



## Ohio Administrative Code

### Rule 4715-5-05 Use of general anesthesia and deep sedation.

Effective: April 1, 2024

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(A) No dentist shall administer general anesthesia or deep sedation to a patient of any age in the state of Ohio unless such dentist possesses a general anesthesia permit issued by the board or has obtained provisional general anesthesia privileges as set forth in paragraph (C) of this rule. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially.

No dentist shall administer or employ any agent(s) with a narrow margin for maintaining consciousness including, but not limited to, potent volatile anesthetic agents, ultra-short acting barbiturates, propofol, ketamine, and similarly acting drugs, or a quantity of agents, or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of minimal sedation or moderate sedation in paragraph (B) of rule 4715-3-01 of the Administrative Code, unless the dentist holds a valid general anesthesia permit or provisional general anesthesia privileges issued by the board.

(B) General anesthesia permit - In order to receive a general anesthesia permit, the dentist must apply on a prescribed application form to the board, submit the application fee, and produce evidence showing that he or she:

(1) Has completed one of the following:

(a) An advanced dental education program accredited by the Commission on dental accreditation which affords appropriate training necessary to competently administer deep sedation and general anesthesia; or

(b) A post-doctoral training program in anesthesiology from an approved accredited educational institution or program that affords comprehensive and appropriate training necessary to competently administer and manage deep sedation and general anesthesia commensurate with the American dental association (ADA) "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety at the Advanced Education Level (Part 2)" in effect at the start of their training, if training took place



prior to accreditation by the Commission on dental accreditation of dental anesthesia residencies (one year training prior to July 1, 1993, and two years thereafter);

(2) Has a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation in which the permit holder has available and agrees to utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the October 2016 American dental association house of delegates and/or the American association of oral and maxillofacial surgeon's "Office Anesthesia Evaluation Manual", 9th edition; and

(3) At the time of application, maintains successful completion of Basic life support for healthcare providers (BLS-HCP) and advanced cardiac life support (ACLS) course(s).

(C) Provisional privileges - Prior to the issuance of a general anesthesia permit, if the applicant dentist meets the requirements set forth in paragraph (B) of this rule:

(1) The board shall issue to the applicant dentist provisional general anesthesia privileges valid for up to one year pending successful completion of the clinical onsite evaluation;

(2) Unless otherwise authorized by the board, a dentist with provisional general anesthesia privileges shall request an extension no later than ninety days before the expiration of their provisional privileges if necessary to complete the onsite evaluation.

(D) Onsite clinical evaluation

(1) Prior to the issuance of a general anesthesia permit, the board shall require an on-site evaluation of the facility(s) equipment, personnel, anesthetic techniques, and related document(s) to determine if the aforementioned requirements have been met. This evaluation shall be conducted by a qualified consultant appointed by the board and will follow the October 2016 "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the American dental association house of delegates and/or the American association of oral and maxillofacial surgeons "Office Anesthesia Evaluation Manual", 9th edition;



(2) In the case of a mobile or portable facility, one inspection of that facility shall be conducted in the office of an Ohio licensed dentist where deep sedation or general anesthesia is administered. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering moderate sedation, deep sedation, and general anesthesia in multiple locations shall be provided to the board.

(3) The applicant shall be responsible for the cost of this evaluation not to exceed four hundred dollars.

(E) Unsatisfactory permit application - In the event the board deems the application or evaluation unsatisfactory, a written explanation documenting deficiencies and suggested remedies shall be forwarded to the applicant. The board may issue a permit based on documentation that deficiencies have been corrected; or the board may require a reevaluation; or the board may issue a notice of opportunity for hearing pursuant to Chapter 119. of the Revised Code to deny the application for a general anesthesia permit.

(F) Permit renewal - The board shall without charge renew the general anesthesia permit biennially at the time of dental licensure renewal, provided the permit holder attests to the board that the permit holder:

(1) Maintains successful completion of:

(a) A basic life support course for healthcare providers (BLS-HCP);

(b) A course in advanced cardiac life support (ACLS) and, for anesthetic care of children under eight years of age, pediatric advanced life support (PALS); and

(c) A minimum of six hours of board approved continuing education devoted specifically to the management and/or prevention of emergencies which may result from the use of deep sedation and general anesthesia;

(2) Has performed emergency drills at least quarterly during the biennium, documenting in a log the date, nature of simulated emergencies and names and roles of all participants. Required simulated



emergencies include, at least annually, the following scenarios:

- (a) Recognition and management of chest pain progressing to cardiac arrest;
  - (b) Hypotensive, hypertensive, bradycardic and tachycardic emergencies;
  - (c) Recognition and management of loss of capnography tracing requiring appropriate management of the airway and of the underlying cause, e.g. anesthetic overdose, secretions, etc. due to:
    - (i) Hypoventilation that progresses to respiratory arrest;
    - (ii) Soft tissue or foreign body obstruction of the airway;
    - (iii) Laryngospasm; and
    - (iv) Bronchospasm;
  - (d) Unexpected decline in level of consciousness, including consideration of multiple possible etiologies, e.g. oversedation, stroke, street drug use, hypoxia, anaphylaxis, etc.; and
  - (e) In offices where deep sedation or general anesthesia is performed less frequently than quarterly, or for the first time, the requirement for emergency drills may be satisfied by performing emergency drills for, at a minimum, all of the above scenarios immediately preceding the administration of deep sedation or general anesthetic for an actual patient:
- (3) Is in compliance with all requirements of paragraphs (J) and (K) of this rule;
  - (4) Has reviewed the laws and rules governing the administration of deep sedation and general anesthesia; and
  - (5) Verified that all licensed/registered personnel involved in the administration of deep sedation and general anesthesia maintain current, active, licensure or registration.



(G) Reciprocity - The board may grant a general anesthesia permit to a dentist who has administered general anesthesia in another state when training as outlined in paragraph (B)(1) of this rule was completed more than two years before the submission of the application and the applicant provides a log of all general anesthesia cases performed during the previous two years. A minimum of twenty cases logged in the preceding two years is required to demonstrate current competency. The board may request complete general anesthesia records of cases selected from this log.

(H) Certified registered nurse anesthetist (CRNA) - A dentist holding a general anesthesia permit may supervise a licensed CRNA for any anesthetic procedures for which the dentist is qualified by permit. The permitted dentist must provide direct, personal, on-site supervision of the CRNA throughout the entire anesthesia time.

(I) Facility notification - All permit holders shall provide written notification within ten days to the Board if anesthesia services are provided at any new facility(s) other than those already listed with the board.

(J) Employing general anesthesia provider - A dentist who employs or works with a general anesthesia provider must:

(1) Ensure that the general anesthesia provider meets the requirements defined in paragraph (B) of rule 4715-3-01 of the Administrative Code;

(2) Ensure that the facility meets the requirements set forth in paragraph (B)(2) of this rule; and

(3) Be currently certified in basic life support for healthcare providers (BLS-HCP) and able to assist the general anesthesia provider in an emergency if needed.

(K) Anesthetic team - During deep sedation or general anesthesia for a patient eight years of age or over, the following three persons must be physically present in the room and caring exclusively for the patient under anesthesia:

(1) A general anesthesia provider;



(2) Either of the following:

(a) An Ohio-licensed dentist with current BLS-HCP or ACLS certification who can assist the anesthesia provider in an emergency if needed; or

(b) An individual currently certified in BLS-HCP who is experienced in patient monitoring and documentation and whose duties are solely dedicated to patient monitoring and documentation and, if needed, assisting the general anesthesia provider in an emergency; and

(3) One individual whose duties may include assisting with dental procedures.

(L) Anesthetic team for very young patients - During deep sedation or general anesthesia for a patient under eight years of age, the following three persons must be physically present in the room and caring exclusively for the patient under anesthesia:

(1) Either of the following:

(a) A general anesthesia provider with current certification in Pediatric advanced life support (PALS) who exclusively administers and monitors the anesthetic and is not otherwise involved with the dental procedure; or

(b) A general anesthesia provider with current certification in PALS who is also involved in the dental procedure and who maintains a log of performing deep sedations or general anesthetics for a minimum of twenty cases per year or an aggregate of at least forty cases in children under eight years of age during the preceding twenty-four month period; and

(2) Either of the following:

(a) An Ohio-licensed dentist with current certification in PALS who is able to provide emergency assistance to the general anesthesia provider if needed; or

(b) An individual currently certified in BLS-HCP who is experienced in patient monitoring and documentation and, if needed, able to assist the general anesthesia provider in an emergency; and



(3) One individual whose duties may include assisting with dental procedures.

(M) Post-anesthetic monitoring - Once the patient has regained consciousness and responds appropriately to light tactile stimulation or verbal command, the patient's recovery must be monitored by an individual who is experienced in patient monitoring and documentation and is certified in BLS-HCP.

(N) Supervision of care - A general anesthesia provider must remain on the premises of the dental facility until any patient given deep sedation or general anesthesia regains consciousness and has been discharged. Once the patient has regained consciousness and responds appropriately to light tactile stimulation or verbal command, further recovery until ready for discharge must be monitored by one person as described in paragraphs (J)(1) or (J)(2) of this rule.

(O) Reevaluation - The board may, upon informing the permit holder in writing, conduct at any time an evaluation, as described in paragraph (D) of this rule, of the permit holder's facility(s) and/or methods. In determining whether such evaluation is necessary, the board shall consider such factors as it deems pertinent including, but not limited to, patient complaints, reports of adverse occurrences, and random quality assurance audits. Such quality assurance audit(s), may include, but are not limited to, a review of documentation of pre-anesthetic evaluation(s), anesthetic and recovery records, and documentation of appropriateness for discharge, The permit holder shall be responsible for any costs incurred in a formal reevaluation, not to exceed four hundred dollars.

(P) Reference materials for paragraphs (B)(1)(b) and (B)(2) of this rule may be found at the following addresses:

(1) American dental association: 211 E. Chicago Avenue, Chicago, Illinois, 60611-2678; telephone - 312-440-2500; facsimile - 312-4402800; internet website address - [www.ada.org](http://www.ada.org).

(2) American association of oral and maxillofacial surgeons: 9700 West Bryn Mawr Avenue, Rosemont, Illinois, 60018-5701; telephone - 847-678-6200 or 800-822-6637; facsimile - 847-678-6286; internet website address - [www.aaoms.org](http://www.aaoms.org).