocardiograph monitor, defibrillator or automated external defibrillator, laryngoscope with endotracheal tubes, oral and nasopharyngeal airways, intravenous fluid administration equipment;

(I) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants; and

(J) A defibrillator device.

(3) Before inducing general anesthesia/deep conscious sedation the dentist shall:

(A) Evaluate the patient and document, using the *American Society of Anesthesiologists Patient Physical Status Classifications*, that the patient is an appropriate candidate for general anesthesia or deep conscious sedation;

(B) Shall give written preoperative and postoperative instructions to the patient or, when appropriate due to age or neurological status of the patient, the patient's guardian; and

(C) Shall obtain written informed consent from the patient or patient's guardian for the anesthesia.

(4) A dentist who induces general anesthesia/deep conscious sedation shall monitor and record the patient's condition on a contemporaneous record or shall use an assistant qualified as a monitor to monitor and record the patient's condition on a contemporaneous record. The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training and the American Association of Oral and Maxillofacial Surgeon Office

Anesthesia Assistant certification or an equivalent. No permit holder shall have more than one patient under general anesthesia at the same time.

(5) The patient shall be monitored as follows:

(A) Patients must have continuous monitoring of their heart rate, oxygen saturation levels and respiration. At no time shall the patient be unobserved by trained personnel until discharge criteria have been met. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record.

The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia may not leave the patient while the patient is under general anesthesia;

(B) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by a qualified individual to monitor patients recovering from general anesthesia.

(6) A dentist shall not release a patient who has undergone general anesthesia/deep conscious sedation except to the care of a responsible adult third party.

(7) The dentist shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(A) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(B) The patient is alert and oriented to person, place and time as appropriate to age and preoperative neurological status;

(C) The patient can talk and respond coherently to verbal questioning, or to preoperative neurological status;

(D) The patient can sit up unaided, or to preoperative neurological status;

(E) The patient can ambulate with minimal assistance, or to preoperative neurological status; and

(F) The patient does not have nausea or vomiting and has minimal dizziness.

(8) A discharge entry shall be made in the patient's record by the dentist indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) A dentist who induces general anesthesia shall employ the services of a qualified dental assistant who holds a valid BLS/CPR certification and maintains such certification.

(10) A Class IV permit holder must hold a valid Health Care Provider BLS/CPR and ACLS certification and maintain such certification.

§30-4A-7. Authority of the West Virginia Board of Dental Examiners to review, inspect and reinspect dentists for issuance of permits. On-site inspection by West Virginia Board of Dental Examiners.

By making application to the Board for an anesthesia permit, said dentist consents and authorizes the Board to review his or her credentials, inspect or reinspect his or her facilities, and investigate any alleged anesthesia mortalities, misadventure, or other adverse occurrences which the Board feels is justified in the best interest of the public and the Board. The Board shall have the authority and right to conduct an in-office review or on-site inspection of any dentist applying for or holding a permit to administer anesthesia at any time the Board deems necessary.

Prior to issuing a permit, the Board has the right to conduct an on-site inspection of facility, equipment, and auxiliary personnel of the applicant to determine if, in fact, all the requirements for such permit have been met. This inspection or evaluation, if required, shall be carried out by at least two members of the subcommittee directly appointed by the Board as prescribed in

section eight of this article. This evaluation is to be carried out in a manner following the principles, but not necessarily the procedures, set forth by the current edition of the Office Anesthesia Evaluation Manual of the West Virginia Board of Dental Examiners. On-site inspections are required and shall be performed for all Class III(a), III(b) and IV Permit Holders. Thereafter, the Board may reinspect annually, at its discretion, but must perform an on-site inspection for all permit holders at least once every five years excepting Class II certificate holders. The Board reserves the right to conduct an on-site inspection whenever it deems necessary for all permit or certificate holders. However, all on-site inspections shall be held during regular business hours.

§30-4A-8. Office Evaluations.

(1) The in-office evaluation shall include:

- (a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;
- (b) Inspection of facilities, equipment, drugs and records; and

(2) The evaluation shall be performed by a team appointed by the Board and shall include:

- (a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated;
- (b) A member of the Board's Anesthesia Committee;
- (c) Class II Certificate Holders may be audited periodically as determined by the committee; and
- (d) Class III and IV Permit holders shall be evaluated once every five years.

§30-4A-9. 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, anxiolysis, or relative analgesia, the licensee performing the dental procedure must submit a written detailed report to the Board within five days 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 must also submit a detailed written report.

The detailed report(s) must include:

- (1) Name, age and address of patient;
- (2) Name of the licensee and other persons present during the incident;
- (3) Address where the incident took place;
- (4) Type of anesthesia and dosages of drugs administered to the patient;
- (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 when required.

§30-4A-10. Immunity from liability.

(a) Notwithstanding any other provision of law, no person providing information to the Board of Dental Examiners or to the Subcommittee may be held, by reason of having provided such information, to be civilly liable under any law unless such information was false and the person providing such information knew or had reason to believe that such information was false.

(b) No member or employee of the Board of Dental Examiners or the Subcommittee may be held by reason of the performance by him or her of any duty, function or activity authorized or required of the Board or the Subcommittee to be civilly liable. The foregoing provisions of this subsection shall not apply with respect to any action taken by any individual if such individual, in

taking such action, was motivated by malice toward any person affected by such action.

§30-4A-11. Effect on practicing dentists who are currently administering or supervising general anesthesia or parenteral conscious sedation.

Existing parenteral conscious sedation permits shall become Class III(b) Permits and general anesthesia permits shall become Class IV Permits.

§30-4A-12. New applicants.

On the effective date of this article and from that date forward, any dentist not previously administering or supervising Class 2, 3 or 4 anesthesia or techniques but wishing to do so, shall make application to the Board as prescribed herein. The Board and the Subcommittee shall then review the applicant's credentials and further will require an on-site evaluation of the dentist's facilities, equipment, techniques, and personnel prior to issuing a regular annual permit or certification. After the initial on-site inspection, the Board, at its discretion, will conduct further on-site evaluations.

§30-4A-13. Issuance of regular annual permits.

Upon the recommendation of the Subcommittee to the Board of Dental Examiners, the Board shall issue regular permits to applicable dentists. An anesthesia permit or certification must be renewed annually as described in section fifteen of this article.

§30-4A-14. Waiting period for reapplication or reinspection of facilities.

A dentist whose application has been denied for failure to satisfy the requirements in the application procedure or the on-site evaluation must wait thirty days from the date of such denial prior to reapplying and must submit to another on-site evaluation prior to receiving a regular annual permit. It is the responsibility of the Board and the Subcommittee to promptly reinspect the applicant dentist's facilities, techniques, equipment, and personnel within ninety days after said applicant has made reapplication.

§30-4A-15. Application and Annual renewal of regular permits; fees.

The Board of Dental Examiners shall require an initial application fee and an annual renewal fee for Class 2 Certificate and Class III and IV Permits. Provided, however, that a person currently holding a general anesthesia and/or parenteral conscious sedation permit shall make application without an application fee as set forth hereinabove. All permits shall expire on June 30th of every year and renewal fees shall be due on or before June 30th of every year. The Board shall renew permits for the use of anesthesia after receiving the renewal fee unless the permit holder has been informed in writing within sixty days prior to such renewal date that a reevaluation of his or her credentials is required. In determining whether such reevaluation is necessary, the Board may consider such factors as it deems appropriate, including, but not limited to patient, dentist or physician complaints and reports of adverse occurrence or misadventures. Reevaluation may also include a yearly on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of such permit. However, an on-site inspection of the facility, equipment, personnel, licentiate and procedures utilized by the holder of such a permit will be required for all Class 3 and 4 Permit Holders within a five-year period from the permit holder's last on-site inspection.

§30-4A-16. Violations of article; penalties for practicing anesthesia without a permit.

Violations of any of the provisions of this article, whether intentional or unintentional, may result in the revocation or suspension of the dentist's permit to administer anesthesia; multiple or repeated violations or gross infractions, such as practicing anesthesia without a valid permit may result in suspension of the dentist's license to practice dentistry for up to one year as well as other disciplinary measures as deemed appropriate by the Board of Dental Examiners.

§30-4A-17. Appointment of Subcommittee by the West Virginia Board of Dental Examiners; credentials review; and on-site inspections.

(1) The West Virginia Board of Dental Examiners shall appoint a minimum of a four member Subcommittee to carry out the review and on-site inspection of any dentist applying for or renewing a permit under this article. The Subcommittee shall also make a recommendation for issuing or revoking a permit under this article. This Subcommittee shall be known as the "West Virginia Board of Dental Examiners Subcommittee on Anesthesia," hereinafter referred to as the "Subcommittee." The Subcommittee shall consist of one member of the Board of Dental Examiners who shall act as chairman of the Subcommittee, and two members holding a Class 4 permit and two members holding a Class 3 permit. Further, the Board may appoint additional members to this Subcommittee provided they have the same credentials set forth hereinabove as necessary to carry out the duties of the Subcommittee.

(2) The Subcommittee shall have the authority to adopt policies and procedures related to the regulation of general anesthesia/deep conscious sedation, conscious sedation, anxiolysis, and relative analgesia with the same being approved by the Board. Said subcommittee members shall

be paid and reimbursed expenses pursuant to article four of this chapter.

§30-4A-18. Rule-making authority.

The board shall propose additional rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code to implement the provisions of this article including, but not limited to, the following:

- (a) Fees;
- (b) Evaluations;
- (c) Equipment; and
- (d) Education.