

VIRGINIA BOARD OF DENTISTRY
Regulatory-Legislative Committee

August 21, 2009 Agenda

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center
Richmond, Virginia 23233

<u>TIME</u>		<u>PAGE</u>
1:00 p.m.	Call to Order — Jeffrey Levin, D.D.S., Chair	
	Public Comment	
	Approval of Minutes - April 22, 2009	1 - 6
	Status Report on Regulatory Actions:	
	• Dental Assistant Regulations	7 - 31
	• Mobile Dental Clinics Regulations	32 - 39
	• Recovery of Disciplinary Costs	
	Chart on Permissible Delegation of Duties	40 - 42
	Draft Guidance Document on Administering and Monitoring	43 - 49
	Periodic Review of Regulations	
	• Mark-up of Parts I, II and III	50 - 86
	• Chart on Part IV, Anesthesia, Sedation and Analgesia	87 - 96
	Schedule Next Meeting	

Adjourn

**VIRGINIA BOARD OF DENTISTRY
MINUTES OF REGULATORY/LEGISLATIVE COMMITTEE
April 22, 2009**

TIME AND PLACE: The meeting of the Regulatory/Legislative Committee of the Board of Dentistry was called to order at 1:00 P.M. on April 22, 2009 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Richmond, Virginia.

PRESIDING: James D. Watkins, D.D.S., Chair

MEMBERS PRESENT: Jeffrey Levin, D.D.S.
Jacqueline G. Pace, R.D.H.
Myra Howard
Meera A. Gokli, D.D.S.

OTHER BOARD MEMBERS PRESENT: Darryl Pirok, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director
Huong Vu, Administrative Assistant

OTHERS PRESENT: Howard M. Casway, Senior Assistant Attorney General
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

ESTABLISHMENT OF A QUORUM: All members of the Committee were present.

PUBLIC COMMENT: **Nancy Daniel** of J. Sargeant Reynolds Community College asked the Committee to require work experience in restorative dentistry in addition to Certified Dental Assistant (CDA) examination to qualify for a dental assistant II education program. She noted that such experience would provide training in terminology, materials, procedures and instruments which she believes is critical to success in the program. Dr. Watkins thanked Ms. Daniel for her suggestion and stated that the Committee will take it into consideration.

MINUTES: Dr. Watkins asked if the Committee had reviewed the minutes of the February 25, 2009 meeting. Dr. Levin moved to accept the February 25, 2009 minutes. The motion was seconded and passed.

DENTAL ASSISTANT REGULATIONS: **Review Draft of Proposed Regulations** – Dr. Watkins asked Ms. Yeatts to take the lead in this discussion. Ms. Yeatts advised that at Dr. Watkin's request she had prepared alternative

education requirements for DAs II for consideration by the Committee as follows:

- Allow all 50 hours of the preclinical coursework in dental anatomy and operative dentistry to be taken online
- Divide the 150 laboratory hours into four modules:
 - a. amalgam restorations,
 - b. composite resin restorations,
 - c. final impressions and
 - d. final cementation of crowns and bridges
- allow registration by module, and
- require dental hygienists to hold the DA II credential to qualify to perform restorative and prosthetic duties

Dr. Watkins asked the Committee to go through each alternative and to make a decision.

Dr. Gokli commented that allowing the coursework to be done online is a good idea to get more people into the DA II program. Ms. Pace moved to allow all 50 hours of didactic coursework to be done online. The motion was seconded and passed.

Dr. Watkins stated the modules would allow a person to qualify for only the skills needed in a practice. Ms. Yeatts advised that the Board of Medicine certifies x-ray technicians by body parts. It was agreed that the DA II registration would need to specify each module the person is qualified to perform. Ms. Pace moved to adopt the four clinical training modules. The motion was seconded and passed.

Ms. Yeatts asked for discussion of the number of laboratory training hours to be required for each module. Ms. Pace spoke in favor of dividing 150 hours between the four modules. Dr. Gokli asked if it is feasible for a person to complete the entire program and was assured it is. Dr. Levin moved to require at least 150 hours of laboratory training for the four modules. The motion was seconded and passed.

Division of the 150 hours between the modules was discussed. Consensus was that the composite resin restoration module would require significantly more hours than the other three modules. The following numbers for laboratory training hours was agreed to:

- amalgam restorations – 40 hours
- composite resin restorations – 60 hours
- final impressions – 20 hours
- final cementation of crowns and bridges – 30 hours

Dr. Levin moved to adopt these hours for the laboratory training modules. The motion was seconded and passed.

Ms. Yeatts asked if the Committee would like to double the hours as the minimum requirement for clinical experience. Ms. Pace moved to double the hours of laboratory training. The motion was seconded and passed.

Ms. Yeatts noted that some states are silent about dental hygienists performing expanded duties while others require dental hygienists to obtain expanded duties certification. Dr. Watkins pointed out that the statute does not address dental hygienists and does require national certification to qualify as a DAII. Mr. Casway advised that anyone wishing to qualify to perform the expanded duties should hold certification from a national credentialing organization as required by the statute.

It was noted from the audience that the examination requirements should be considered in light of dividing the program into modules. Requiring a written examination at the conclusion of the didactic training, a practical examination at the conclusion of the laboratory training and a comprehensive written examination at the conclusion of the clinical experience was discussed. Dr. Levin moved to require an exam at the end of each stage of the training as discussed. The motion was seconded and passed.

Ms. Reen advised that the underlined language in the remaining sections of the draft reflect the Committee's prior decisions and that no one has raised any issue about this draft so far. Ms. Howard moved to accept the proposed draft. The motion was seconded and passed.

Dr. Levin asked that the term "non-epinephrine" be added before "retraction cord" throughout the regulations. The schedule level of epinephrine and whether the use of retraction cord would be considered topical was discussed. It was agreed that it would not be topical for the planned duties. Dr. Levin moved to add "non-epinephrine" before "retraction cord" throughout the regulations. The motion was seconded and passed.

Information from Other States – Ms. Yeatts said this information was included as a resource to assist in the discussion of the dental assistant regulations just completed.

Chart on Permissible Delegation of Duties – Dr. Watkins questioned the need for the chart. Ms. Reen explained that the Committee had on several occasions indicated that it wanted to issue a chart on delegation as a guidance document along with the DA II regulations. Mr. Casway commented that the chart needs to be modified to address the education modules adopted for certification of DAs II. Ms. Reen asked the Committee for guidance in regard to developing the chart. There was

consensus to proceed with developing a chart then Dr. Watkins indicated that it would be simpler to work with the list of 22 duties that had been in the Board's regulations previously. He tabled discussion of the chart until the next meeting so that it might be reworked.

**DRAFT GUIDANCE
DOCUMENT ON
ADMINISTERING AND
MONITORING:**

Ms. Reen noted that this draft of the guidance document reflects the discussions held with the executive director of the Board of Nursing about the scope of practice for nurses and that it addresses what is presently allowed by law and regulation. She requested that the following changes be made to the draft:

- On page 2, the 6th bullet, 2nd line, after "prior to administration," then it should read "or if self-administered" instead of "of if self-administered"
- On page 3, first paragraph, the last phrase should read "but only as authorized by Code 54.1-3408(J)" instead of "as provided for in Va."

Dr. Pirok asked if this meant oral and maxillofacial surgeons needed to stop using nurses to assist in administering even when the surgeon is within arm's reach. Dr. Levin asked for clarification of which rules apply to treatment in hospitals and those for treatment in a dental office and was advised that the Board regulations on administration do not apply to treatment in hospitals. Mr. Casway advised that there needs to be further discussion of the legal parameters. In response to discussion of the oversight to be exercised, Ms. Yeatts noted that the proposed definition for direct supervision does not require the dentist to be in the room. Dr. Watkins tabled discussion of the guidance document until the next meeting to allow Mr. Casway to discuss with the Board of Nursing the duties a nurse might perform for a dentist during administration of sedation and general anesthesia.

**PERIODIC REVIEW OF
REGULATIONS:**

Part I General Provision – Ms. Reen reported that she only received one request for basic editing from the Committee for the licensure provisions Part II and Part III so the internal review process on those sections is now complete. She noted that she has begun work on the sedation and anesthesia provisions in Part IV which led to work on the general provisions in Part I. She asked the Committee to review Part I and to give her feedback on the proposed language. Dr. Watkins said that he will start the process and then the rest of the Committee members will follow alphabetically.

**REGULATIONS OF
MOBILE DENTAL
CLINICS:**

Dr. Watkins asked Ms. Yeatts to walk the Committee through the outline on the content of the regulations for mobile dental clinics. Ms. Yeatts said that the requirement for these regulations is in the Budget Bill which was signed by the Governor in April of 2009 .

Ms. Yeatts commented that in drafting the language for this regulation, she has used other states' language as guidance for defining the terms "mobile dental facility" and "portable dental operation." Discussion of the limitations of the phrase "a self-contained unit" followed. It was agreed that each term should be defined and Dr. Levin moved to accept the language used by Texas. The motion was seconded and passed.

Ms. Howard moved to accept the proposed exemptions from registration. The motion was seconded and passed.

Ms. Yeatts said that her thought for the registration requirements are to assure that the Board is informed of who will be working, where, and what services will be provided. Dr. Levin moved to adopt the proposed requirements for registration. The motion was seconded and passed.

Dr. Watkins asked that DAs II be included. Ms. Yeatts replied that once DAs II are registered this part could be amended. Ms. Pace moved to approve the requirements as proposed by Ms. Yeatts. The motion was seconded and passed.

Ms. Reen noted that she had identified 3 practices coming into Virginia. Ms. Reen went on to comment that the annual renewal fee of \$50 is low since the reporting of staff changes, locations and dates will require multiple data entries. The estimated costs were discussed then Ms. Howard moved to propose \$250 for the application fee for registration and \$150 for annual renewal. The motion was seconded and passed.

Ms. Howard asked how we are going to monitor that the renewal cost is sufficient. Ms. Reen replied that we will not know until we are actually doing it then the Board can evaluate to see if the cost is sufficient and amend the regulation as needed.

Discussion about the information to be provided to patients followed with Ms. Pace suggesting that each patient should be given a copy of any x-ray or images taken when subsequent treatment is recommended. It was agreed that this should be handled in keeping with the legal requirements already in place for release of records.

Ms. Reen asked that item E be amended to expressly state that practice shall be in accordance with all the laws and regulations governing the practice of dentistry and dental hygiene instead of just referencing the Board's regulations.

Ms. Reen asked if there might be any circumstance where the board would deny the renewal, if so then that need to be put in here also. Mr. Casway agreed and said that registration or renewal could be denied for any violation addressed in §54.1-2706 of the Code.

NEXT MEETING: Dr. Watkins asked about dates for scheduling the next meeting. It was agreed to meet at 1:00 pm on Wednesday, June 24, 2009.

ADJOURNMENT: Dr. Watkins adjourned the meeting at 3:42 p.m.

James D. Watkins, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

Project 1526 - Proposed

BOARD OF DENTISTRY

Registration and practice of dental assistants

CHAPTER 20

REGULATIONS GOVERNING THE DENTAL PRACTICE OF DENTISTRY AND

DENTAL HYGIENE

Part I

General Provisions

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.

"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Dental assistant II" means a person under the direction of a dentist who is registered to perform reversible, intraoral procedures as specified in this chapter.

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains in the operator or an area immediately adjacent to the operator in order to be immediately available to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means ~~the dentist examines the patient and is present for observation, advice, and control over the performance of dental services~~ the level of supervision that a dentist is required to exercise with a dental hygienist and with a dental assistant or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General supervision" means that ~~the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist when the dentist is not present in the facility while the services are being provided~~ a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. The order may authorize the dental hygienist to supervise a dental assistant who prepares the patient for treatment and prepares the patient for dismissal following treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is delivering hygiene treatment or who is preparing the patient for examination or treatment by the dentist or dental hygienist or who is preparing the patient for dismissal following treatment.

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-15. Recordkeeping.

A dentist shall maintain patient records for not less than three years from the most recent date of service for purposes of review by the board to include the following:

1. Patient's name and date of treatment;
2. Updated health history;
3. Diagnosis and treatment rendered;
4. List of drugs prescribed, administered, dispensed and the quantity;
5. Radiographs;
6. Patient financial records;
7. Name of the dentist and the dental hygienist or the dental assistant II providing service; and
8. Laboratory work orders which meet the requirements of § 54.1-2719 of the Code of Virginia.

18VAC60-20-16. Address of record; posting of licenses or registrations.

A. At all times, each licensed dentist shall provide the board with a current, primary business address, and each dental hygienist and dental assistant II shall provide a current mailing address. All required notices mailed by the board to any such licensee or registrant shall be validly given when mailed to the latest address given by the licensee.

All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license or registration.

A copy of the registration of a dental assistant II shall either be posted in an operatory in which the person is providing services to the public or in the patient reception area where it is clearly visible to patients and accessible for reading.

Part II

Licensure Renewal and Fees

18VAC60-20-20. License-renewal Renewal and reinstatement.

A. Renewal fees. Every person holding an active or inactive license or a dental assistant II registration or a full-time faculty license shall, on or before March 31, renew his license or registration. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license to practice dentistry or dental hygiene, or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, request renewal of his license.

1. The fee for renewal of an active license or permit to practice or teach dentistry shall be \$285, and the fee for renewal of an active license or permit to practice or teach dental hygiene shall be \$75. The fee for renewal of registration as a dental assistant II shall be \$50.

2. The fee for renewal of an inactive license shall be \$145 for dentists and \$40 for dental hygienists. The fee for an inactive registration as a dental assistant II shall be \$25.

3. The fee for renewal of a restricted volunteer license shall be \$15.

4. The application fee for temporary resident's license shall be \$60. The annual renewal fee shall be \$35 a year. An additional fee for late renewal of licensure shall be \$15.

B. Late fees. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee of \$100 for dentists with an active license, ~~and~~ \$25 for dental hygienists with an active license, and \$20 for a dental assistant II with active registration. The late fee shall be \$50 for dentists with an inactive license ~~and~~ \$15 for dental hygienists with an inactive license; and \$10 for a dental assistant II with an inactive registration. The board shall renew a license or dental assistant II registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license or registration of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of ~~dentistry/dental hygiene~~ as a dentist, dental hygienist, or dental assistant II shall be illegal.

1. Any person whose license or dental assistant II registration has expired for more than one year and who wishes to reinstate such license or registration shall

submit to the board a reinstatement application and the reinstatement fee of \$500 for dentists, and \$200 for dental hygienists or \$125 for dental assistants II.

2. With the exception of practice with a restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license or registration may subject the licensee to disciplinary action by the board.

3. The executive director may reinstate such expired license or registration provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18VAC60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid reinstatement fee and any fines or assessments. Evidence of continuing competence shall include hours of continuing education as required by subsection H of 18VAC60-20-50 and may also include evidence of active practice in another state or in federal service or current specialty board certification.

D. Reinstatement of a license or dental assistant II registration previously revoked or indefinitely suspended. Any person whose license or registration has been revoked shall submit to the board for its approval a reinstatement application and fee of \$1,000 for dentists, and \$500 for dental hygienists and \$300 for dental assistants II. Any person whose license or registration has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of \$750 for dentists, and \$400 for dental hygienists, and \$250 for dental assistants II.

18VAC60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be \$400. The application fee for dental license by credentials shall be \$500.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be \$175. The application fee for dental hygienist license by endorsement shall be \$275.

C. Dental assistant II registration application fee. The application fee for registration as a dental assistant II shall be \$100.

~~CD.~~ Duplicate wall certificate. Licensees desiring a duplicate wall certificate or a dental assistant II desiring a wall certificate shall submit a request in writing stating the necessity for ~~such duplicate a~~ wall certificate, accompanied by a fee of \$60.

~~DE.~~ Duplicate license or registration. Licensees or registrants desiring a duplicate license or registration shall submit a request in writing stating the necessity for such duplicate ~~license~~, accompanied by a fee of \$20. If a licensee or registrant maintains more than one office, a notarized photocopy of a license or registration may be used.

~~EF.~~ Licensure or registration certification. Licensees or registrants requesting endorsement or certification by this board shall pay a fee of \$35 for each endorsement or certification.

~~FG.~~ Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of \$285.

~~GH.~~ Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be \$25.

~~HJ.~~ Returned check. The fee for a returned check shall be \$35.

~~IJ.~~ Inspection fee. The fee for an inspection of a dental office shall be \$350.

18VAC60-20-50. Requirements for continuing education.

A. ~~After April 1, 1995,~~ a A dentist or a dental hygienist shall be required to have completed a minimum of 15 hours of approved continuing education for each annual renewal of licensure. A dental assistant II shall be required to maintain current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

1. ~~Effective June 29, 2006,~~ a A dentist, ~~or a dental hygienist~~ or a dental assistant II shall be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

2. ~~Effective June 29, 2006,~~ a A dentist who administers or a dental hygienist who monitors patients under general anesthesia, deep sedation or conscious sedation shall complete four hours every two years of approved continuing education directly related to administration or monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

3. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

B. An approved continuing dental education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in ~~dentistry and dental hygiene~~ dental practice; or
2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any courses, to include audio and video presentations, which meet the requirements in subdivision B 1 of this section and which are given by one of the following sponsors:

1. American Dental Association and National Dental Association, their constituent and component/branch associations;
2. American Dental Hygienists' Association and National Dental Hygienists Association, their constituent and component/branch associations;
3. American Dental Assisting Association, its constituent and component/branch associations;
4. American Dental Association specialty organizations, their constituent and component/branch associations;
5. American Medical Association and National Medical Association, their specialty organizations, constituent, and component/branch associations;
6. Academy of General Dentistry, its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Health Care Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute and the American Cancer Society;

10. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic and Research Foundation;

14. The Dental Assisting National Board; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

D. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure.

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

F. A licensee is required to provide information on compliance with continuing education requirements in his annual license renewal. A dental assistant II is required to attest to current certification by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association. Following the renewal period, the board may conduct an audit of licensees or registrants to verify compliance. Licensees or registrants selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees or registrants are required to maintain original documents verifying the date and subject of the program or activity. Documentation must be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, must submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement. A dental assistant II who has allowed his registration to lapse, or who has had his registration suspended or revoked, must submit evidence of current certification from a credentialing organization recognized by the American Dental Association in order to reinstate his registration.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license or registration renewal or reinstatement.

J. Failure to comply with continuing education requirements or current certification requirements may subject the licensee or registrant to disciplinary action by the board.

Part III

Entry and Licensure Requirements

18VAC60-20-60. Education Educational requirements for dentists and dental hygienists.

A. Dental licensure. An applicant for dental licensure shall be a graduate and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any other specialty.

B. Dental hygiene licensure. An applicant for dental hygiene licensure shall have graduated from or have been issued a certificate by a program of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

18VAC60-20-61. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. In order to be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry, which may be completed on-line;

2. Laboratory training, which may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:

a. At least 40 hours of placing, packing, carving and polishing of amalgam restorations;

b. At least 60 hours of placing and shaping composite resin restorations;

c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord;

d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training, which may be completed in a dental office in the following modules:

a. At least 80 hours of placing, packing, carving and polishing of amalgam restorations;

b. At least 120 hours of placing and shaping composite resin restorations;

c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord;

d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

4. Successful completion of the following competency examinations given by the accredited educational programs:

- a. A written examination at the conclusion of the 50 hours of didactic coursework;
- b. A practical examination at the conclusion of each module of laboratory training; and
- c. A comprehensive written examination at the conclusion of all required coursework, training and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist, who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

18VAC60-20-70. Licensure examinations; registration certification.

A. Dental examinations.

- 1. All applicants shall have successfully completed Part I and Part II of the examinations of the Joint Commission on National Dental Examinations prior to making application to this board.
- 2. All applicants to practice dentistry shall satisfactorily pass the complete board-approved examinations in dentistry. Applicants who successfully completed the board-approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake the examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure.

3. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

B. Dental hygiene examinations.

1. All applicants are required to successfully complete the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board for licensure.

2. All applicants to practice dental hygiene shall successfully complete the board-approved examinations in dental hygiene, except those persons eligible for licensure pursuant to 18VAC60-20-80.

3. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

6 D. All applicants who successfully complete the board-approved examinations five or more years prior to the date of receipt of their applications for licensure or registration by this board may be required to retake the board-approved examinations or take board-

approved continuing education unless they demonstrate that they have maintained clinical, ethical, and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure or registration.

Ð E. All applicants for licensure by examination or registration as a dental assistant II shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board.

18VAC60-20-72. Registration by endorsement as a dental assistant II.

A. An applicant for registration as a dental assistant II by endorsement shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;

3. Hold a credential, registration or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-20-61 or; If the qualifications were not substantially equivalent, the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-20-230 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each state in which he is currently registered, certified or credentialed or in which he has ever held a registration, certificate or credential;

2. Be of good moral character;

3. Not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia; and

4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

18VAC60-20-105. Inactive license or registration.

A. Any dentist or dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry or dental hygiene in Virginia.

B. An inactive license may be reactivated upon submission of the required application, payment of the current renewal fee, and documentation of having completed continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.

C. Any dental assistant II who holds a current, unrestricted registration in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive registration. The holder of an inactive registration shall not be entitled to perform any act requiring registration to practice as a dental assistant II in Virginia. An inactive registration may be reactivated upon submission of evidence of current certification from the national credentialing organization recognized by the American Dental Association. The board reserves the right to deny a request for reactivation to any registrant who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.

Part V

Unprofessional Conduct

18VAC60-20-170. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-2706 of the Code of Virginia:

1. Fraudulently obtaining, attempting to obtain or cooperating with others in obtaining payment for services;
2. Performing services for a patient under terms or conditions which are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress;
3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use;
4. Committing any act in violation of the Code of Virginia reasonably related to the practice of dentistry and dental hygiene;

5. Delegating any service or operation which requires the professional competence of a dentist or dental hygienist or dental assistant II to any person who is not a dentist or dental hygienist or dental assistant II as authorized by this chapter;

6. Certifying completion of a dental procedure that has not actually been completed;

7. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including, but not limited to, current regulations promulgated by the Virginia Department of Health; and

8. Permitting or condoning the placement or exposure of dental x-ray film by an unlicensed person, except where the unlicensed person has complied with 18VAC60-20-195.

Part VI

Direction and Delegation of Duties

18VAC60-20-190. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;
2. Performing surgical or cutting procedures on hard or soft tissue;
3. Prescribing or parenterally administering drugs or medicaments;
4. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;
5. Operation of high speed rotary instruments in the mouth;

~~6. Performing pulp capping procedures;~~

~~76. Administering and monitoring general anesthetics and conscious sedation except as provided for in § 54.1-2701 of the Code of Virginia and 18VAC60-20-108 C, 18VAC60-20-110 F, and 18VAC60-20-120 F;~~

~~87. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth, with the exception of placing, packing and carving amalgam and composite resins by dental assistants II with advanced training as specified in 18VAC65-20-61 B;~~

~~98. Final positioning and attachment of orthodontic bonds and bands; and~~

~~10. Taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures;~~

~~119. Final cementation adjustment and fitting of crowns and bridges in preparation for final cementation; and~~

~~12. Placement of retraction cord.~~

18VAC60-20-200. Utilization of dental hygienists and dental assistants II.

~~No dentist shall have more than two~~ A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction or general supervision at one and the same time, with the exception that a dentist may issue written orders for services to be provided by dental hygienists under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-20-210. Requirements for direction and general supervision.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining, ~~on the basis of his diagnosis,~~ the specific

treatment the patient will receive, ~~and~~ which aspects of treatment will be delegated to qualified personnel and the direction required for such treatment, in accordance with this chapter and the Code of Virginia.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-20-200. Persons acting within the scope of a license issued to them by the board under § 54.1-2725 of the Code of Virginia to teach dental hygiene and those persons licensed pursuant to § 54.1-2722 of the Code of Virginia providing oral health education and preliminary dental screenings in any setting are exempt from this section.

~~C. Duties delegated to a dental hygienist under direction shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.~~

~~D.~~ Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment.
2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that ~~no a dentist will~~ may not be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

E D. General supervision shall not preclude the use of direction when, in the professional judgment of the dentist, such direction is necessary to meet the individual needs of the patient.

18VAC60-20-220. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction ~~with the dentist being present~~ and may be performed under indirect supervision:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices under anesthesia ~~administered by the dentist.~~

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-20-81.

B. The following duties shall only be delegated to dental hygienists and may be delegated by written order in accordance with § 54.1-3408 of the Code of Virginia to be performed under general supervision ~~without~~ when the dentist being may not be present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices.
2. Polishing of natural and restored teeth using air polishers.
3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.
4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.
5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed in subsection A of this section and those listed as nondelegable in 18VAC60-20-190.

C. Nothing in this section shall be interpreted so as to prevent a licensed dental hygienist from providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

18VAC60-20-230. Delegation to dental assistants.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's

orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

C. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience and examinations specified in 18VAC60-20-61:

- 1. Packing and carving of amalgam restorations;
- 2. Placing and shaping composite resin restorations;
- 3. Taking final impressions and use of a non-epinephrine retraction cord;
- 4. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

Certification Statement:

I certify that this regulation is full, true, and correctly dated.

_____ (Signature of certifying official)

Name and title of certifying official: _____

Name of agency: _____

Date: _____

Project 1945

BOARD OF DENTISTRY

Mobile dental clinics

Part I

General Provisions

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by

pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.

"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General supervision" means that the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist when the dentist is not present in the facility while the services are being provided.

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Portable dental operation" means a non-facility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patient's homes, schools, nursing homes or other institutions.

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be \$400. The application fee for dental license by credentials shall be \$500.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be \$175. The application fee for dental hygienist license by endorsement shall be \$275.

C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of \$60.

D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of \$20. If a licensee maintains more than one office, a notarized photocopy of a license may be used.

E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of \$35 for each endorsement or certification.

F. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of \$285.

G. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be \$25.

H. Returned check. The fee for a returned check shall be \$35.

I. Inspection fee. The fee for an inspection of a dental office shall be \$350.

J. Mobile dental clinic or portable dental operation. The application fee for registration of a mobile dental clinic or portable dental operation shall be \$250. The annual renewal fee shall be \$150.

Part VIII. Mobile dental clinics and portable dental operations.

18VAC60-20-332. Registration of a mobile dental clinic or portable dental operation.

A. An applicant for registration of a mobile dental facility or portable dental operation shall provide:

1. The name and address of the owner of the facility or operation and an official address of record for the facility or operation, which shall not be a post office address. Notice shall be given to the board within 30 days if there is a change in the ownership or the address of record for a mobile dental facility or portable dental operation;

2. The name, address and license number of each dentist and dental hygienist or the name, address and registration number of each dental assistant II who will provide dental services in the facility or operation. The identity and license or registration number of any additional dentists, dental hygienists or dental assistants II providing dental services in a mobile dental facility or portable dental operation shall be provided to the board at least 10 days prior to the provision of such services;

3. The address or location of each place where the mobile dental facility or portable dental operation will provide dental services and the dates on which such services will be provided. Any additional locations or dates for the provision of dental services in a mobile dental facility or portable dental operation shall be provided to the board at least 10 days prior to the provision of such services.

B. An application for registration of a mobile dental facility or portable dental operation shall include:

1. Certification that there is a written agreement for follow-up care for patients to include identification of and arrangements for treatment in a dental office which is permanently established within a reasonable geographic area;

2. Certification that the facility or operation has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency;

3. Certification that the facility has a water supply and all equipment necessary to provide the dental services to be rendered therein;

4. Certification that the facility or operation conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, sanitation, zoning, flammability and construction standards; and

5. Certification that the applicant possesses all applicable city or county licenses or permits to operate the facility or operation.

C. Registration may be denied or revoked for a violation of provisions of § 54.1-2706 of the Code of Virginia.

18VAC60-20-342. Requirements for a mobile dental clinic or portable dental operation.

A. The registration of the facility or operation and copies of the licenses of the dentists and dental hygienists or registrations of the dental assistants II shall be displayed in plain view of patients.

B. Prior to treatment, the facility or operation shall obtain written consent from the patient or if the patient is a minor or incapable of consent, his parent, guardian or authorized representative.

C. Each patient shall be provided with an information sheet or if the patient, his parent, guardian or authorized agent has given written consent to an institution or school to have access to the patient's dental health record, the institution may be provided a copy of the information. At a minimum, the information sheet shall include:

1. Patient name, date of service and location where treatment was provided;
2. Name of dentist or dental hygienist who provided services;
3. Description of the treatment rendered and tooth numbers, when appropriate;
4. Billed service codes and fees associated with treatment;
5. Description of any additional dental needs observed or diagnosed;
6. Referral or recommendation to another dentist if the facility or operation is unable to provide follow-up treatment; and
7. Emergency contact information.

D. Patient records shall be maintained, as required by 18VAC60-20-15, in a secure manner within the facility or at the address of record listed on the registration application. Records shall be made available upon request by the patient, his parent guardian or authorized representative and shall be available to the board for inspection and copying.

E. The practice of dentistry and dental hygiene in a mobile dental clinic or portable dental operation shall be in accordance with the laws and regulations governing such practice.

18VAC60-20-352. Exemptions from requirement for registration.

The following shall be exempt from requirements for registration as a mobile dental clinic or portable dental operation:

1. All federal, state or local governmental agencies; and

2. Dental treatment which is provided without charge to patients or to any third party payer and which is not provided on a regular basis (recurring at fixed or uniform intervals).

Certification Statement:

I certify that this regulation is full, true, and correctly dated.

_____ (Signature of certifying official)

Name and title of certifying official: _____

Name of agency: _____

Date: _____

DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS

Item Number	<u>Duties That May Be Delegated to Dental Assistants</u>	Dental Assistants I and Dental Assistants II	Only Dental Assistants II Only
		Under Indirect Supervision	Under Direct Supervision
A	RESTORATIVE AND ADJUNCTION SERVICES		
1	Acid Etch - Apply/wash remove only when reversible	YES	
3	Amalgam: Place	YES	
4	Amalgam: Condense	NO ♦	YES
5	Amalgam: Carve	NO	YES
6	Amalgam: Polish only with slow-speed handpiece and prophyl cup	YES	
7	Apply base and cavity liners	NO	YES
8	Apply pit and fissure sealants	YES	
9	Crowns: Fabricate, cement, and remove temporaries	YES	
10	Fabricate temporary/interim restorations outside patient's mouth	YES	
11	Final cementation of crowns and bridges after adjustment and fitting by the dentist	NO	YES
12	Make alginated impressions for study casts and opposing models	YES	
13	Make alginated impressions for athletic mouthguards	YES	
14	Make final impressions for master casts to be used for prosthetic restoration of teeth and oral structures	NO	YES
15	Matrices: place and remove	YES	
16	Measure instrument length	YES	
17	Compliance with OSHA Regulations	YES	
18	Perform pulp capping procedures	NO	YES
19	Perform health assessment using indices	YES	
20	Place and finish composite resin restorations	NO	YES
21	Place and remove retraction cord and associated medicaments with OTC products	NO	YES
22	Prep lab forms for signature by the dentist	YES	
23	Remove excess cement from coronal surfaces of teeth	YES	
24	Remove temporary/interim restorations	YES	
25	Rubber Dams: Place and remove	YES	

DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS

26	Sterilization and disinfection procedures	YES	
B	ANESTHESIA SERVICES		
1	Apply topical anesthetic	YES	
2	Monitoring patient under nitrous oxide	YES	
3	Monitoring patient under anxiolysis (minimal sedation)	YES	
4	Monitoring patient under conscious sedation (moderate sedation)	YES	
5	Monitoring patient under deep sedation/general anesthesia	YES	
6	Take blood pressure, pulse and temperature	YES	
7	Draw and compound medications for administration by dentist	YES	
C	HYGIENE		
1	Apply dentin desensitizing solutions	YES	
2	Apply fluoride varnish, gels, foams and agents	YES	
3	Apply pit and fissure sealant	YES	
4	Address risks of tobacco use	YES	
5	Give oral hygiene instruction	YES	
6	Place local antimicrobial agents	YES	
7	Polish coronal portion of teeth with rotary hand piece and rubber prophyl cup or brush	YES	
D	RADIOLOGY		
1	Place x-ray film and expose radiographs	ONLY WITH REQUIRED TRAINING	
E	ORTHODONTICS		
1	Place and remove elastic separators	YES	
2	Check for loose bands and brackets	YES	
3	Remove arch wires and ligature ties	YES	
4	Place ligatures to tie in archwire	YES	
5	Select and fit bands for cementation by dentist	YES	
6	Instruct patients in placement and removal of retainers and appliances	YES	

DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS

	after dentist has fitted and made adjustments in the mouth			
F		BLEACHING		
1	Fabricate Bleaching trays		YES	
2	Bleaching		YES	
3	Bleaching with light but not laser		YES	
4	Instructions on bleaching procedures			

REVISED DISCUSSION DRAFT

August 6, 2009

VIRGINIA BOARD OF DENTISTRY**Policy on Administering Schedule II through VI Controlled Substances for Analgesia,
Sedation and Anesthesia in Dental Practices****Administration**

1. When used in the **Regulations Governing the Practice of Dentistry and Dental Hygiene**, the terms “administration”, “administer” and “administering” as defined in pertinent part in Va. Code § 54.1-3401 of the Virginia Drug Control Act, refers to the “direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient by (i) practitioner, or by his authorized agent and under his direction. . .”. The term “authorized agent”, as provided for in Va. Code § 54.1-3401, means “a nurse, physician assistant or intern” consistent with Va. Code § 54.1-3408(B) and more specifically, in the context of the practice of dentistry, a dental hygienist or dental assistant (I or II) as provided for in Va. Code 54.1-3408(J).
2. In the context of the administration of a controlled substance in a dental practice, the term “under his direction and supervision” as provided for in Va. Code §§54.1-3408.B and 54.1-3408.J respectively, means that the treating dentist has examined the patient prior to the administration of the controlled substance and is present for observation, advice and control of the administration consistent with the term “direction” as defined in 18 VAC60-20-10. A qualified dentist is responsible for providing the level of observation, advice and control:
 - a. appropriate to the planned level of administration (local anesthesia, inhalation analgesia, anxiolysis, conscious sedation or deep sedation/general anesthesia); and
 - b. appropriate to his education, training and experience and consistent with the scope of practice of the ancillary personnel (anesthesiologist, certified registered nurse anesthetist, nurse, dental hygienist or dental assistant).

The treating dentist may need to be physically present with the patient and the ancillary personnel to personally observe and direct actions in some instances and in others he may need to be in the office/facility and immediately available for oral communication with the ancillary personnel.

3. **LOCAL ANESTHESIA:**

A qualified dentist may administer or use the services of the following personnel to administer local anesthesia:

- A dentist;
- An anesthesiologist;
- A certified registered nurse anesthetist under his direction;
- A dental hygienist with the training required by 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 or older under his direction;
- A dental hygienist to administer Schedule VI topical oral anesthetics under his direction or under his order for such treatment under general supervision;

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- A dental assistant to administer Schedule VI topical oral anesthetics under his direction; and
- A registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under his direction.

4. ANXIOLYSIS:

- a. A qualified dentist may administer or use the services of the following personnel to administer anxiolysis:
 - A dentist;
 - An anesthesiologist; and
 - A certified registered nurse anesthetist under his direction.
- b. Preceding the administration of anxiolysis, a dentist may use the services of the following personnel to administer local anesthesia to numb an injection or treatment site:
 - A dental hygienist with the training required by 18VAC60-20-81 to administer Schedule VI local anesthesia to persons age 18 or older under his direction;
 - A dental hygienist to administer Schedule VI topical oral anesthetics under his direction;
 - A dental assistant to administer Schedule VI topical oral anesthetics under his direction; and
 - A registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under his direction.
- c. If anxiolysis is self-administered by a patient before arrival at the dental office/facility, the dentist may only use the personnel listed in 4.a. to administer local anesthesia.

5. INHALATION ANALGESIA:

A qualified dentist may administer or use the services of the following personnel to administer inhalation analgesia:

- A dentist;
- An anesthesiologist;
- A certified registered nurse anesthetist under his direction; and
- A dental hygienist with the training required by 18VAC60-20-81 under his direction.

6. CONSCIOUS SEDATION:

- a. A dentist not qualified to administer conscious sedation may use the services of an anesthesiologist to administer conscious sedation.
- b. A qualified dentist may administer or use the services of the following personnel to administer conscious sedation:
 - A dentist with the training required by 18VAC60-20-120(C) to administer by an enteral method;

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- A dentist with the training required by 18VAC60-20-120(B) to administer by any method;
 - An anesthesiologist; and
 - A certified registered nurse anesthetist under the direction of a dentist who meets the training requirements of 18VAC60-20-120(B).
- c. Preceding the administration of conscious sedation, a qualified dentist may use the services of the following personnel to administer local anesthesia to numb the injection or treatment site:
- A dental hygienist with the training required by 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 or older under his direction;
 - A dental hygienist to administer Schedule VI topical oral anesthetics under his direction;
 - A dental assistant to administer Schedule VI topical oral anesthetics under his direction; and
 - A registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under his direction.
7. **DEEP SEDATION/GENERAL ANESTHESIA:**
- a. A dentist not qualified to administer deep sedation/general anesthesia may use the services of an anesthesiologist to administer deep sedation/general anesthesia.
- b. A qualified dentist may administer or use the services of the following personnel to administer deep sedation/general anesthesia:
- A dentist with the training required by 18VAC60-20-110;
 - An anesthesiologist; and
 - A certified registered nurse anesthetist under the direction of a dentist who meets the training requirements of 18VAC60-20-110.
- c. Preceding the administration of deep sedation/general anesthesia, a qualified dentist may use the services of the following personnel to administer local anesthesia to numb the injection or treatment site:
- A dental hygienist with the training required by 18VAC60-20-81 to parenterally administer Schedule VI local anesthesia to persons age 18 or older under his direction;
 - A dental hygienist to administer Schedule VI topical oral anesthetics under his direction;
 - A dental assistant to administer Schedule VI topical oral anesthetics under his direction; and
 - A registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under his direction.

Assisting in Administration

1. When used in 18VAC60-20-135 of the **Regulations Governing the Practice of Dentistry and Dental Hygiene**, the phrase "to assist in the administration" means that a

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qualified treating dentist, consistent with the appropriate planned level of administration (local anesthesia, inhalation analgesia, anxiolysis, conscious sedation or deep sedation/general anesthesia) and appropriate to his education, training and experience, utilizes the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist, dental assistant and/or nurse to perform functions appropriate to such practitioner's education, training and experience and consistent with that practitioner's respective scope of practice.

2. The tasks that a dental hygienist, dental assistant or a nurse might perform under direction to assist in administration are:
 - Taking and recording vital signs
 - Preparing dosages as directed by and while in the presence of the treating dentist who will administer the drugs;
 - Positioning the container of the drugs to be administered by the treating dentist in proximity to the patient;
 - Placing a topical anesthetic at an injection or treatment site preceding the administration of sedative agents as follows:
 - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under direction;
 - A dental hygienist may administer Schedule VI topical local anesthetics under direction;
 - A dental assistant may administer Schedule VI topical oral anesthetics under direction; and
 - A registered or licensed practical nurse may administer Schedule VI topical oral anesthetics under direction.
 - Placing a face mask for inhalation analgesia on the patient;
 - Adjusting the flow of nitrous oxide machines as directed by and while in the presence of the treating dentist who initiated the flow of inhalation analgesia; and
 - Implementing assigned duties should an emergency arise.

Monitoring a Patient

1. When used in 18VAC60-20-135 of the **Regulations Governing the Practice of Dentistry and Dental Hygiene**, the term "to assist in monitoring" means that a dental hygienist, dental assistant or nurse who is under direction is continuously in the presence of the patient in the office, operatory and recovery area (a) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent; (b) throughout the administration of drugs; (c) throughout the treatment of the patient; and (d) throughout recovery until the patient is discharged by the dentist.
2. The person monitoring the patient:
 - has the patient's entire body in sight,
 - is in close proximity so as to speak with the patient,

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- converses with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation,
- closely observes the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist, and
- reads, reports and records the patient's vital signs.

Excerpts of Applicable Law, Regulations and Guidance

1. "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient by (i) a practitioner or by his authorized agent and under his direction or (ii) the patient at the direction and in the presence of the practitioner. Va. Code §54.1-3401
 - A dentist may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision. Va. Code §54.1-3408(B)
 - A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist. Va. Code §54.1-3408(J)
 - A dentist may authorize a dental hygienist under his general supervision to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions. Va. Code §54.1-3408(J)
 - Statutes regarding the practice of dentistry (Title 54.1, Chapter 27) shall not apply to a nurse practitioner licensed by the Committee of the Joint Boards of Nursing and Medicine except that intraoral procedures shall be performed only under the direct supervision of a dentist. Va. Code §54.1-2701(2)
 - A dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. Va. Code §54.1-2722(D) & §54.1-3408(J)
 - To administer anxiolysis, a dentist shall have training in and knowledge of the appropriate dosages and potential complications of the medications and of the physiological effects and potential complications of nitrous oxide. Board of Dentistry Regulation 18VAC60-20-108(A)
 - To administer deep sedation/general anesthesia, a dentist shall have completed (1) one calendar year of advanced training in anesthesiology and related academic subjects or (2) an ADA approved residency in a dental specialty which includes one calendar year of full-time training in clinical anesthesia and related clinical medical subjects. Board of Dentistry Regulation 18VAC60-20-110(A)
 - A dentist not qualified to administer deep sedation/general anesthesia may use the services of a qualified anesthesiologist or a qualified dentist to administer deep sedation/general anesthesia. Board of Dentistry Regulation 18VAC60-20-110(B)(1)

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- A qualified dentist may use the services of a certified registered nurse anesthetist to administer deep sedation/general anesthesia. Board of Dentistry Regulation 18VAC60-20-110(B)(2)
 - A dentist is automatically qualified to administer conscious sedation if he meets the requirements to administer deep sedation/general anesthesia. Board of Dentistry Regulation 18VAC60-20-120(A)
 - To administer conscious sedation by any method, shall have completed (1) training in a CODA accredited program or (2) 60 hours of acceptable continuing education plus the management of at least 20 patients consistent with ADA Guidelines. Board of Dentistry Regulation 18VAC60-20-120(B)
 - A dentist who self-certified prior to January 1989 may continue to administer conscious sedation. Board of Dentistry Regulation 18VAC60-20-120(B)(2)
 - To administer conscious sedation only enterally, a dentist shall have completed 18 hours of acceptable continuing education plus 20 clinically-oriented experiences. Board of Dentistry Regulation 18VAC60-20-120(C)
 - A dentist must hold current certification in advanced resuscitative techniques to administer deep sedation/general anesthesia and conscious sedation. Board of Dentistry Regulation 18VAC60-20-110(A)(2) and 18VAC60-20-120(D)
2. "Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness. Board of Dentistry Regulation 18VAC60-20-10
 3. "Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof. Board of Dentistry Regulation 18VAC60-20-10
 4. "Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method, or a combination thereof. Board of Dentistry Regulation 18VAC60-20-10
 5. "Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services. Board of Dentistry Regulation 18VAC60-20-10
 6. "Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness. Board of Dentistry Regulation 18VAC60-20-10
 7. "Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.
 8. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. If inhalation analgesia is used, monitoring shall include observing the patient's vital signs and making

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- the proper adjustments of nitrous oxide machines at the request of or by the dentist or by a qualified dental hygienist. Board of Dentistry Regulation 18VAC60-20-108.C
9. A dentist not qualified to administer deep sedation/general anesthesia may treat patients under deep sedation/general anesthesia if a qualified anesthesiologist or a qualified dentist is responsible for the administration, Board of Dentistry Regulation 18VAC60-20-110.B(1)
 10. A qualified dentist may use the services of a certified registered nurse anesthetist to administer deep sedation/general anesthesia, Board of Dentistry Regulation 18VAC60-20-110.B(2)
 11. Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation is to begin prior to induction and shall take place continuously during the procedure and recovery. Monitoring shall include: recording and reporting of blood pressure, pulse, respiration and other vital signs. Board of Dentistry Regulation 18VAC60-20-110.E
 12. Monitoring of the patient under conscious sedation, including direct, visual observation of the patient is to begin prior to administration, or if self-administered, when the patient arrives and shall take place continuously during the procedure and recovery. Board of Dentistry Regulation 18VAC60-20-120.F
 13. Dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have training in basic resuscitation techniques or responding to a clinical emergency or are a certified anesthesia assistant. Board of Dentistry Regulation 18VAC60-20-135.
 14. Only licensed dentists shall prescribe or parenterally administer drugs or medicaments with the exception that dental hygienists with appropriate training may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older. Board of Dentistry Regulation 18VAC60-20-190
 15. "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e. intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular). Board of Dentistry Regulation 18VAC60-20-10

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Part I. General Provisions.

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

~~"Analgesia" means the diminution or elimination of pain in the conscious patient.~~

~~"Anxiolysis Minimal Sedation" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness or affect the patient's ability to respond normally to verbal commands~~ a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. Put in alpha order

~~"Conscious sedation Moderate Sedation" means a minimally depressed level drug-induced depression of consciousness, that retains the patient's ability to independently and continuously maintain an airway and during which patients respond appropriately purposefully to physical stimulation and verbal commands, either alone or accompanied by light tactile stimulation. produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Put in alpha order~~

~~"Deep sedation/general anesthesia" means a drug-induced state of depressed depression of consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.~~

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

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"Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services. ~~(Being amended in DAI reg)~~

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

"General supervision" means that the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist ~~when whether or not the dentist is not~~ present in the facility while the services are being provided. ~~(Being amended in DAI reg)~~

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

~~"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness. Strike the definition and replace the term in the body of the regs with "nitrous oxide/oxygen"~~

"Local anesthesia" means the ~~less elimination~~ of sensation, ~~or especially pain,~~ in the oral cavity or the maxillofacial or adjacent and associated structures ~~one part of the body~~ generally produced by a topically applied or injected agent without depressing the level of consciousness the topical application or regional injection of a drug.

"Monitoring" means that a licensed or ancillary member of the treatment team is continuously present with the patient to immediately observe and bring any changes in the patient's level of consciousness and physical condition to the attention of the dentist.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Radiographs" means intraoral and extraoral x-rays ~~and digital images~~ of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-15. Recordkeeping.

A. A dentist shall maintain complete patient records for not less than ~~three~~ five years from the most recent date of service for purposes of review by the board ~~to include the following:~~

B. Every patient record shall include the following:

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1. Patient's name ~~and date of treatment (moved to 7)~~ on each document in the patient record;
2. ~~Updated~~ A health history taken at the initial appointment which is updated at least annually or more often if medically indicated and when administering analgesia, sedation or anesthesia;
3. Diagnosis, options discussed, consent obtained and treatment rendered;
4. List of drugs prescribed, administered, dispensed and the quantity, dose and strength;
5. Radiographs, digital images and photographs clearly labeled with patient name and date taken;
6. Itemized ~~P~~patient financial records;
7. ~~Name~~ Notation of the each date of treatment as well as the dentist and dental hygienist providing service; and ~~(DAI reg add DASH)~~
8. Laboratory work orders which meet the requirements of §54.1-2719 of the Code of Virginia.

B. When moderate sedation, deep sedation or general anesthesia is administered the patient record shall also include:

1. Notation of the patient's ASA classification;
2. Review of medical history and current conditions;
3. Informed consent for administration of drugs and for the dental procedure to be performed;
4. Time oriented administration record including the name, dose and strength of drugs administered including local anesthetics; and
5. Physiological monitoring records; and
6. List of staff participating in the administration and treatment including name, position and role.

18VAC60-20-16. Address of record.

At all times, each licensed dentist and dental hygienist shall provide the board with a current address of record. All required notices mailed by the board to any such licensee shall be validly given when mailed to the latest address of record given by the licensee. All changes of in the address of record or the in the public address, if different from the address of record shall be furnished to the board in writing within 30 days of such changes.

18VAC60-20-2. Posting Requirements

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- A. A dentist who is practicing under a firm name or who is practicing as an employee of another dentist shall conspicuously display his name at the entrance of the office. The employing dentist must enable compliance by designating a space at the entrance of the office for the name to be displayed.
- B. A dentist, dental hygienist or dental assistant II shall display a current, active license or registration in the patient receiving area of his place of practice so that it is easily viewed by patients and is accessible for reading. The employing dentist must enable compliance by designating a space in the patient receiving area for the documents to be displayed.
- C. If a licensee maintains more than one office, a notarized photocopy of a license may be used. (Moved from 18VAC60-20-30.D)

18VAC60-20-? Fees

A. Application/Registration Fees

1. Dental License by Examination	\$400
2. Dental License by Credentials	\$500
3. Dental Restricted Teaching License	\$285
4. Dental Teacher's License	\$285
5. Dental Full-time Faculty License	\$285
6. Dental Temporary Resident's License	\$60
7. Dental Hygiene License by Examination	\$175
8. Dental Hygiene License by Credentials	\$275
9. Restricted Volunteer License	\$25
10. Volunteer Exemption Registration	\$10
11. Oral Maxillofacial Surgeon Registration	\$175
12. Cosmetic Procedures Certification	\$225

B. Renewal Fees

1. Dental License - Active	\$285
2. Dental license - Inactive	\$145
3. Dental Temporary Resident's License	\$35
4. Dental Hygiene License - Active	\$75
5. Dental Hygiene License - Inactive	\$40
6. Restricted Volunteer License	\$15
7. Oral Maxillofacial Surgeon Registration	\$175
8. Cosmetic Procedures Certification	\$100

C. Late Fees

1. Dental License - Active	\$100
2. Dental License - Inactive	\$50
3. Dental Temporary Resident's License	\$15
4. Dental Hygiene - Active	\$25
5. Dental Hygiene - Inactive	\$15
6. Oral Maxillofacial Surgeon Registration	\$55
7. Cosmetic Procedures Certification	\$35

D. Reinstatement Fees

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1. Dental License - Expired	\$500
2. Dental License – Suspended	\$750
3. Dental License - Revoked	\$1000
4. Dental Hygiene License - Expired	\$200
5. Dental Hygiene License – Suspended	\$400
6. Dental Hygiene License – Revoked	\$500
7. Oral Maxillofacial Surgeon Registration	\$350
8. Cosmetic Procedures Certification	\$225

E. Document Fees

1. Duplicate Wall Certificate	\$60
2. Duplicate License	\$20
3. License Certification	\$35

F. Other Fees

1. Returned Check Fee	\$35
2. Practice Inspection Fee	\$350

18VAC60-20-40. Refunds. (Renumber in new fee section)

No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

18VAC60-20-17. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate.

In accordance with §54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If delegation to a subordinate is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

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Part III. Entry and Licensure Requirements. (Make Part II)

18VAC60-20-100 ? Other- aApplication requirements. (Move this section and renumber here for better sequencing of information from general to specific to make it clear that these requirements apply to most types of applications):

A. Applications for any dental or dental hygiene license or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:

1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post-doctoral degree or certificate;
2. An original grade card issued by the Joint Commission on National Dental Examinations;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB); and
4. All applicants for licensure by examination shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board. laws and regulations governing the practice of dentistry and dental hygiene in Virginia.

B. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-20-60. Education.

A. Dental licensure. An applicant for every type of dental licensure shall be a graduate and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any ~~other~~ clinical advanced specialty

B. Dental hygiene licensure. An applicant for dental hygiene licensure shall have graduated from or have been issued a certificate by a program of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

18VAC60-20-70. Licensure examinations.

A. Dental licensure by examinations.

1. All applicants shall have successfully completed Part I and Part II of the examinations of the Joint Commission on National Dental Examinations prior to making application to this board.

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2. All applicants to practice dentistry shall satisfactorily pass ~~the complete board approved examinations in dentistry~~ a dental clinical competency examination which includes a live patient and is accepted by the Board. Applicants who successfully completed the board approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake the examinations or take board approved continuing education unless they demonstrate that they have maintained clinical, ethical and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure. (In C. below)

3. If the candidate has failed any section of a ~~board approved~~ clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

B. Dental hygiene licensure by examinations.

1. All applicants are required to successfully complete the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board for licensure. Applicants who successfully complete the board approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake the board approved examinations or take board approved continuing education unless they demonstrate that they have maintained clinical, ethical, and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure. (In C. below)

2. All applicants to practice dental hygiene shall successfully complete ~~the board approved examinations in dental hygiene~~ a dental hygiene clinical competency examination which includes a live patient and is accepted by the board, except those persons eligible for licensure pursuant to 18 VAC 60-20-80.

3. If the candidate has failed any section of a ~~board approved~~ clinical competency examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Applicants who successfully completed ~~the board approved~~ a clinical competency examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake ~~the an~~ an examinations or take ~~board approved~~ continuing education which meets the requirements of 18VAC60-20-50 unless they demonstrate that they have maintained clinical, ethical and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

~~D. All applicants for licensure by examination shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board. (Move to general application requirements section to clarify that this applies to credentials, endorsement and restricted license applicants.)~~

18VAC60-20-71. Licensure by credentials for dentists.

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In accordance with § 54.1-2709 of the Code of Virginia, an applicant for licensure by credentials shall:

1. Be of good moral character and not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia;
2. Be a graduate of a dental program, school or college, or dental department of a university or college currently accredited by the Commission on Dental Accreditation of the American Dental Association.
3. Have passed Part I and Part II of the examination given by the Joint Commission on National Dental Examinations;
4. Have successfully completed a clinical competency examination that involved live patients which included a live patient and is accepted by the Board;
5. Hold a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; and
6. Have been in continuous clinical practice as a licensee in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

18VAC60-20-80. Licensure by endorsement credentials for dental hygienists.

In accordance with §54.1-2722 of the Code of Virginia, an applicant for dental hygiene ~~endorsement~~ licensure by credentials shall:

1. Be a graduate or be issued a certificate from an accredited dental hygiene school/program of dental hygiene recognized by the Commission on Dental Accreditation of the American Dental Association;
2. Be currently licensed to practice dental hygiene in another state, territory, District of Columbia, or possession of the United States, and have clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 24 out of the past 48 months immediately preceding application for licensure;
3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;
4. Have successfully completed a dental hygiene clinical licensing competency examination which included a live patient ~~substantially equivalent to that required by Virginia;~~
5. ~~Not have failed the clinical examination accepted by the board within the last five years;~~

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6. Be of good moral character;
7. Not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia;
8. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board; and
9. Attest to having read and understand and to remain current with the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia. (Moved to general application requirements section to clarify that this applies to credentials, endorsement and restricted license applicants.)

~~18VAC60-20-81. Administration of local anesthesia and/or nitrous oxide by dental hygienists.~~ (FIRST REVIEW - Move this section to Part IV Anesthesia, Sedation and Analgesia)

~~A. A dental hygienist who meets the qualifications set forth in this section and who is under the direction of a dentist may administer nitrous oxide/inhalation analgesia or, to patients 18 years of age or older, local anesthesia. Local anesthesia shall not include topical Schedule VI medicinal agents that may be administered under general supervision pursuant to 18VAC60-20-220 B.~~

~~B. To be eligible to administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:~~

~~1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of eight hours in didactic and clinical in the following topics:~~

- ~~a. Patient physical and psychological assessment;~~
- ~~b. Medical history evaluation;~~
- ~~c. Equipment and techniques used for administration of nitrous oxide;~~
- ~~d. Neurophysiology of nitrous oxide administration;~~
- ~~e. Pharmacology of nitrous oxide;~~
- ~~f. Recordkeeping, medical and legal aspects of nitrous oxide;~~
- ~~g. Adjunctive uses of nitrous oxide for dental patients; and~~
- ~~h. Clinical experiences in administering nitrous oxide, including training with live patients.~~

~~2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.~~

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~~C. To be eligible to administer both local anesthesia and nitrous oxide/inhalation analgesia, a dental hygienist shall:~~

~~1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of 36 didactic and clinical hours in the following topics:~~

~~a. Patient physical and psychological assessment;~~

~~b. Medical history evaluation and recordkeeping;~~

~~c. Neurophysiology of local anesthesia;~~

~~d. Pharmacology of local anesthetics and vasoconstrictors;~~

~~e. Anatomical considerations for local anesthesia;~~

~~f. Techniques for maxillary infiltration and block anesthesia;~~

~~g. Techniques for mandibular infiltration and block anesthesia;~~

~~h. Local and systemic anesthetic complications;~~

~~i. Management of medical emergencies;~~

~~j. Clinical experiences in maxillary and mandibular infiltration and block injections;~~

~~k. Pharmacology of nitrous oxide;~~

~~l. Adjunctive uses of nitrous oxide for dental patients; and~~

~~m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.~~

~~2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.~~

~~D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:~~

~~1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or~~

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~~2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.~~

~~E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.~~

18VAC60-20-90. Temporary permit, teacher's license, and full-time faculty license.

A. A temporary permit shall be issued only for the purpose of allowing dental and dental hygiene practice as limited by §§ 54.1-2715 and 54.1-2726 of the Code of Virginia. Applicants must meet the requirements of 18VAC60-20-? to be otherwise qualified for practice in Virginia.

B. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking the licensure examination during the term of the temporary permit.

C. A teacher's license or full-time faculty license shall be issued to any dentist who meets the entry requirements of § 54.1-2713 of the Code of Virginia, who is certified by the dean of a dental school in the Commonwealth and who is serving full time on the faculty of a dental school ~~or its affiliated clinics intramurally in the Commonwealth.~~ Applicants must meet the requirements of 18VAC60-20-? to be otherwise qualified for practice in Virginia. (Consider why we have a teacher's license §54.1-2713 and a faculty license §54.1-2714.1 – is it only intended to distinguish part time vs full time?)

1. A full-time faculty license shall remain valid only while the license holder is serving full time on the faculty of a dental school in the Commonwealth. When any such license holder ceases to continue serving full time on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of full-time employment. The dean of the dental school shall notify the board within five working days of such termination of full-time employment.

2. A full-time faculty licensee is eligible to working in a faculty intramural clinic affiliated with a dental school and may accept a fee for service.

D. A temporary permit, a teacher's license and a full-time faculty license may be revoked for any grounds for which the license of a regularly licensed dentist or dental hygienist may be revoked and for any act indicating the inability of the permittee or licensee to practice dentistry that is consistent with the protection of the public health and safety as determined by the generally accepted standards of dental practice in Virginia.

E. Applicants for a full-time faculty license or temporary permit shall be required to attest to having read and understand and to remaining current with the laws and the regulations governing the practice of dentistry in Virginia.

18VAC60-20-91. Temporary licenses to persons enrolled in advanced dental education programs.

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A. A dental intern, resident or post-doctoral certificate or degree candidate applying for a temporary license to practice in Virginia shall:

1. Successfully complete a D.D.S. or D.M.D. dental degree program required for admission to board-approved examinations and submit a letter of confirmation from the registrar of the school or college conferring the professional degree, or official transcripts confirming the professional degree and date the degree was received.

2. Submit a recommendation from the dean of the dental school or the director of the accredited graduate program specifying the applicant's acceptance as an intern, resident or post-doctoral certificate or degree candidate in an advanced dental education program. The beginning and ending dates of the internship, residency or post-doctoral program shall be specified.

B. The temporary license applies only to practice in the hospital or outpatient clinics of the hospital or dental school where the internship, residency or post-doctoral time is served. Outpatient clinics in a hospital or other facility must be a recognized part of an advanced dental education program.

C. The temporary license may be renewed annually, for up to five times, upon the recommendation of the dean of the dental school or director of the accredited graduate program.

D. The temporary license holder shall be responsible and accountable at all times to a licensed dentist, who is a member of the staff where the internship, residency or post-doctoral candidacy is served. The temporary licensee is prohibited from employment outside of the advanced dental education program where a full license is required.

E. The temporary license holder shall abide by the accrediting requirements for an advanced dental education program as approved by the Commission on Dental Accreditation of the American Dental Association.

18VAC60-20-100. Other application requirements. ~~Move to be the first section in Part III above.~~

~~A. All applications for any license or permit issued by the board shall include:~~

~~1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post doctoral degree or certificate;~~

~~2. An original grade card issued by the Joint Commission on National Dental Examinations; and~~

~~3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB);~~

~~B. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.~~

18VAC60-20-105. Inactive license.

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A. Any dentist or dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry or dental hygiene in Virginia.

B. An inactive license may be reactivated upon submission of the required application which includes evidence of continuing competence, and payment of the current renewal fee, ~~and~~ To evaluate continuing competence the board shall include consider (i) hours of continuing education ~~as required by which meets the requirements of subsection H of 18 VAC 60-20-50;~~ (ii) evidence of active practice in another state or in federal service; ~~or~~ (iii) current specialty board certification; (iv) recent passage of a clinical competency examination which included a live patient and which is accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

1. Continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours must be included with the application. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

~~2.~~ The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia or who is unable to demonstrate continuing competence.

18VAC60-20-106. Voluntary practice.

A. Restricted volunteer license.

1. In accordance with §§ 54.1-2712.1 or 54.1-2726.1, the board may issue a restricted volunteer license to a dentist or a dental hygienist who:

- a. Held an unrestricted license in Virginia or another state as a licensee in good standing at the time the license expired or became inactive;
- b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;
- c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;
- d. Has not failed a clinical examination within the past five years; and
- e. Has had at least five years of clinical practice.

2. A person holding a restricted volunteer license under this section shall:

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- a. Only practice in public health or community free clinics that provide dental services to underserved populations;
- b. Only treat patients who have been screened by the approved clinic and are eligible for treatment;
- c. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and
- d. Not be required to complete continuing education in order to renew such a license.

3. The restricted volunteer license shall specify whether supervision is required, and if not, the date by which it will be required. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, ~~volunteering~~ at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days. If supervision is required, the supervising dentist shall directly observe patient care being provided by the restricted volunteer dentist and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with 18VAC60-20-15.

4. A dental hygienist with a restricted volunteer license shall be sponsored by and practice only under the direction or general supervision of a dentist who holds an unrestricted license in Virginia.

5. A restricted voluntary license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship.

6. A dentist or dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations which apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees.

Any dentist or dental hygienist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

- a. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;
- b. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
- c. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

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d. Pay a registration fee ~~of \$10~~; and

e. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of §54.1-2701 of the Code of Virginia.

Part II. Licensure Renewal and Fees. ~~(Make Part III)~~

18VAC60-20-20. License renewal and reinstatement.

A. The license of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board. (Moved from C. below and edited)

A. Renewal fees. Every person holding an active or inactive license or a full-time faculty license shall annually, on or before March 31, renew his license. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license to practice dentistry or dental hygiene or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, request renewal of his license. Renumber

1. The fee for renewal of an active license or permit to practice or teach dentistry shall be \$285, and the fee for renewal of an active license or permit to practice or teach dental hygiene shall be \$75.

2. The fee for renewal of an inactive license shall be \$145 for dentists and \$40 for dental hygienists.

3. The fee for renewal of a restricted volunteer license shall be \$15.

4. The application fee for a temporary resident's license shall be \$60. The annual renewal fee shall be \$35 a year. An additional fee for late renewal of licensure shall be \$15. (Move 1 to 4 to new fee section)

B. Late fees renewals. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee. ~~of \$100 for dentists with an active license and \$25 for dental hygienists with an active license. The late fee shall be \$50 for dentists with an inactive license and \$15 for dental hygienists with an inactive license. (Move to new fee section)~~

C. The board shall renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section provided that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said renewal.

C. Reinstatement fees and procedures. ~~The license of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal. (Moved to new A.)~~

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1. Any person whose license has expired for more than one year or whose license has been revoked or suspended (Moved from D) and who wishes to reinstate such license shall submit to the board a reinstatement application and the reinstatement fee. of \$500 for dentists and \$200 for dental hygienists. (Move to new fee section) The application must include Eevidence of continuing competence.

2. To evaluate continuing competence the board shall include consider (i) hours of continuing education as required by which meets the requirements of subsection H of 18 VAC 60-20-50; (ii) evidence of active practice in another state or in federal service; or (iii) current specialty board certification; (iv) recent passage of a clinical competency examination which included a live patient accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association. (Some of this moved from 3 and edited)

~~2. With the exception of practice with a current restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board. (Moved to new A)~~

3. The executive director may reinstate such expired license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18 VAC 60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid reinstatement fee and any fines or assessments. Evidence of continuing competence shall include hours of of continuing education as required by subsection II of 18VAC60-20-50 and may also include evidence of active practice in another state or in federal service or current specialty board certification. (Move to C.1)

~~D. Reinstatement of a license previously revoked or indefinitely suspended. Any person whose license has been revoked shall submit to the board for its approval a reinstatement application and fee of \$1,000 for dentists and \$500 for dental hygienists. Any person whose license has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of \$750 for dentists and \$400 for dental hygienists. (Move to new fee section)~~

~~18VAC60-20-30. Other fees. (Move all to new fee section except as noted)~~

~~A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be \$400. The application fee for dental license by credentials shall be \$500.~~

~~B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be \$175. The application fee for dental hygienist license by endorsement shall be \$275.~~

~~C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of \$60.~~

~~D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of \$20. If a licensee maintains more than one office, a notarized photocopy of a license may be used. (Move to new section on posting in Part I)~~

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~~E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of \$35 for each endorsement or certification.~~

~~F. Restricted license. Restricted license issued in accordance with §54.1-2714 of the Code of Virginia shall be at a fee of \$285.~~

~~G. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with §54.1-2712.1 or §54.1-2726.1 of the Code of Virginia shall be \$25.~~

~~H. Returned check. The fee for a returned check shall be \$ 35.~~

~~I. Inspection fee. The fee for an inspection of a dental office shall be \$350.~~

18VAC60-20-40. Refunds. (Move to new fee section)

~~No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.~~

18VAC60-20-50. Requirements for continuing education.

A. 1. ~~After April 1, 1995, a dentist or a dental hygienist shall be required to have completed a minimum of 15 hours of approved continuing education, which meets the requirements for content, sponsorship and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for any renewal of a restricted volunteer license.~~

2. All renewal applicants shall attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board. Laws and regulations governing the practice of dentistry and dental hygiene in Virginia. Continuing education credit may be earned for passage of the online Virginia Dental Law Exam.

~~1. Effective June 29, 2006, a dentist or a dental hygienist shall be required to maintain evidence of successful completion of current training in basic cardiopulmonary resuscitation or basic life support.~~

~~2. Effective June 29, 2006, a dentist who administers or a dental hygienist who monitors patients under general anesthesia, deep sedation or conscious sedation shall complete four hours every two years of approved continuing education directly related to administration or monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.~~

~~3. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.~~

B. To be accepted for license renewal, An approved continuing dental education program shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

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2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and which are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, business management, marketing and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any courses, to include audio and video presentations, which meet the requirements in subsection B of this section and which are given by one of the following sponsors:

1. American Dental Association and National Dental Association, their constituent and component/branch associations;

2. American Dental Hygienists' Association and National Dental Hygienists Association, their constituent and component/branch associations;

3. American Dental Assisting Association, its constituent and component/branch associations;

4. American Dental Association specialty organizations, their constituent and component/branch associations;

5. American Medical Association and National Medical Association, their specialty organizations, constituent, and component/branch associations;

6. Academy of General Dentistry, its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Health Care Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute and the American Cancer Society;

10. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic and Research Foundation;

14. The Dental Assisting National Board; or

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15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

~~D. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure. (Moved to A)~~

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted.

F. A licensee is required to ~~provide information on~~ verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees are required to maintain original documents verifying the date, ~~and~~ subject of the program or activity, the sponsor and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, must submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

J. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

Part IV. Anesthesia, Sedation and Analgesia.

18 VAC 60-20-107. General provisions.

A. This part (18 VAC 60-20-107 et seq.) shall not apply to:

1. The administration of local anesthesia in dental offices; or

2. The administration of anesthesia in (i) a licensed hospital as defined in § 32.1-123 of the Code of Virginia or state-operated hospitals or (ii) a facility directly maintained or operated by the federal government.

B. Appropriateness of administration of general anesthesia or sedation in a dental office.

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1. Anesthesia and sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).
2. Conscious sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA risk categories of Class IV and V.
3. Patients in ASA risk category Class III shall only be provided general anesthesia or sedation by:
 - a. A dentist after consultation with their primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary; or
 - b. An oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.
- C. Prior to administration of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the anesthesia or sedation planned along with the risks, benefits and alternatives and shall obtain informed, written consent from the patient or other responsible party.
- D. The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record.
- E. A dentist who is administering anesthesia or sedation to patients prior to June 29, 2005 shall have one year from that date to comply with the educational requirements set forth in this chapter for the administration of anesthesia or sedation.

18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.

A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of:

1. Medications used, the appropriate dosages and the potential complications of administration.
2. Physiological effects of nitrous oxide and potential complications of administration.

B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use:

1. Blood pressure monitoring equipment.
2. Positive pressure oxygen.
3. Mechanical (hand) respiratory bag.

C. Monitoring requirements.

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1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operator with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient.

2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness.

3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs.

D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses.

18VAC60-20-81. Administration of local anesthesia and/or nitrous oxide by dental hygienists.
(FIRST REVIEW – Moved from Part III Entry and Licensure Requirements)

A. A dental hygienist who meets the qualifications set forth in this section and who is under the direction of a dentist may administer nitrous oxide/inhalation analgesia or, to patients 18 years of age or older, local anesthesia. Local anesthesia shall not include topical Schedule VI medicinal agents that may be administered under general supervision pursuant to 18VAC60-20-220 B.

B. To be eligible to administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of eight hours in didactic and clinical in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation;

c. Equipment and techniques used for administration of nitrous oxide;

d. Neurophysiology of nitrous oxide administration;

e. Pharmacology of nitrous oxide;

f. Recordkeeping, medical and legal aspects of nitrous oxide;

g. Adjunctive uses of nitrous oxide for dental patients; and

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h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To be eligible to administer both local anesthesia and nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of 36 didactic and clinical hours in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation and recordkeeping;

c. Neurophysiology of local anesthesia;

d. Pharmacology of local anesthetics and vasoconstrictors;

e. Anatomical considerations for local anesthesia;

f. Techniques for maxillary infiltration and block anesthesia;

g. Techniques for mandibular infiltration and block anesthesia;

h. Local and systemic anesthetic complications;

i. Management of medical emergencies;

j. Clinical experiences in maxillary and mandibular infiltration and block injections;

k. Pharmacology of nitrous oxide;

l. Adjunctive uses of nitrous oxide for dental patients; and

m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

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1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

18VAC60-20-110. Requirements to administer deep sedation/general anesthesia.

A. Educational requirements. A dentist may employ or use deep sedation/general anesthesia on an outpatient basis by meeting one of the following educational criteria and by posting the educational certificate, in plain view of the patient, which verifies completion of the advanced training as required in subdivision 1 or 2 of this subsection. These requirements shall not apply nor interfere with requirements for obtaining hospital staff privileges.

1. Has completed a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred; or

2. Completion of an American Dental Association approved residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in published guidelines by the American Dental Association for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred.

After June 29, 2006, dentists who administer deep sedation/general anesthesia shall hold current certification in advanced resuscitative techniques, such as courses in Advanced Cardiac Life Support or Pediatric Advanced Life Support and current Drug Enforcement Administration registration.

B. Exceptions.

1. A dentist who has not met the requirements specified in subsection A of this section may treat patients under deep sedation/general anesthesia in his practice if a qualified anesthesiologist or a dentist who fulfills the requirements specified in subsection A of this section, is present and is responsible for the administration of the anesthetic.

2. If a dentist fulfills the requirements specified in subsection A of this section, he may employ the services of a certified nurse anesthetist.

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C. Posting. Any dentist who utilizes deep sedation/general anesthesia shall post with the dental license and current registration with the Drug Enforcement Administration, the certificate of education required under subsection A of this section.

D. Emergency equipment and techniques. A dentist who administers deep sedation/general anesthesia shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency equipment in the dental facility:

1. Full face mask for children or adults, as appropriate for the patient being treated;
2. Oral and nasopharyngeal airways;
3. Endotracheal tubes for children or adults, or both, with appropriate connectors;
4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both;
5. Source of delivery of oxygen under controlled positive pressure;
6. Mechanical (hand) respiratory bag;
7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;
8. Appropriate emergency drugs for patient resuscitation;
9. EKG monitoring equipment and temperature measuring devices;
10. Pharmacologic antagonist agents;
11. External defibrillator (manual or automatic); and
12. For intubated patients, an End-Tidal CO² monitor.

E. Monitoring requirements.

1. The treatment team for deep sedation/general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental procedure.

2. Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation of the patient by a member of the team, is to begin prior to induction of anesthesia and shall take place continuously during the dental procedure and recovery from anesthesia. The person who administered the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

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3. Monitoring deep sedation/general anesthesia shall include the following: recording and reporting of blood pressure, pulse, respiration and other vital signs to the attending dentist.

and address monitoring in provisions for moderate sedation, deep sedation and general anesthesia to include:

- has the patient's entire body in sight,
 - is in close proximity so as to speak with and touch the patient,
 - is conversing with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation and is closely observing the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately observe and bring any changes in the patient's condition to the attention of the dentist, and
- includes the reading, reporting and recording of vital signs for patients

18VAC60-20-120. Requirements to administer conscious sedation.

A. Automatic qualification. Dentists qualified to administer deep sedation/general anesthesia may administer conscious sedation.

B. Educational requirements for administration of conscious sedation by any method.

1. A dentist may employ or use any method of conscious sedation by meeting one of the following criteria:

a. Completion of training for this treatment modality according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred, while enrolled at an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of an approved continuing education course consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

2. A dentist who was self-certified in anesthesia and conscious sedation prior to January 1989 may continue to administer only conscious sedation.

C. Educational requirement for enteral administration of conscious sedation only. A dentist may administer conscious sedation by an enteral method if he has completed an approved continuing education program of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with the guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

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D. Additional training required. After June 29, 2006, dentists who administer conscious sedation shall hold current certification in advanced resuscitation techniques, such as Advanced Cardiac Life Support as evidenced by a certificate of completion posted with the dental license, and current registration with the Drug Enforcement Administration.

E. Emergency equipment and techniques. A dentist who administers conscious sedation shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency airway equipment in the dental facility:

1. Full face mask for children or adults, as appropriate for the patient being treated;
2. Oral and nasopharyngeal airways;
3. Endotracheal tubes for children or adults, or both, with appropriate connectors and a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both. In lieu of a laryngoscope and endotracheal tubes, a dentist may maintain airway adjuncts designed for the maintenance of a patent airway and the direct delivery of positive pressure oxygen;
4. Pulse oximetry;
5. Blood pressure monitoring equipment;
6. Pharmacologic antagonist agents;
7. Source of delivery of oxygen under controlled positive pressure;
8. Mechanical (hand) respiratory bag; and
9. Appropriate emergency drugs for patient resuscitation.

F. Monitoring requirements.

1. The administration team for conscious sedation shall consist of the operating dentist and a second person to assist, monitor and observe the patient.
2. Monitoring of the patient under conscious sedation, including direct, visual observation of the patient by a member of the team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, when the patient arrives at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is responsive and is discharged.

and address monitoring in provisions for moderate sedation, deep sedation and general anesthesia to include:

- has the patient's entire body in sight,

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- is in close proximity so as to speak with and touch the patient,
- is conversing with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation and is closely observing the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately observe and bring any changes in the patient's condition to the attention of the dentist, and includes the reading, reporting and recording of vital signs for patients

18VAC60-20-130. (Repealed.).

18VAC60-20-135. Ancillary personnel.

After June 29, 2006, dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

1. Minimal training resulting in current certification in basic resuscitation techniques, such as Basic Cardiac Life Support or an approved, clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; or
2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

18VAC60-20-140. Report of adverse reactions.

A written report shall be submitted to the board by the treating dentist within 30 days following any mortality or morbidity which directly results from the administration of local anesthesia, general anesthesia, conscious sedation, or nitrous oxide oxygen inhalation analgesia and which occurs in the facility or during the first 24 hours immediately following the patient's departure from the facility.

Part V. Unprofessional Conduct.

18VAC60-20-150 to 18VAC60-20-160. [Repealed]

18VAC60-20-170. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of §54.1-2706 of the Code of Virginia:

1. Fraudulently obtaining, attempting to obtain or cooperating with others in obtaining payment for services;

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2. Performing services for a patient under terms or conditions which are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress;
3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use;
4. Committing any act in violation of the Code of Virginia reasonably related to the practice of dentistry and dental hygiene;
5. Delegating any service or operation which requires the professional competence of a dentist or dental hygienist to any person who is not a dentist or dental hygienist as authorized by this chapter;
6. Certifying completion of a dental procedure that has not actually been completed;
7. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including, but not limited to, current regulations promulgated by the Virginia Department of Health; and
8. Permitting or condoning the placement or exposure of dental x-ray film by an unlicensed person, except where the unlicensed person has complied with 18VAC60-20-195.

18VAC60-20-180. Advertising.

- A. Practice limitation. A general dentist who limits his practice shall state in conjunction with his name that he is a general dentist providing only certain services, e.g., orthodontic services.
- B. Fee disclosures. Any statement specifying a fee for a dental service which does not include the cost of all related procedures, services, and products which, to a substantial likelihood, will be necessary for the completion of the advertised services as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of fees for specifically described dental services shall not be deemed to be deceptive or misleading.
- C. Discounts. Discount offers for a dental service are permissible for advertising only when the nondiscounted or full fee and the final discounted fee are also disclosed in the advertisement. The dentist shall maintain documented evidence to substantiate the discounted fee.
- D. Retention of broadcast advertising. A prerecorded copy of all advertisements on radio or television shall be retained for a six-month period following the final appearance of the advertisement. The advertising dentist is responsible for making prerecorded copies of the advertisement available to the board within five days following a request by the board.
- E. Routine dental services. Advertising of fees pursuant to subdivision F 3 of this section is limited to procedures which are determined by the board to be routine dental services as set forth in the American

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Dental Association's "Code on Dental Procedures and Nomenclature," as published in Current Dental Terminology (CDT-2007/2008), which is hereby adopted and incorporated by reference.

F. The following practices shall constitute false, deceptive, or misleading advertising within the meaning of §54.1-2706 (7) of the Code of Virginia:

1. Publishing an advertisement which contains a material misrepresentation or omission of facts;
2. Publishing an advertisement which contains a representation or implication that is likely to cause an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation or implication not deceptive;
3. Publishing an advertisement which fails to include the information and disclaimers required by this section;
4. Publishing an advertisement which contains a claim of professional superiority, claims to be a specialist, or uses any of the terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American Dental Association (Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 1995), or such guidelines or requirements as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board; and
5. A dentist not currently entitled to such specialty designation shall not represent that his practice is limited to providing services in a specialty area without clearly disclosing in the representation that he is a general dentist. A specialist who represents services in areas other than his specialty is considered to be practicing general dentistry.

G. Signage. Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§54.1-2718 and 54.1-2720 of the Code of Virginia are complied with.

Part VI. Direction and Delegation Of Duties.

18VAC60-20-190. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;
2. Performing surgical or cutting procedures on hard or soft tissue;
3. Prescribing or parenterally administering drugs or medicaments;
4. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;

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5. Operation of high speed rotary instruments in the mouth;
6. Performing pulp capping procedures;
7. Administering and monitoring general anesthetics and conscious sedation except as provided for in § 54.1-2701 of the Code of Virginia and 18VAC60-20-108 C, 18VAC60-20-110 F, and 18VAC60-20-120 F;
8. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth;
9. Final positioning and attachment of orthodontic bonds and bands;
10. Taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures;
11. Final cementation of crowns and bridges; and
12. Placement of retraction cord.

18VAC60-20-195. Radiation certification.

No person not otherwise licensed by this board shall place or expose dental x-ray film unless he has (i) satisfactorily completed a course or examination recognized by the Commission on Dental Accreditation of the American Dental Association, (ii) been certified by the American Registry of Radiologic Technologists, (iii) satisfactorily completed a course and passed an examination in compliance with guidelines provided by the board, or (iv) satisfactorily completed a radiation course and passed an examination given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-20-200. Utilization of dental hygienists.

No dentist shall have more than two dental hygienists practicing under direction or general supervision at one and the same time, with the exception that a dentist may issue written orders for services to be provided by dental hygienists under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-20-210. Requirements for direction and general supervision.

A. In all instances, a licensed dentist assumes ultimate responsibility for determining, on the basis of his diagnosis, the specific treatment the patient will receive and which aspects of treatment will be delegated to qualified personnel in accordance with this chapter and the Code of Virginia.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-20-200. Persons acting within the scope of a license issued to them by the board under §54.1-2725 of the Code of Virginia to teach dental hygiene and those persons licensed pursuant to §54.1-2722 of the Code of Virginia

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providing oral health education and preliminary dental screenings in any setting are exempt from this section.

C. Duties delegated to a dental hygienist under direction shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.

D. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that no dentist will be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

E. General supervision shall not preclude the use of direction when, in the professional judgment of the dentist, such direction is necessary to meet the individual needs of the patient.

18VAC60-20-220. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction with the dentist being present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices under anesthesia administered by the dentist.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-20-81.

B. The following duties shall only be delegated to dental hygienists and may be delegated by written order in accordance with §54.1-3408 of the Code of Virginia to be performed under general supervision without the dentist being present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices.

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2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed in subsection A of this section and those listed as nondelegable in 18VAC60-20-190.

C. Nothing in this section shall be interpreted so as to prevent a licensed dental hygienist from providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

18VAC60-20-230. Delegation to dental assistants.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

18VAC60-20-240. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. Oral health education and preliminary dental screenings in any setting.
2. Recording a patient's pulse, blood pressure, temperature, and medical history.

Part VII. Oral and Maxillofacial Surgeons.

18VAC60-20-250. Registration of oral and maxillofacial surgeons.

Within 60 days after the effective date of this section, every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in §54.1-2700 of the Code of Virginia, shall register his practice with the board ~~and pay a fee of \$175.~~

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31 ~~by payment of a fee of \$175.~~

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2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee of \$55.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee of \$350.

18VAC60-20-260. Profile of information for oral and maxillofacial surgeons.

A. In compliance with requirements of §54.1-2709.2 of the Code of Virginia, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days or at a later date if so specified:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of dental or medical schools with dates of graduation;

3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;

4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;

5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;

6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;

7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;

8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and

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11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialties obtained, honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

18VAC60-20-270. Reporting of malpractice paid claims and disciplinary notices and orders.

A. In compliance with requirements of §54.1-2709.4 of the Code of Virginia, a dentist registered with the board as an oral and maxillofacial surgeon shall report all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;
2. The total amount of the paid claim in United States dollars; and
3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to §54.1-2400.2 D of the Code of Virginia, shall be made available on the profile. Information shall also be posted indicating the availability of unadjudicated notices and of orders that are subject to being vacated at determination of the practitioner.

18VAC60-20-280. Noncompliance or falsification of profile.

A. The failure to provide the information required in subsection A of 18VAC60-20-260 may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

18VAC60-20-290. Certification to perform cosmetic procedures; applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to §54.1-2709.1 of the Code of Virginia. Such certification shall only

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entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training and experience, certification may be granted to perform one or more of these or similar procedures:

1. Rhinoplasty;
2. Blepharoplasty;
3. Rhytidectomy;
4. Submental liposuction;
5. Laser resurfacing or dermabrasion;
6. Browlift (either open or endoscopic technique);
7. Platysmal muscle plication; and
8. Otoplasty.

18VAC60-20-300. Certification not required.

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;
2. Facial fractures, deformity and wound treatment;
3. Repair of cleft lip and palate deformity;
4. Facial augmentation procedures; and
5. Genioplasty.

18VAC60-20-310. Credentials required for certification.

A. An applicant for certification shall:

1. Hold an active, unrestricted license from the board;
2. Submit a completed application and fee ~~of \$225~~;
3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;

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4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;
5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and
6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, the applicant shall submit:
 - a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and
 - b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.
7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, the applicant shall submit:
 - a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:
 - (1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;
 - (2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;
 - (3) The American Dental Association (ADA) or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or
 - (4) The American Medical Association approved for category 1, continuing medical education.
 - b. Documentation of either:
 - (1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or
 - (2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18VAC60-20-320. Renewal of certification.

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In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit along with the renewal application and fee of \$100 on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee of \$35. To reinstate a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee of \$225.

18VAC60-20-330. Quality assurance review for procedures performed by certificate holders.

A. On a schedule of no less than once every three years, a random audit of charts for patients receiving cosmetic procedures shall be performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organizations as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

18VAC60-20-331. Complaints against certificate holders for cosmetic procedures.

Complaints arising out of performance of cosmetic procedures by a certified oral and maxillofacial surgeon shall be adjudicated solely by the Board of Dentistry. Upon receipt of the investigation report on such complaints, the Board of Dentistry shall promptly notify the Board of Medicine, and the investigation report shall be reviewed and an opinion rendered by both a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry pursuant to §54.1-2502 of the Code of Virginia. The Board of Medicine shall maintain the confidentiality of the complaint consistent with §54.1-2400.2 of the Code of Virginia.

DOCUMENTS INCORPORATED BY REFERENCE

Current Dental Terminology 2007-2008, Code on Dental Procedures and Nomenclature, American Dental Association.

Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 2001, American Dental Association.

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reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.	<table><tr><td>1. Dental License - Expired</td><td>\$500</td></tr><tr><td>2. Dental License – Suspended</td><td>\$750</td></tr><tr><td>3. Dental License - Revoked</td><td>\$1000</td></tr><tr><td>4. Dental Hygiene License - Expired</td><td>\$200</td></tr><tr><td>5. Dental Hygiene License – Suspended</td><td>\$400</td></tr><tr><td>6. Dental Hygiene License – Revoked</td><td>\$500</td></tr><tr><td>7. Oral Maxillofacial Surgeon Registration</td><td>\$350</td></tr><tr><td>8. Cosmetic Procedures Certification</td><td>\$225</td></tr><tr><td>E. Document Fees</td><td></td></tr><tr><td>1. Duplicate Wall Certificate</td><td>\$60</td></tr><tr><td>2. Duplicate License</td><td>\$20</td></tr><tr><td>3. License Certification</td><td>\$35</td></tr><tr><td>F. Other Fees</td><td></td></tr><tr><td>1. Returned Check Fee</td><td>\$35</td></tr><tr><td>2. Practice Inspection Fee</td><td>\$350</td></tr><tr><td>G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.</td><td></td></tr></table>	1. Dental License - Expired	\$500	2. Dental License – Suspended	\$750	3. Dental License - Revoked	\$1000	4. Dental Hygiene License - Expired	\$200	5. Dental Hygiene License – Suspended	\$400	6. Dental Hygiene License – Revoked	\$500	7. Oral Maxillofacial Surgeon Registration	\$350	8. Cosmetic Procedures Certification	\$225	E. Document Fees		1. Duplicate Wall Certificate	\$60	2. Duplicate License	\$20	3. License Certification	\$35	F. Other Fees		1. Returned Check Fee	\$35	2. Practice Inspection Fee	\$350	G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.		
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Part IV. Anesthesia, Sedation and Analgesia.		Consider renaming as Administering Controlled Drugs, Sedation and Anesthesia Consider restructuring this Part to have sections specific to dental assistants and dental hygienists as well as dentists																																
§ 54.1-2706. Revocation or suspension; other sanctions. The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant, suspend for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes: 5. Intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients; 11. Practicing or causing others to practice in a manner as to be a danger to the health and welfare of his patients or to the public; 12. Practicing outside the scope of the dentist's or dental hygienist's education, training, and experience;	18 VAC 60-20-107. General provisions. A. This part (18 VAC 60-20-107 et seq.) shall not apply to: 1. The administration of local anesthesia in dental offices; or 2. The administration of anesthesia in (i) a licensed hospital as defined in § 32.1-123 of the Code of Virginia or state-operated hospitals or (ii) a facility directly maintained or operated by the federal government. B. Appropriateness of administration of <u>general anesthesia or sedation</u> in a dental office. 1. <u>Anesthesia and sedation</u> may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA). 2. Conscious sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA risk categories of Class IV and V. 3. Patients in ASA risk category Class III shall only be provided general anesthesia or sedation by: a. A dentist after consultation with their primary care physician or other medical	Amend A.1 consistent with including administration by dental hygienists in this part and consider addressing dental assistants and dental hygienists administering topically Reverse terms “sedation” and “general anesthesia” to follow sequencing of provisions																																

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specialist regarding potential risk and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon after performing an physical evaluation and documenting the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

C. Informed Written Consent. Prior to administration of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the anesthesia or sedation planned along with the risks, benefits and alternatives and shall obtain informed, written consent from the patient or other responsible party.

D. Level of Sedation. The determinant for the application of these rules shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render unintended reduction of or loss of consciousness unlikely

E. ~~A dentist who is administering anesthesia or sedation to patients prior to June 29, 2005 shall have one year from that date to comply with the educational requirements set forth in this chapter for the administration of anesthesia or sedation.~~

Clarify that a physical exam/consult must be documented –ASA pg9 Require health evaluation for children-AAP and AAPD Guidelines pg 118

Consider adding heading.

Consider adding heading.

Consider adding sections:

- no medication of children without medical supervision-ADA Guidelines pg46 and AAPD Guidelines pg115
- incremental dosing shall not exceed maximum recommended dose ADA Guidelines pg46
- supplemental dosing only after clinical half-life of initial dose and shall not exceed 1.5x the maximum recommended dose ADA Guidelines pg46

From ADA Use Guidelines pg47 except underline

Consider adding emergency management section to require a dentist to stop the dental procedure when a patient enters a deeper level of sedation than intended until patient returns to intended level-ADA Guidelines pg 49

Delete. Effective June 29, 2006, all dentists are required to comply.

Consider adding recordkeeping requirements specific to administration which would be in addition to 18VAC60-20-50-15 here or there/

Require notation of ASA classification, medical history, physical examination, informed consent, time-oriented administration record including the names of all drugs administered including local anesthetics, doses and monitored physiological parameters-ADA Teaching Guidelines pg12&15 Consider requiring health evaluation for children-AAP and AAPD Guidelines pg 118 Add section to require evaluation of current medical history, medication use and NPO status-ADA Guidelines pg 51

Also post-operative evaluation, medical consultations, telephone contacts with patient, informed consent for procedure and for sedation/anesthesia ASA pg9 Consider adding discharge section to require that postoperative instructions be given verbally and in writing-ADA Guidelines pg 49

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§54.1-2722. D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. **Pursuant to subsection U of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine. A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.**

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

§ 54.1-3404. Inventories of controlled substances required of certain persons; contents and form of record.

A. Except as set forth in subsection G, every person manufacturing, compounding, processing, selling, dispensing or otherwise disposing of drugs in Schedules I, II, III, IV or V shall take a complete and accurate inventory of all stocks of Schedules I through V drugs on the date he first engages in business. If there are no controlled substances on hand at that time, he shall record this fact as part of the inventory. An inventory taken by use of an oral recording device shall be promptly reduced to writing and maintained in a written, typewritten or printed form. Such inventory shall be made

18VAC60-20-81. Administration of local anesthesia and/or nitrous oxide by dental hygienists.

A. A dental hygienist who meets the qualifications set forth in this section and who is under the direction of a dentist may administer nitrous oxide/inhalation analgesia or, to patients 18 years of age or older, local anesthesia. Local anesthesia shall not include topical Schedule VI medicinal agents that may be administered under general supervision pursuant to 18VAC60-20-220 B.

B. To be eligible to administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of eight hours in didactic and clinical in the following topics:

- a. Patient physical and psychological assessment;
- b. Medical history evaluation;
- c. Equipment and techniques used for administration of nitrous oxide;
- d. Neurophysiology of nitrous oxide administration;
- e. Pharmacology of nitrous oxide;
- f. Recordkeeping, medical and legal aspects of nitrous oxide;
- g. Adjunctive uses of nitrous oxide for dental patients; and
- h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To be eligible to administer both local anesthesia and nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, which includes a minimum of 36 didactic and clinical hours in the following topics:

- a. Patient physical and psychological assessment;
- b. Medical history evaluation and recordkeeping;
- c. Neurophysiology of local anesthesia;
- d. Pharmacology of local anesthetics and vasoconstrictors;
- e. Anatomical considerations for local anesthesia;
- f. Techniques for maxillary infiltration and block anesthesia;
- g. Techniques for mandibular infiltration and block anesthesia;
- h. Local and systemic anesthetic complications;
- i. Management of medical emergencies;

Consider requiring a 24 hour emergency telephone number-AAP and AAPD Guidelines pg 118

Minimum hours of training for inhalation sedation 14 hours pg11 ADA Teaching Guidelines

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either as of the opening of business or as of the close of business on the inventory date. B. After the initial inventory is taken, every person described herein shall take a new inventory at least every two years of all stocks on hand of Schedules I through V drugs. The biennial inventory shall be taken on any date which is within two years of the previous biennial inventory. C. The record of such drugs received shall in every case show the date of receipt, the name and address of the person from whom received and the kind and quantity of drugs received, the kind and quantity of drugs produced or removed from process of manufacture, and the date of such production or removal from process of manufacture. The record shall in every case show the proportion of morphine, cocaine, or ecgonine contained in or producible from crude opium or coca leaves received or produced. D. The record of all drugs sold, administered, dispensed, or otherwise disposed of, shall show the date of selling, administering, or dispensing, the name and address of the person to whom or for whose use, or the owner and species of animal for which the drugs were sold, administered or dispensed, and the kind and quantity of drugs. Any person selling, administering, dispensing or otherwise disposing of such drugs shall make and sign such record at the time of each transaction. The keeping of a record required by or under the federal laws, containing substantially the same information as is specified above, shall constitute compliance with this section, except that every such record shall contain a detailed list of any drugs lost, destroyed or stolen, the kind and quantity of such drugs, and the date of the discovery of such loss, destruction or theft. The form of records shall be prescribed by the Board. E. Whenever any registrant or licensee discovers a theft or any other unusual loss of any controlled substance, he shall immediately report such theft or loss to the Board. If the registrant or licensee is unable to determine the exact kind and quantity of the drug loss, he shall immediately make a complete inventory of all Schedule I through V drugs. Within 30 days after the discovery of a loss of drugs, the registrant or licensee shall furnish the Board with a listing of	j. Clinical experiences in maxillary and mandibular infiltration and block injections; k. Pharmacology of nitrous oxide; l. Adjunctive uses of nitrous oxide for dental patients; and m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients. 2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program. D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if: 1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or 2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia. E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section. 18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia. A. Education and training requirements. A dentist who utilizes anxiolysis or inhalation analgesia shall have training in and knowledge of: 1. Medications used, the appropriate dosages and the potential complications of administration. 2. Physiological effects of nitrous oxide and potential complications of administration. B. Equipment requirements. A dentist who utilizes anxiolysis or inhalation analgesia or who directs the administration of inhalation analgesia by a dental hygienist shall maintain the following equipment in his office and be trained in its use: 1. Blood pressure monitoring equipment.	Name this minimal sedation and change reference from “inhalation analgesia” to “nitrous oxide/oxygen” Teaching the use of analgesics and enteral, inhalation and parenteral sedation should be coordinated with a course in pharmacology- ADA Teaching guidelines pg9 Clarify that these rules apply when: • only inhalation analgesia is administered or when it is administered with a local anesthetic or with a single enteral drug -ADA Guidelines pg46 • appropriate initial dose is a single Enteral drug in a dose no more than the maximum recommended dose of the drug that can be prescribed for unmonitored home use-ADA Guidelines pg46 Does the method of administration need to be specified? Should parenteral administration also be addressed? Add: suction apparatus pg3 ADA Teaching Guidelines and AAP and AAPD Guidelines pg121 Add: electrocardiographic monitor and defibrillator AAP and AAPD pg121 Does equipment need to be in sedation administration area, operatory, recovery area?
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the kind, quantity and strength of such drugs lost. F. All records required pursuant to this section shall be maintained completely and accurately for two years from the date of the transaction recorded. § 54.1-3408. Professional use by practitioners. A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the scope of such certification. A prescriber may authorize a licensed respiratory care practitioner as defined in § 54.1-2954 to administer by inhalation controlled substances used in inhalation or respiratory therapy. J. A dentist may cause Schedule VI topical drugs to be	2. Positive pressure oxygen. 3. Mechanical (hand) respiratory bag. C. Monitoring requirements. 1. The treatment team for anxiolysis shall consist of the dentist and a second person in the operatory with the patient to assist, monitor and observe the patient. Once the administration of anxiolysis has begun, the dentist shall ensure that a person qualified in accordance with 18VAC60-20-135 is present with the patient at all times to determine the level of consciousness by continuous visual monitoring of the patient. 2. A dentist or a dental hygienist who utilizes inhalation analgesia shall ensure that there is continuous visual monitoring of the patient to determine the level of consciousness. 3. If inhalation analgesia is used, monitoring shall include making the proper adjustments of nitrous oxide machines at the request of or by the dentist or a dental hygienist qualified in accordance with requirements of 18VAC60-20-81 to administer nitrous oxide during administration of the sedation and observing the patient's vital signs. D. Discharge requirement. The dentist shall ensure that the patient is not discharged to his own care until he exhibits normal responses. 18VAC60-20-110. Requirements to administer deep sedation/general anesthesia. A. Educational requirements. A dentist may employ or use deep sedation/general anesthesia on an outpatient basis by meeting one of the following educational criteria and by posting the educational certificate, in plain view of the patient, which verifies completion of the advanced training as required in subdivision 1 or 2 of this subsection. These requirements shall not apply nor interfere with requirements for obtaining hospital staff privileges. 1. Has completed a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred; or 2. Completion of an American Dental Association approved residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in	Address when the equipment needs to be used/ What vitals need to be recorded before administering, before releasing? Consider requiring: • baseline vital signs ADA Guidelines pg 49 • monitoring of blood pressure and heart rate ADA Guidelines pg 49 • oxygen and suction equipment in operatory and recovery area ADA Guidelines pg49 Consider expanding to determine and document satisfactory level of consciousness, oxygenation, ventilation and circulation prior to discharge ADA Guidelines pg 49 Move this section to follow after moderate sedation provisions. Separate provisions for deep sedation and general anesthesia. The knowledge, skill and clinical experience required for deep sedation/general anesthesia are beyond the scope of predoctoral and continuing education programs. ADA Teaching Guidelines pg3 Multiple parties have recommended in Petitions for Rulemaking and in public comment that practices administering deep sedation or general anesthesia be required to register with the Board and be subject to periodic inspections and/or restricting these levels to OMSs noting that these practices are reviewed to maintain certification
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administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist. Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, as well as any other Schedule VI topical drug approved by the Board of Dentistry. In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. U. A nurse or a dental hygienist may possess and administer topical fluoride varnish to the teeth of children aged six months to three years pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry that conforms to standards adopted by the Virginia Department of Health. § 54.1-3408.01. Requirements for prescriptions. A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand. The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. If not otherwise prohibited by	published guidelines by the American Dental Association for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred; and 3. After June 29, 2006, dentists who administer deep sedation/general anesthesia shall hold current certification in advanced resuscitative techniques with hands-on airway training, such as courses in Advanced Cardiac Life Support or Pediatric Advanced Life Support; and current Drug Enforcement Administration registration. <u>4. Dentists who administer deep sedation/general anesthesia shall hold current Drug Enforcement Administration registration.</u> B. Exceptions. 1. A dentist who has not met the requirements specified in subsection A of this section may treat patients under deep sedation/general anesthesia in his practice if a qualified anesthesiologist or a dentist who fulfills the requirements specified in subsection A of this section, is present and is responsible for the administration of the anesthetic. 2. If a dentist fulfills the requirements specified in subsection A of this section, he may employ the services of a certified nurse anesthetist. C. Posting. Any dentist who utilizes deep sedation/general anesthesia shall post with the dental license and current registration with the Drug Enforcement Administration, the certificate of education required under subsection A of this section. D. Emergency equipment and techniques. A dentist who administers deep sedation/general anesthesia shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency equipment in the dental facility: 1. Full face mask for children or adults, as appropriate for the patient being treated; 2. Oral and nasopharyngeal airways; 3. Endotracheal tubes for children or adults, or both, with appropriate connectors; 4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both; 5. Source of delivery of oxygen under controlled positive pressure; 6. Mechanical (hand) respiratory bag; 7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room; 8. Appropriate emergency drugs for patient resuscitation; 9. EKG monitoring equipment and temperature measuring devices; 10. Pharmacologic antagonist agents; 11. External defibrillator (manual or automatic); and 12. For intubated patients, an End-Tidal CO² monitor. E. Monitoring requirements.	Add # here Add underline language from ASA pg9 Separate from provision above – is this an educational requirement or should it be “B” and the Exceptions “C”? Consider requiring administration by another provider other than the treating dentist. Does equipment need to be in sedation administration area, operatory, and recovery area or patient always in location with equipment? Address when the equipment needs to be used/ What vitals need to be recorded before administering, during administration, before releasing? Add: suction apparatus pg3 ADA Teaching Guidelines and AAP and AAPD Guidelines pg121 Add: electrocardiographic monitor and defibrillator AAP and AAPD pg121 Consider requiring baseline vital signs; a focused physical evaluation;
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law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

No written prescription order form shall include more than one prescription. However, this provision shall not apply (i) to prescriptions written as chart orders for patients in hospitals and long-term-care facilities, patients receiving home infusion services or hospice patients, or (ii) to a prescription ordered through a pharmacy operated by or for the Department of Corrections or the Department of Juvenile Justice, the central pharmacy of the Department of Health, or the central outpatient pharmacy operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services; or (iii) to prescriptions written for patients residing in adult and juvenile detention centers, local or regional jails, or work release centers operated by the Department of Corrections.

1. The treatment team for deep sedation/general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient and a third person to assist the operating dentist, all of whom shall be in the operatory with the patient during the dental procedure.
2. Monitoring of the patient under deep sedation/general anesthesia, including direct, visual observation of the patient by a member of the team, is to begin prior to induction of anesthesia and shall take place continuously during the dental procedure and recovery from anesthesia. The person who administered the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.
3. Monitoring deep sedation/general anesthesia shall include the following: recording and reporting of blood pressure, pulse, respiration and other vital signs to the attending dentist.

18VAC60-20-120. Requirements to administer conscious sedation.

- A. Automatic qualification. Dentists qualified to administer deep sedation/general anesthesia may administer conscious sedation.
- B. Educational requirements for administration of conscious sedation by any method.
 1. A dentist may employ or use any method of conscious sedation by meeting one of the following criteria:
 - a. Completion of training for this treatment modality according to guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred, while enrolled at an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or
 - b. Completion of an approved continuing education course consisting of 60 hours of didactic instruction plus the management of at least 20 patients per participant, demonstrating competency and clinical experience in parenteral conscious sedation and management of a compromised airway. The course content shall be consistent with guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.
 2. A dentist who was self-certified in anesthesia and conscious sedation prior to January 1989 may continue to administer only conscious sedation.
- C. Educational requirement for enteral administration of conscious sedation only. A dentist may administer conscious sedation by an enteral method if he has completed an approved continuing education program of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with the guidelines published by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the

preoperative dietary restrictions; preoperative verbal and written instructions; an intravenous line secured throughout procedure-ADA guidelines pg 51

Expand to require monitoring of oxygenation, ventilation, circulation and temperature; time oriented anesthetic record; and recording of pulse oximetry and end-tidal CO2 measurements, heart rate, respiratory rate and blood pressure at appropriate intervals-ADA Guidelines pg52

Edit to clarify when monitoring must start.

Consider expanding to determine and document satisfactory level of consciousness, oxygenation, ventilation and circulation prior to discharge and to require verbal and written post operative instructions-ADA Guidelines pg 52 include limitations of activities and dietary precautions-AAP and AAPD Guidelines pg 118

Consider requiring a 24 hour emergency telephone number-AAP and AAPD Guidelines pg 118

Move this section to follow after anxiolysis and inhalation analgesia (minimal sedation) – change term from “conscious sedation” to “moderate sedation”

Allow High-Fidelity Patient Simulator (HFPS) instead of live patient experiences-DOCS

Agree with HFPS assuming training provides rescue and airway management practice-VANA

Teaching the use of analgesics and enteral, inhalation and parenteral sedation should be coordinated with a course in pharmacology- ADA Teaching guidelines pg9

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	time the training occurred. D. Additional training required. After June 29, 2006, dentists who administer conscious sedation shall hold current certification in advanced resuscitation techniques <u>with hands-on airway training</u>, such as Advanced Cardiac Life Support as evidenced by a certificate of completion posted with the dental license, and current registration with the Drug Enforcement Administration. E. Dentists who administer conscious sedation shall hold current registration with the Drug Enforcement Administration. F. Emergency equipment and techniques. A dentist who administers conscious sedation shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency airway equipment in the dental facility: 1. Full face mask for children or adults, as appropriate for the patient being treated; 2. Oral and nasopharyngeal airways; 3. Endotracheal tubes for children or adults, or both, with appropriate connectors and a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both. In lieu of a laryngoscope and endotracheal tubes, a dentist may maintain airway adjuncts designed for the maintenance of a patent airway and the direct delivery of positive pressure oxygen; 4. Pulse oximetry; 5. Blood pressure monitoring equipment; 6. Pharmacologic antagonist agents; 7. Source of delivery of oxygen under controlled positive pressure; 8. Mechanical (hand) respiratory bag; and 9. Appropriate emergency drugs for patient resuscitation. F. Monitoring requirements. 1. The administration team for conscious sedation shall consist of the operating dentist and a second person to assist, monitor and observe the patient. 2. Monitoring of the patient under conscious sedation, including direct, visual observation of the patient by a member of the team, is to begin prior to administration of sedation, or if medication is self-administered by the patient, when the patient arrives immediately upon the patient's arrival at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is responsive and is discharged.	Add underline language from ASA pg9 Separate from provision above Does equipment need to be in sedation area, operatory, and recovery area? Address when the equipment needs to be used/ What vitals need to be recorded before administering, during administration, before releasing? Consider requiring baseline vital signs; a focused physical evaluation; preoperative dietary restrictions; preoperative verbal and written instructions-ADA guidelines pg 50 Add: suction apparatus pg3 ADA Teaching Guidelines and AAP and AAPD Guidelines pg121 Add: electrocardiographic monitor and defibrillator AAP and AAPD pg121 Expand to require monitoring of consciousness, oxygenation, ventilation and circulation; time oriented anesthetic record; and continual recording of pulse oximetry, heart rate, respiratory rate and blood pressure-ADA Guidelines pg51 Edit to clarify when monitoring must start and what is required. Patient should be continuously monitored in the office, operatory and recovery area (a) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent; (b) throughout the administration of drugs; (c) throughout the treatment of the patient; and (d) throughout recovery until the patient is discharged by the dentist. The person monitoring the patient: has the patient's entire body in sight, is in close proximity so as to speak with the patient, converses with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation, closely observes the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist, and reads, reports and records the patient's vital signs. Consider expanding to determine and document satisfactory level of consciousness, oxygenation, ventilation and circulation prior to discharge and to require verbal and written post operative instructions-ADA Guidelines pg
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18VAC60-20-130. (Repealed.).

18VAC60-20-135. Ancillary personnel.

After June 29, 2006, dentists who employ ancillary personnel to assist in the administration and monitoring of any form of conscious sedation or deep sedation/general anesthesia shall maintain documentation that such personnel have:

1. Minimal training resulting in current certification in basic resuscitation techniques, such as Basic Cardiac Life Support for healthcare providers or an approved, clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-20-50 C; or
2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

18VAC60-20-140. Report of adverse reactions.

A written report shall be submitted to the board by the treating dentist within 30 days following any mortality, or morbidity or sentinel event which directly results from occurs during or following the administration of local anesthesia, general anesthesia, conscious sedation, or nitrous oxide oxygen inhalation analgesia and which occurs in

51 include limitations of activities and dietary precautions-AAP and AAPD Guidelines pg 118

Consider requiring a 24 hour emergency telephone number-AAP and AAPD Guidelines pg 118

Clarify intent of the phrase “to assist in the administration”/ means that the treating dentist is using the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist, dental assistant and/or nurse to perform functions appropriate to their education, training and experience and consistent with their respective scope of practice. Clarify when only a qualified dentist, anesthesiologist or CRNA might administer drugs. The tasks that a dental hygienist, dental assistant or a nurse might perform under direction to assist in administration are:

- Taking and recording vital signs
- Preparing dosages as directed by and while in the presence of the treating dentist who will administer the drugs;
- Positioning the container of the drugs to be administered by the treating dentist in proximity to the patient;
- Placing a topical anesthetic at an injection or treatment site preceding the administration of sedative agents as follows:
 - A dental hygienist who meets the training requirements of 18VAC60-20-81 may parenterally administer Schedule VI local anesthesia to persons age 18 or older under direction;
 - A dental hygienist may administer Schedule VI topical local anesthetics under direction;
 - A dental assistant may administer Schedule VI topical oral anesthetics under direction; and
 - A registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under his direction.
- Placing a face mask for inhalation analgesia on the patient;
- Adjusting the flow of nitrous oxide machines as directed by and while in the presence of the treating dentist who initiated the flow of inhalation analgesia; and
- Implementing assigned duties should an emergency arise.

Add “for healthcare providers” ADA Guidelines p48

Expand per Guidance Doc 60-4 to address the meaning of morbidity but expand the scope of incidents to be reported. Current guidance is that “morbidity” means any incident which results in transport of a patient to a hospital for a stay of more than 24 hours. Consider ending the sentence after hospital. Edit recommended because it may not be possible to determine the

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the facility or during the first 24 hours immediately following the patient's departure from the facility and which results in transport of a patient to a hospital.

cause of the incident without an investigation and transport to a hospital means that something serious did occur. ASA pg10
Consider adding facility requirements and periodic inspections. Require compliance with Drug Control Act, OSHA, DEA, Health, Fire and Safety, CDC, universal precautions, and infection control regulations here or in general provisions part. In an elevator building there must be adequate capacity in an elevator to allow transport of a ventilated patient on a stretcher. ASA pg 12
Tanks of medical gases should be stored to conform to NFPA guidelines. ASA pg 13
All equipment must be on a preventative maintenance and replacement schedule with appropriate records kept. ASA pg 14
Monitors and equipment must have back-up batteries capable of 1 to 20 hours. ASA pg 15
Have an area for cleaning, high-level disinfection or sterilization of surgical equipment and supplies with appropriate quality control procedures/indicators ASA pg 16
Require drug inventories and purchase, use and disposal records ASA pg 18