BOARD OF DENTISTRY
GENERAL BUSINESS MEETING MINUTES
August 23, 2019
Omni Jacksonville Hotel
245 Water Street
Jacksonville, Florida 32202
(904) 355-6664
7:30 A.M.

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

MEMBERS PRESENT
Claudio Miro, DDS, Chair
Nick White, DMD
Nick Kavouklis, DMD
T.J. Tejera, DMD, MD
Angela Sissine, RDH
Fabio Andrade, Consumer Member

MEMBERS ABSENT
Matthew Freedman, DMD
Naved Fatmi, DMD, Vice-Chair
Catherine Cabanzon, RDH, BASDH

COURT REPORTER
Phipps Reporting
Mary Hlavac, RMR, CRR
Hlavac.Mary@gmail.com
(904) 476-1556

STAFF PRESENT
Jennifer Wenhold, Executive Director
Jessica Sapp, Program Administrator

BOARD COUNSEL
David Flynn, Esq.
Senior Assistant Attorney General

PROSECUTION SERVICES UNIT
John Wilson, Esq.
Octavio Ponce, Esq.
Chad Dunn, Esq.
Kelly Fox, Esq.

II. DISCIPLINARY PROCEEDINGS

A. Informal Hearings

i. Charles Graper, DDS, Case No. 2018-06783
(PCP – Miro, Gesek, Melzer)

Dr. Graper was present and sworn in by the court reporter. He was represented by Tullio Iacono, Esq.

Mr. Ponce summarized the case for the Board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(b), Florida Statutes, by having the Georgia Board of Dentistry revoke his license to practice dentistry in the State of Georgia. **Count II:** Section 456.072(1)(f), Florida Statutes, by voluntarily relinquishing his medical license in the State

of Georgia in response to or in anticipation of disciplinary action. **Count III:** Section 466.028(1)(ii), Florida Statutes, by failing to report to the Board in writing within 30 days of the discipline taken in Georgia.

Respondent untimely submitted a motion to dismiss Count II of the Administrative Complaint. After discussion, the following action was taken:

Motion: by Dr. White to dismiss Count II
Second: by Ms. Sissine
Vote: Unanimous

Motion: by Ms. Sissine to find that the Respondent was properly served and has requested an informal hearing.
Second: by Dr. White
Vote: Unanimous

Motion: by Dr. White to adopt the findings of fact as set forth in the Administrative Complaint.
Second: by Dr. Kavouklis
Vote: Unanimous

Motion: by Ms. Sissine to adopt the investigative report into evidence in this proceeding.
Second: by Dr. White
Vote: Unanimous

Motion: by Dr. White to adopt the conclusions of law as set forth in the Administrative Complaint and find that the conduct alleged constitute violations of the Practice Act
Second: by Ms. Sissine
Vote: Unanimous

After discussion, the following action was taken:

Motion: by Mr. Andrade to impose revocation
Second: by Dr. White
Vote: Unanimous

Costs: by Mr. Andrade to assess costs in the amount of $11,360.97 to be paid within 1 year
Second: Dr. White
Vote: Unanimous

Respondent requested two years to pay the costs

Motion: by Ms. Sissine to amend the motion for costs to allow two (2) years to pay costs.
Second: by Mr. Andrade
Vote: Unanimous

ii. Case Tabled

iii. Justin DeVack, DDS, Case No.
(PCP – Fatmi, Morgan, Cabanzon)

Dr. Devack was present and sworn in by the court reporter. He was represented by Evan Marowitz, Esq.

Mr. Ponce summarized the case for the Board. Respondent was charged with the following violation: **Count I:** Section 456.028(1)(c), Florida Statutes, by entering a guilty plea to one count of Possession of a Controlled Substance, a third-degree felony in violation of Section 893.13(6)(a), Florida Statutes, which relates to the practice of, or the ability to practice dentistry.

Motion: by Dr. Tejera to find that the Respondent was properly served and has requested an informal hearing.
Second: by Dr. White
Vote: Unanimous

Motion: by Dr. Tejera to adopt the findings of fact as set forth in the Administrative Complaint.
Second: by Dr. White
Vote: Unanimous

Motion: by Dr. Tejera to adopt the investigative report into evidence in this proceeding.
Second: by Ms. Sissine
Vote: Unanimous

Motion: by Dr. Tejera to adopt the conclusions of law as set forth in the Administrative Complaint and find that the conduct alleged constitute violations of the Practice Act
Second: by Dr. White
Vote: Unanimous

After discussion, the following action was taken:

Motion: by Ms. Sissine to impose the following penalties:

- Letter of concern
- $5,000.00 fine to be paid within twelve (12) months
- Probation to run concurrent with his PRN contract
- Prohibited from seeking reinstatement of DEA license
- Successful completion of the Laws and Rules Exam

Second: by Dr. Tejera
Vote: Passed 4/2

Costs: by Dr. Tejera to assess costs in the amount of $1,358.18 to be paid within one (1) year
Second: by Ms. Sissine
Vote: Unanimous

B. Settlement Agreements

i. Case Tabled

ii. Ganesh Rajagopalan, DDS, Case No. 2017-13074
(PCP – Fatmi, Britten, Morgan)

Dr. Rajagopalan was present and sworn in by the court reporter. He was represented by Richard Brooderson, Esq.

Ms. Fox presented the case to the Board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(m), Florida Statutes, by failing to justify in writing why Respondent gave one or more prescriptions for Percocet, and who the prescription was intended for. **Count II:** Section 466.028(1)(p), Florida Statutes, by prescribing drugs other than in the course of the professional practice as a dentist.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of $2,000.00 to be paid within six (6) months
- Costs of $2,809.27 to be paid within six (6) months
- Continuing Education to be completed through a Florida accredited college of dentistry: 3 clock hours on Prescribing Medications
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Ms. Sissine
Second: by Dr. Tejera

A vote was not taken and after further discussion, Ms. Sissine withdrew the motion.

Motion: by Dr. White to reject the Settlement Agreement and counter with the following terms:

- $17,500.00 fine to be paid within one (1) year
- Complete a 3-credit hour course in Ethics
- Permanently restricted from prescribing scheduled 2 controlled substances
- All other terms to remain the same

Second: by Mr. Andrade
Vote: Unanimous

Respondent will have 10 days to respond to the counter offer.

iii. Anthony Di Re, DMD, Case No. 2015-09557
(PCP – Thomas, Britten, Calderone)

Dr. Di Re was present and sworn in by the court reporter. He was represented by Jon Pellett, Esq.

Mr. Dunn presented the case to the Board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(m), Florida Statutes, by failing to keep a written dental record of the exam results of tooth number 31 in justification of the root canal treatment. **Count II:** Section 466.028(1)(x), Florida Statutes, by failing to adequately diagnose the perforation of tooth number 31; and by failing to adequately obturate the canals of tooth number 30 during the root canal treatment.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of $3,000.00 to be paid within twelve (12) months
- Costs of $3,561.32 to be paid within twelve (12) months
- Continuing Education to be completed through a Florida accredited college of dentistry: 3-6 hours in Diagnosis and Treatment Planning and 3-6 hours in Endodontics
- Patient reimbursement in the amount of $4,762.40 to be paid within twelve (12) months
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Tejera to accept the Settlement Agreement
Second: by Dr. Kavouklis
Vote: Unanimous

iv. Case Tabled

v. Michael Andrew Gorman, DMD, Case No. 2016-29290
(PCP – Fatmi, White, Morgan)

Dr. Gorman was present and sworn in by the court reporter. He was represented by Michael Ragan, Esq.

Mr. Ponce presented the case to the Board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(x), Florida Statutes, by failing to diagnose and/or treat a root canal perforation in patient's tooth 15; by failing to refer patient to another expert endodontist for resolving complications; by failing to inform patient about the perforation. **Count II:** Section 466.028(1)(m), Florida Statutes, by failing to document the root canal perforation in the clinical notes.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of $5,000.00 to be paid within twelve (12) months

- Costs of $4,393.17 to be paid within twelve (12) months
- Continuing Education to be completed through a Florida accredited college of dentistry: 3 hours in Risk Management, 3-6 hours in Diagnosis and Treatment Planning, and 3-6 hours in Endodontics
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the Board dismissed Count II of the Settlement Agreement and following action was taken:

Motion: by Ms. Sissine to accept the Settlement Agreement
Second: by Dr. Tejera
Vote: Unanimous

vi. Julie Ann Kennedy, DMD, Case No. 2017-08720
(PCP – Fatmi, Britten, Morgan)

Dr. Kennedy was present and sworn in by the court reporter. She was represented by Jon Pellett, Esq.

Mr. Ponce presented the case to the Board. Respondent was charged with the following violation: **Count I:** Section 466.028(1)(p), Florida Statutes, by prescribing, procuring, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the professional practice of dentistry.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Costs of $3,899.11 fine to be paid within twelve (12) months
- Continuing Education to be completed through a Florida accredited college of dentistry: 3-6 hours in Pharmacology
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Tejera to dismiss the charge of Section 466.028(1)(p), Florida Statutes and to impose a record keeping violation, Section 466.028(1)(p), Florida Statutes. Dr. Tejera rejected the settlement and offered a counter that includes the same terms except to require a 3-6 Record Keeping course instead of Pharmacology.
Second: by Dr. White
Vote: Unanimous

The Respondent agreed on the charge and accepted the counter agreement on the record.

vii. Duongvannak J.B. Keo, DMD, Case No. 2017-04930
(PCP – Miro, Gesek, Melzer)

Dr. Keo was present and sworn in by the court reporter. He was represented by Jon Pellett, Esq.

Mr. Ponce presented the case to the Board. Respondent was charged with the following violation: **Count I:** Section 466.028(1)(x), Florida Statutes, by failing to remove all of the decay on patient's tooth 15 before permanently cementing a crown; by failing to adequately seat and seal the crown he permanently cemented to avoid open margins; by failing to place the crown he permanently cemented to avoid violating patient's biologic width; and by failing to diagnose one or more of the above deficiencies.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of $3,000.00 to be paid within six (6) months
- Costs of $3,940.69 to be paid within six (6) months
- Continuing Education to be completed through a Florida accredited college of dentistry: 3-6 hours in Diagnosis and Treatment Planning and a 3-6 hour course in Crown and Bridge
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Kavouklis to accept the Settlement Agreement
Second: by Ms. Sissine
Vote: Unanimous

viii. Veronica Anne Thompson, DDS, Case No. 2014-16208

(PCP – Fatmi, Thomas, Britten/Fatmi, Thomas, Morgan/Miro, Gesek, Melzer)

Dr. Thompson was present and sworn in by the court reporter. She was represented by Carol Schriefer, Esq.

Mr. Wilson presented the case to the Board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(x), Florida Statutes, by failing to obtain a medical consultation from the patient's doctor prior to administering anesthesia; by failing to conduct a pre-anesthesia examination including airway evaluation and risk assessment; by failing to administer the proper amount of anesthesia to the patient; by failing to properly titrate anesthesia medication to the patient; by failing to follow the proper emergency protocols when the patient went into cardiac arrest by not administering Epinephrine; by failing to use an oropharyngeal airway or nasopharyngeal airway to improve ventilation; by failing to administer Flumazenil or Naloxone to the patient. **Count II:** Section 466.028(1)(gg), Florida Statutes, by failing to examine and record the examination including airway and risk assessment. **Count III:** Section 466.028(1)(gg), Florida Statutes, by failing to record the patient's vital signs every five minutes. **Count IV:** Section 466.028(1)(gg), Florida Statutes, by failing to obtain a deep sedation permit prior to administering deep sedation to the patient.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Reprimand
- Fine of $10,000.00 to be paid within twelve (12) months
- Costs of $28,681.34 to be paid within twelve (12) months
- Suspension of license until compliant with the continuing education requirement
- Restriction of license: Respondent shall not engage in the practice of conscious sedation dentistry and never apply for a conscious sedation permit.
- Continuing Education to be completed through a Florida accredited college of dentistry:
    - A continuum in managing dental emergencies, to include Airway Management, Managing Medical Emergencies in the Dental Office, Prevention of Medical Errors, and Risk Management.
    - Three hours in Record Keeping
- Successful completion of the Laws and Rules exam within twelve (12) months

The Board took official recognition of the Respondent's Notice of Filing.

Dr. Smith, DDS, was present and answered the Board's questions regarding the events that occurred.

After discussion, the following action was taken:

Motion: by Mr. Andrade to reject the Settlement Agreement and directed Prosecution Services to litigate the case at the Division of Administrative Hearings.
Second: by Ms. Sissine
Vote: Unanimous

C. Voluntary Relinquishment

i. Anna Krawiew, DR, Case No. 2018-05649
(PCP – Waived)

Ms. Krawiew was not present nor represented. She allegedly violated Sections 456.072(1)(a)(c)(k)(l)(m)(n)(dd), Florida Statutes, and Sections 466.028(1)(c)(i)(j)(l)(t)(mm), Florida Statutes.

Motion: by Dr. Tejera to accept the Voluntary Relinquishment
Second: by Mr. Andrade
Vote: Unanimous

III. PROSECUTION REPORT

A. Chad Dunn, Assistant General Counsel

Mr. Dunn presented the prosecution report.

Motion: by Dr. Tejera to allow prosecution to continue processing year and older cases
Second: by Dr. White
Vote: Unanimous

IV. PETITION FOR MODIFICATION OF FINAL ORDER

A. Carolina Ospina, DN 20909
Case No. 2017-06884

Dr. Ospina was not present nor represented by counsel. She submitted a petition on June 21, 2019 requesting the Board grant an extension of 90 days after the return to practice to pay her fine. The Board previously granted a 90-day extension on May 23, 2019.

After discussion, the following action was taken:

Motion: by Ms. Sissine to grant the extension as requested
Second: by Dr. Tejera
Vote: Unanimous

B. Sarah G. Parker, DH 21611
Case No. 2017-09002

Ms. Parker was present and sworn in by the court reporter. She submitted a petition on July 22, 2019 requesting the Board waive the Ethics course requirement, or replace with community service hours, imposed in her previous discipline.

After discussion, the following action was taken:

Motion: by Ms. Sissine to modify the Order to allow for a 3-hour online Ethics course by a board approved CE provider
Second: by Dr. Tejera
Vote: Unanimous

V. PETITION FOR VARIANCE OF WAIVER OF RULE

A. Tallahassee Memorial Hospital and David Rubin, DN 14780
Rule 64B5-17.013, F.A.C.

Jon Pellett, Esq was present to represent Tallahassee Memorial Healthcare (TMH). Also present was Dr. Watson, MD, Vice President of TMH. A petition was filed requesting the Board grant a variance from Rule 64B5-17.013, F.A.C., which prohibits non-dentists from employing oral/maxillofacial surgeons to provide inpatient services, and the Petitioners be allowed to meet the purpose of the statutes by permitting Tallahassee Memorial Hospital (TMH) to employ Dr. Rubin and other oral/maxillofacial surgeons to provide inpatient oral/maxillofacial services to TMH patients.

After discussion, the following action was taken:

Motion: by Dr. Kavouklis to grant the petition as discussed
Second: by Mr. Andrade
Vote: Motion failed with a 3/3 vote

The Board and petitioner discussed tabling this matter until the next meeting to allow the petitioner to file a Declaratory Statement. Petitioner waived the 90-day requirement

Motion: by Dr. Tejera to continue to the November meeting
Second: by Ms. Sissine
Vote: Unanimous

VI. REVIEW OF APPLICATIONS

A. Application for Moderate Sedation Permit

i. Raul Molina, DN23743

Dr. Molina was present and sworn in by the court reporter. His appearance was requested by the Anesthesia Chair, as the board office has not received proof of twenty (20) cases of clinical sedation using moderate sedation agents as required by Rule 64B5-14.003(2)(c).

Dr. Molina withdrew his application.

B. Application for Dental License

i. Sheryl Green

Dr. Green was present and sworn in by the court reporter. Her appearance was requested due to her previous discipline in North Carolina and Texas.

After discussion, the following action was taken:

Motion: by Dr. Tejera to grant the license
Second: by Ms. Sissine
Vote: Unanimous

C. Application for Dental Hygiene License

i. Jeremy Chciuk Davis

Mr. Davis was present and sworn in by the court reporter. His appearance was requested due to his previous criminal history.

Danielle Driscoll was present to support Mr. Davis and act as a character witness.

After discussion, the following action was taken:

Motion: by Ms. Sissine to approve this license with conditions that he complete an Anger Management course within 6 months. He must submit a proposal to the Chair within 15 days and submit certificate of previous course he completed while incarcerated.
Second: by Mr. Andrade
Vote: Unanimous

ii. LaTasha Johnson

Ms. Johnson was present and sworn in by the court reporter. Her appearance was requested due to her previous criminal history.

After discussion, the following action was taken:

Motion: by Ms. Sissine to deny licensure due to Section 456.0635, Florida Statutes.
Second: by Dr. Miro
Vote: Unanimous

iii. Liliana Ortega

Ms. Ortega was present and sworn in by the court reporter. Her appearance was requested due to her previous criminal history.

After discussion, the following action was taken:

Motion: by Ms. Sissine to approve licensure
Second: by Mr. Andrade
Vote: Unanimous

iv. Annette Utsler

Ms. Utsler was present and sworn in by the court reporter. Her appearance was requested due to her previous criminal history.

After discussion, the following action was taken:

Motion: by Ms. Sissine to approve licensure
Second: by Mr. Andrade
Vote: Unanimous

VII. REQUEST FOR EVENT APPROVAL AND TO PROVIDE CONTINUING EDUCATION

A. SmileFaith, Inc.

Daniel Hernandez, Esq. was present to represent SmileFaith, Inc. A petition was filed requesting the Board approve the use of dentists licensed in other states to provide free dental care to indigent patients at upcoming charitable events. SmileFaith has a current non-profit permit issued by the Board of Dentistry, set to expire September 28, 2019.

SmileFaith, Inc filed a separate petition asking the Board to authorize them to provide continuing education credits for the provision of pro bono dental services at SmileFaith's upcoming events.

i. Request to Provide CE Pursuant to 64B5-12.0185, F.A.C.

After discussion, the following action was taken:

Motion: by Dr. Kavouklis to approve
Second: by Ms. Sissine
Vote: Unanimous

Amend Rule 64B5-12.0185, F.A.C. to add SmileFaith, Inc.

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Mr. Andrade that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

ii. Petition for Approval of Event Pursuant to s. 466.002, F.S.

After discussion, the following action was taken:

Motion: by Dr. Kavouklis to table this request until SmileFaith, Inc. can prove they have a formal credentialing process in place.
Second: by Ms. Sissine
Vote: Unanimous

VIII. REPORTS

A. Board Counsel

i. Rules Report

ii. Annual Regulatory Plan

Motion: by Mr. Andrade to delegate authority to the Chair and Board counsel to approve
Second: by Ms. Sissine
Vote: Unanimous

iii. Rule 64B5-12.013, F.A.C.

In response to HB 549, the following language has been proposed:

64B5-12.013 Continuing Education Requirements; Specific Continuing Education Course Requirements; and Cardiopulmonary Resuscitation (CPR) Certification.

(1) Minimum Continuing Education Hours: During each licensure biennium renewal period

(biennium), dentists shall complete a minimum of 30 hours of continuing education and dental hygienists shall complete a minimum of 24 hours of continuing education.

(2) through (4) NO CHANGE

(c) The HIV/AIDS course shall count towards the requirement of subsection (1).

(5) Prescribing of Controlled Substances: As part of ever biennial licensure renewal or for reactivation of a dental license, all licensed dentist shall complete a board-approved, two-hour continuing education course on the safe and effective prescribing of controlled substances.

(a) The Board hereby deems the courses previously approved pursuant to section 456.0301, F.S., as approved to meet the requirement of this subsection.

(b) This course shall count towards the requirement of subsection (1).

(6) NO CHANGE

This section is being proposed based on legislation passed in 2019 – HB 549; Ch. 2019-111, Laws of Florida (eff. July 1, 2019). Previously, the course had to be offered by an entity that did not include the ability of a dental organization to offer the course and the requirement only applied to those who held a DEA permit. The legislation now allows the course to be offered pursuant to the provision of Chapter 466 and it mandates that all licensed dentist take the course, not just those with a DEA permit.

After discussion, the following action was taken:

Motion: by Ms. Sissine to approve the proposed language
Second: by Mr. Andrade
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Mr. Andrade that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

iv. Rule 64B5-12.019, 12.020, and 12.020, F.A.C.

These rules are being proposed for repeal as they have been incorporated into Rule 64B5-12.013, F.A.C.

After discussion, the following action was taken:

Motion: by Mr. Andrade to repeal
Second: by Dr. Kavouklis
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

v. Rule 64B5-10, F.A.C.

The following revisions were proposed in response to correspondence received from the Joint Administrative Procedures Committee.

64B5-10.004 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions.
A licensee who is the spouse of a member of the Armed Forces of the United States and was caused to be absent from the State of Florida for a period of at least six consecutive months because of the spouse's duties with the armed forces and who at the time the absence became necessary was in good standing with the Board of Dentistry and entitled to practice dentistry or dental hygiene in Florida shall be exempt from all licensure renewal provisions under these rules. The licensee must show satisfactory proof of the absence and the spouse's military status through official military documents issued by the United States Armed Forces and through a marriage certificate.

David orally amended to include documents by the Department of Defense and Homeland Security

After discussion, the following action was taken:

Motion: by Mr. Andrade to approve the proposed language
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Ms. Andrade that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

64B5-10.011 Retired Status and Reactivation of Retired Status License.
(1) A licensee may place an active or inactive license in retired status at any time. If the license is placed in retired status at the time of renewal the licensee shall pay the retired status fee set forth in Rule 64B5-15.0122, F.A.C. If the licensee chooses to place the license in retired status at any time other than at the time of license renewal the licensee shall pay the change of status processing fee set forth in Rule 64B5-15.0121, F.A.C., and the retired status fee set forth in Rule 64B5-15.0122, F.A.C.
(2) A licensee may reactivate a retired status license at any time, subject to meeting the following requirements:
(a) Paying the reactivation fee mandated in s. 456.036(12). F.S. ~~forth in Rule 64B5-15.0091, F.A.C. ,~~, which mandates that the licensee "pay any renewal fees imposed on an active status licensee for all biennial licensure periods during which the licensee was on retired status."
(b) Showing documentary proof of satisfying the continuing education requirements of Rules 64B5-12.013, 64B5-12.016, ~~64B5-12.019, 64B5-12.020~~, F.A.C., for each licensure biennial period in which the license was in retired status.
(c) Dentists must demonstrate compliance with Rule 64B5-17.011, F.A.C., Financial

Responsibility.

(3) Any dentist whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of dentistry within the past five (5) years shall be required to appear before ~~the Credentials Committee of~~ the Board and establish the ability to practice with care and skill sufficient to protect the health, safety and welfare of the public. At the time of such appearance, the dentist must:

(a) Demonstrate compliance with subsection (2), above;

(b) Account for any activities related to the practice of dentistry during the period that the licensee was on retired status or not practicing in another jurisdiction and establish an absence of malpractice or disciplinary actions pending in any jurisdiction.

(4) The Department shall refuse to reactivate the license of a retired status dentist who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

After discussion, the following action was taken:

Motion: by Mr. Andrade to approve the proposed language
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Mr. Andrade that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

i. Rule 64B5-4.003, F.A.C.

This rule was tabled to a future meeting

B. Executive Director

i. Financial Reports
ii. Introduction of the application re-design project
iii. SB 152, Dental Therapy

C. Chair

D. Board Members

i. Ms. Sissine

- Rules Committee Report

The rules committee proposed the following revisions:

64B5-25.003 Required Sterilization and Disinfection Procedures.

(1) At least one of the following procedures must be used in order to provide proper sterilization:

(a) Steam under pressure (e.g., autoclave);

(b) Dry-heat;

(c) Chemical vapor;

(d) Ethylene oxide;

(e) Devices used to achieve sterilization must be approved by the U.S. Food and Drug Administration (FDA) for sterilization.

~~(e)~~ (f) Disinfectant/sterilant. U.S. Environmental Protection Agency (EPA) approved disinfectant/sterilants or U.S. Food and Drug Administration (FDA) approved sterilant may be used but are only appropriate for sterilization when used in appropriate dilution and for the time periods set forth in the manufacturer's instructions for use ~~recommendation~~ and only on non-heat tolerant instruments which do not penetrate soft tissue.

(2)(a) Surgical and other instruments that normally penetrate soft tissue or bone, including, but not limited to, forceps, scalpels, bone chisels, scalers, and surgical burs, must be sterilized after each use.

(b) Instruments that are not intended to penetrate oral soft tissue or bone, including, but not limited to, high speed dental handpieces, contra-angles, prophy angles, amalgam condensers, plastic instruments, and burs, but that may come into contact with oral tissues must be sterilized after each use according to the manufacturer's instructions for use.

(c) However, if heat, steam under pressure, or chemical vapor sterilization of an instrument is not technically feasible, due to its size or composition, the instrument must undergo sterilization with a disinfectant/sterilant that destroys viruses and spores. Disinfectants must be registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant and must be used in accordance with the manufacturer's recommendations and ~~the recommendations of the Centers for Disease Control (CDC)~~ in accordance with CDC Guidelines as defined and incorporated by reference in Rule 64B5-25.002(4), F.A.C.

(d) High speed dental handpieces, slow speed dental sleeves and contra-angles, and prophy angles must be sterilized after each use using a heat or heat with pressure or heat with chemical method. The method used must be capable of sterilization.

(e) Heat-sensitive instruments may require up to 10 hours of exposure in a liquid chemical agent registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant.

(3) Before sterilization, instruments must be cleaned to remove debris. Cleaning must be accomplished by a thorough scrubbing with soap or a detergent and water or by using an FDA approved mechanical device, such as an ultrasonic cleaner or an FDA-approved instrument washer following the manufacturer's instructions for use ~~recommendations~~. Metal or heat-stable dental instruments must be sterilized after each use by one of the procedures identified in paragraphs (a)-(d), of subsection (1), above.

(4) Oral prosthetic appliances received from a dental laboratory must be washed with soap or a detergent and water, rinsed well, appropriately disinfected and rinsed well again before the prosthetic appliance is placed in the patient's mouth.

(5) At the completion of dental treatment, all surfaces that may have become contaminated with blood, saliva or other bodily fluids must be disinfected in accordance with CDC Guidelines as defined and incorporated by reference in Rule 64B5-25.002(4), F.A.C. ~~using a procedure recommended by the Centers for Disease Control (CDC)~~.

(6) Disinfectant/sterilants appropriate for use under paragraph (e), of subsection (1), above, are only those disinfectant/sterilants that are registered by the EPA. Those disinfectant/sterilants must be used in accordance with the manufacturer's recommendations for correct use as a disinfectant/sterilant.

(7) The sterilization and disinfection procedures required by this rule must be followed unless

appropriate disposable items are used. Disposable items may only be used on a one time basis and may never be used on more than one dental patient. The use of disposable items is encouraged.

(8) Surgical or examination gloves and surgical masks shall be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any intra-oral dental procedure on a patient in which contact with blood and/or saliva is imminent. Surgical or examination gloves must be changed between patients. Hands shall be washed with soap and water and dried immediately after removing and prior to replacing gloves. A healthcare grade alcohol-based hand rub may also be used according to the most current CDC Guidelines as defined and incorporated by reference in Rule 64B5-25.002(4), F.A.C. Gloves are never to be washed and reused. Surgical or examination gloves that are punctured or torn must be removed and replaced immediately with new gloves following rewashing of provider's hands with soap and water. ~~It is recommended that~~ Protective eyewear ~~protection~~ must be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any dental procedure on a patient in accordance with OSHA's Bloodborne Pathogen Standard, as defined and incorporated by reference in Rule 64B5-25.002(5), F.A.C., and the CDC Guidelines as defined and incorporated by reference in Rule 64B5-25.002(4), F.A.C . ~~recommendations~~.

(9) The procedures and equipment used for sterilization must have their efficacy tested periodically. Adequacy of steam under pressure (e.g. autoclave) or chemical vapor sterilization must have their efficacy verified by appropriate biological monitoring at least once every 40 hours (2400 minutes) of use or at least once every thirty days, whichever comes first. Dry heat and ethylene oxide sterilizers must have their efficacy verified with appropriate biological monitoring every 120 hours of operation at sterilization parameters or every thirty days, whichever comes first. (Use time is determined by multiplying the number of cycles by the individual cycle time.) Disinfectant/sterilants as set forth in paragraph (e), of subsection (1), above, when used instead of heat sterilization procedures, must be used according to the manufacturer's recommended dilution and exposure time and must be changed according to the manufacturer's recommendations.

(10) All OSHA category 2 employees must be provided with and must use the barrier techniques required by this rule when they are in situations where they may be exposed to blood, saliva, or other bodily fluids from the patient during the treatment or examination process.

After discussion, the following action was taken:

Motion: by Mr. Andrade to accept the proposed language
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Mr. Andrade that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Motion: by Ms. Sissine to open the disciplinary guidelines to incorporate sanitization violations
Second: by Dr. Miro
Vote: Unanimous

ii. Ms. Cabanzon

- Council on Dental Hygiene Report

This item was tabled to the November board meeting.

iii. Dr. Tejera

- Chapter 14, F.A.C. Revisions

Proposed changes are attached as Exhibit A. Oral amendments made are reflected in the motions below.

Rule 64B5-14.001

After discussion, the following action was taken:

Motion: by Mr. Andrade to accept the proposed revisions
Second: by Dr. Tejera
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. Miro
Vote: Unanimous

Rule 64B5-14.002

After discussion, the following action was taken:

Motion: by Dr. Tejera to accept the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.0025

After discussion, the following action was taken:

Motion: by Dr. Tejera to accept the proposed revisions

Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Sub-paragraphs (4)(5) and (6) will be left as originally drafted while the applications are being redesigned.

Rule 64B5-14.003

After discussion, the following action was taken:

In sub-paragraph (1)(c) and (2)(f), and strike out “special needs patient”.

Motion: by Dr. Tejera to approve the proposed revisions as orally amended
Second: by Dr. White
Vote: Unanimous

The number of general anesthesia permit holders that treat patients is a small number. The airway management course and medical emergencies is being combined to alleviate the burden.

Notify permit holders, specifically moderate sedation permit holders, of the team approach changes.

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.0032

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. Kavouklis
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.0036

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.004

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.005

After discussion, the following action was taken:

Motion: by Dr. Tejera to repeal this section
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.006

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.007

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. Kavouklis
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.008

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.009

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

Rule 64B5-14.010

After discussion, the following action was taken:

Motion: by Dr. Tejera to approve the proposed revisions
Second: by Dr. White
Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.
Second: by Dr. White
Vote: Unanimous

IX. DISCUSSION

X. FOR YOUR INFORMATION

A. 2018 Florida SEOW Annual Report

XI. NEW BUSINESS

A. Licensure Ratification Lists

After discussion, the following action was taken:

Motion: by Mr. Andrade to approve
Second: by Dr. White
Vote: Unanimous

B. Anesthesia Ratification List

After discussion, the following action was taken:

Motion: by Mr. Andrade to approve
Second: by Dr. White
Vote: Unanimous

XII. OLD BUSINESS

A. Approval of Board Meeting Minutes – May 17, 2019

After discussion, the following action was taken:

Motion: by Dr. White to approve
Second: by Mr. Andrade
Vote: Unanimous

XIII. ADJOURNMENT

There being no further business, the meeting adjourned at 4:00 p.m.

CHAPTER 64B5-14

ANESTHESIA

64B5-14.001 Definitions.

(1) Anesthesia – The loss of feeling or sensation, especially loss of the sensation of pain.

(2) General anesthesia – A controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command. This modality includes administration of medications via parenteral routes; that is: intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(3) Deep Sedation – A controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including either or both the inability to continually maintain an airway independently or to respond appropriately to physical stimulation or verbal command, produced by pharmacologic or non-pharmacologic method or combination thereof. Deep sedation includes administration of medications via parenteral routes; that is intravenous, intra muscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(4) Moderate sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. This modality includes administration of medications via all parenteral routes, that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal. The drugs, and techniques used ~~should~~ shall carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(5) Pediatric Moderate Sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains a child patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. This modality includes administration of medication via all parenteral routes; that is intravenous, intramuscular, subcutaneous, submucosal, or inhalation, and all enteral routes; that is oral, rectal, or transmucosal. The drugs, doses, and techniques used ~~should~~ shall carry a margin of safety wide enough to render unintended loss of consciousness unlikely. For the purposes of this chapter, a ~~child~~ pediatric patient is defined as an individual under 18 years of age, or any person who has special needs, which means having a physical or mental impairment that substantially

limits one or more major life activities.

(6) Nitrous-oxide inhalation analgesia – The administration by inhalation of a combination of nitrous-oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(7) Local anesthesia – The loss of sensation of pain in a specific area of the body, generally produced by a topically applied agent or injected agent without causing the loss of consciousness.

(8) Analgesia – Absence of sensibility of pain, designating particularly the relief of pain without loss of consciousness.

(9) Office team approach – A methodology employed by a dentist in the administration of general anesthesia, deep sedation, moderate sedation, and pediatric sedation whereby the dentist uses ~~one~~ two or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist, and assist in emergency care of the patient. A dentist who is permitted by these rules to administer and employ the use of general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation shall employ the office team approach.

(10) Minimal Sedation – The perioperative use of medication to relieve anxiety before or during a dental procedure which does not produce a depressed level of consciousness and maintains the patient's ability to maintain an airway independently and to respond appropriately to physical and verbal stimulation. This minimal sedation shall include the administration of a single enteral sedative or a single narcotic analgesic medication administered in ~~doses~~ a single dose appropriate for the unsupervised treatment of anxiety and pain. If clinically indicated, an opiod analgesic may also be administered during or following a procedure if needed for the treatment of pain. Except in extremely unusual circumstances, the cumulative dose shall not exceed the maximum recommended dose (as per the manufacturers recommendation). It is understood that even at appropriate doses a patient may occasionally drift into a state that is deeper than minimal sedation. As long as the intent was minimal sedation and all of the above guidelines were observed, this shall not automatically constitute a violation. A permit shall not be required for the perioperative use of medication for the purpose of providing minimal sedation.

(11) Titration of Oral Medication – The administration of small incremental doses of an orally administered medication until an intended level of moderate sedation is observed.

(12) Physician anesthesiologist – Any physician licensed pursuant to Chapter 458 or 459, F.S.,

who is currently board certified or board eligible by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or is credentialed to administer anesthesia in a hospital or ambulatory surgical facility licensed ~~by the Department of Health.~~pursuant to Chapter 395, F.S.

(13) Qualified Anesthetist: means an Advanced Practice Registered Nurse ~~Practitioner~~ who is licensed in this state to practice professional nursing and who is certified in the advanced or specialized nursing practice as a certified registered nurse anesthetist pursuant to Chapter 464, Part I, F.S.

(14) Certified Registered Dental Hygienist: means any Florida licensed dental hygienist who is certified by the Board and has received a certificate from the Department of Health that allows the administration of local anesthesia while the CRDH is ~~appropriately~~ directly supervised by a Florida licensed dentist.

Rulemaking Authority 466.004(4), 466.017(3), 466.017(6) FS. Law Implemented 466.017(3), 466.017(5) FS. History–New 1-31-80, Amended 4-7-86, Formerly 21G-14.01, Amended 12-31-86, 6-1-87, 9-1-87, 2-1-93, Formerly 21G-14.001, Amended 12-20-93, Formerly 61F5-14.001, Amended 8-8-96, Formerly 59Q-14.001, Amended 3-9-03, 11-4-03, 7-3-06, 6-11-07, 8-5-12, 11-13-17.

64B5-14.002 Prohibitions.

(1) Levels of Anesthesia. No dentist licensed in this state shall administer or employ the use of general anesthesia, deep sedation, moderate sedation, and pediatric moderate sedation until they have obtained a permit as required by the provision of this chapter, unless specifically authorized otherwise by this chapter. The permit requirements of this chapter do not apply when treating patients at hospitals or ambulatory surgery centers licensed pursuant to Chapter 395, F.S.

~~(1) General anesthesia or deep sedation. No dentists licensed in this State shall administer moderate anesthesia or deep sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.~~

~~(2) Moderate sedation. No dentists licensed in this State shall administer moderate sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.~~

~~(3) Pediatric Moderate Sedation: No dentist licensed in this State shall administer Pediatric Moderate Sedation in the practice of dentistry until such dentist has obtained a permit as required by the provisions of this rule chapter.~~

(2~~4~~) Nitrous-oxide inhalation analgesia. No dentists licensed in this State shall administer nitrous-oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of this rule chapter. No agents other than nitrous-oxide and oxygen shall be used for inhalation analgesia pursuant to Rule 64B5-14.003, F.A.C.

(3~~5~~) Local anesthesia. Dentists licensed in this State may use local anesthetics to produce local anesthesia in the course of their practice of dentistry. Certified Registered Dental Hygienists are the only hygienists allowed to adminster local anesthesia.

(~~6~~) ~~only agents that can be used for inhalation analgesia pursuant to Rule 64B5-14.003, F.A.C., below are nitrous-oxide and oxygen~~.

(4~~7~~) Titration of Oral Medication. The Board of Dentistry has determined that the perioperative titration of oral medication(s) with the intent to achieve a level of moderate sedation poses a potential overdosing threat due to the unpredictability of enteral absorption and may result in an alteration of the state of consciousness of a patient beyond the intent of the practitioner. Such potentially adverse consequences may require immediate intervention and appropriate training and equipment. ~~Beginning with the effective date of this rule, N~~no dentist licensed in this state shall use any oral medication(s) to induce moderate sedation until such dentist has obtained a permit as

required by the provisions of this rule chapter. The use of enteral sedatives or narcotic analgesic medications for the purpose of providing minimal sedation as defined by and in accordance with subsection 64B5-14.001(10), F.A.C., shall not be deemed titration of oral medication and shall not be prohibited by this rule.

(5~~8~~) The following general anesthetic drugs shall not be employed on or administered to a patient by a dentist unless the dentist possesses a valid general anesthesia permit ~~issued by the Board pursuant to the requirements of this chapter~~: propofol, methohexital, thiopental, etomidate, ketamine, dexmedetomidine, or volatile gases (i.e., sevoflurane, isoflurane).

(6~~9~~) A hygienist certified by the board to administer local anesthesia shall not administer local anesthesia to a patient sedated by general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation. If a dentist has administered nitrous-oxide to the patient, the certified dental hygienist may administer local anesthesia under the direct supervision of the supervising dentist. A patient who has been prescribed a medical drug by their licensed health care provider for the purposes of life functions may be administered local anesthesia by the certified dental hygienist under the direct supervision of the supervising dentist. If, however, the medical drug is prescribed or administered for the purposes of a dental procedure which is intended to induce minimal sedation, the hygienist may not administer local anesthesia to the patient.

(7) Nothing in this chapter shall be construed to allow a dentist or dental hygienist or assistant to administer to herself or himself or to any person any drug or agent used for anesthesia, analgesia or sedation other than in the course of the practice of dentistry.

(8) A dentist utilizing general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation in the dental office may only have one patient at a time induced. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment for each sedated patient.

Rulemaking Authority 466.004(4), 466.017(3), 466.017(6) FS. Law Implemented 466.017(3), 466.017(5) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended 3-9-03, 11-4-03, 6-15-06, 12-25-06, 12-11-11, 8-5-12, 12-15-14, 7-14-16, 11-13-17.

64B5-14.0025 Application for Permit.

Commented [SJ1]: New section – moved from 14.005

(1) Unless authorized by this chapter, no dentist shall administer, supervise or permit another health care practitioner, as defined in Section 456.001, F.S., or perform the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in Section 456.001, F.S., administers general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Each dentist in a practice who performs the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation shall each possess an individual permit. Nothing in this paragraph shall be construed to prohibit administration of anesthetics as part of a program authorized by Rule 64B5-14.003, F.A.C., ~~any other educational program authorized by Board rule,~~ for training in the anesthetic being administered, or pursuant to a demonstration for inspectors pursuant to Rule 64B5-14.007, F.A.C.

(2) An applicant for any type of anesthesia permit must ~~demonstrate~~ submit proof of ~~both~~:

(a) Training in the particular type of anesthesia listed in Rule 64B5-14.003, F.A.C.; and,

(b) Documentation of actual clinical administration of anesthetics to 20 dental or oral and maxillofacial patients within two (2) years prior to application of the particular type of anesthetics for the permit applied for. However, if the applicant is aplying for a pediatric moderate sedation permit and the actual clinical demonstration of anesthetics has been more than two years prior to the submission of the application, the applicant shall be entitled to licensure if the aplicant has completed the American Academy of Pediatric Dentistry's comprehensive course on the Safe & Effective Sedation for the Pediatric Dental Patient within six (6) months prior to the submission of the pediactric moderate sedation permit application.

(3) Prior to the issuance of such permit, an on-site inspection of the facility, equipment, drugs and personnel ~~will~~ shall be conducted pursuant to Rule 64B5-14.007, F.A.C., to determine if the requirements of this chapter have been met.

(4) An ~~application~~ applicant for a general anesthesia permit shall apply on form DH-MQA XXX. (8/19), incorporated herein by reference and available at http:// … and must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the

applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ general anesthesia or deep sedation.

(5) An ~~application~~ applicant for a moderate sedation permit shall apply on form DH-MQA XXXX (8/19), incorporated herein by reference and avaliable at http:// … and must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ moderate sedation.

(6) An ~~application~~ applicant for a pediatric moderate sedation permit shall apply on form DH-MQA XXXX, (8/19) incorporated herein by reference and avaliable at http:// … and must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ pediatric moderate sedation.

(7) The ~~Board~~ Department shall renew the permit biennially upon application by the permit holder, proof of continuing education required by subsection 64B5-14.004, F.A.C., and payment of the renewal fee specified by Rule 64B5-15.019, F.A.C.~~, unless the holder is informed in writing that a re-evaluation of his credentials and facility is to be required. In determining whether such re-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 the results of inspections conducted pursuant to Rule 64B5-14.007, F.A.C. Such re-evaluation shall be carried out in the manner described in subsection (2), set forth above.~~

(8) The holder of any general anesthesia, moderate sedation, or pediatric moderate sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.

Rulemaking Authority 466.004, 466.017(3), 466.017(6) FS. Law Implemented 466.017 FS. History–New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, 11-4-03, 6-23-04, 2-22-06, 6-28-07, 7-5-10, 8-5-12, 11-13-17.

64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.

(1) General Anesthesia Permit.

(a) To be eligible for ~~A~~a permit to authorize the use of general anesthesia or deep sedation ~~shall be issued to an actively licensed dentist authorizing the use of general anesthesia or deep sedation~~ at a specified practice location or locations on an outpatient basis for dental patients, ~~provided~~ the dentist shall comply with Rule~~s~~ 64B5-14.0025, F.A.C., and:

1. ~~Has completed~~Complete a minimum of a two year residency program accredited by the Commission on Dental Accreditation in dental anesthesiology or ~~has~~ complete~~d~~ an oral and maxillofacial surgical residency program accredited by the Commission on Dental Accreditation beyond the undergraduate dental school level, or

2. Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or

3. Is eligible for examination by the American Board of Oral and Maxillofacial Surgery, ~~, or~~

~~4. Is a member of the American Association of Oral and Maxillofacial Surgeons.~~

(b) A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, pursuant to Rule 64B5-14.008, F.A.C. ~~staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation.~~ Administration of general anesthesia or deep sedation requires at least three individuals, each ~~appropriately~~ trained in accordance with this chapter: the operating dentist, a person responsible for monitoring the patient, and a person to assist the operating dentist.

(c) A dentist employing or using general anesthesia or deep sedation and all assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years. ~~Starting with the licensure biennium commencing on March of 2000,~~ a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing general anesthesia or deep sedation must be currently trained in ACLS (Advanced

Cardiac Life Support) ~~or ATLS (Advanced Trauma Life Support~~). Effective March 1, 2022, If treating a patient under the age of 7, or a special needs patient, a dentist utilizing any level of sedation must be currently trained in PALS (Pediatric Advanced Life Support).

(d) A dentist permitted to administer general anesthesia or deep sedation under this rule may administer moderate sedation, pediatric moderate sedation and nitrous-oxide inhalation moderate sedation.

~~(e) A dentist employing or using deep sedation shall maintain an active and current permit to perform general anesthesia.~~

(2) Moderate Sedation Permit.

(a) To be eligible for ~~A~~a permit to authorize the ~~shall be issued to a dentist authorizing the~~ use of moderate sedation at a specified practice location or locations on an outpatient basis for dental patients, the dentist shall comply with Rule~~s~~ 64B5-14.0025, F.A.C., and: ~~provided such dentist:~~

1. ~~Has received~~ Complete a formal training course offered through a Commission on Dental Accreditation accredited dental school or program in the use of moderate sedation, or though an accredited teaching hospital.; Clinical training must take place at the ~~CODA~~ accredited dental school or accredited teaching hospital; and,

2. i~~t~~s certified by the institution where the formal training was received to be competent in the administration of moderate sedation; and, i~~t~~s competent to handle all emergencies relating to moderate sedation.

(b) ~~Such~~ The institution's certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty (60), which must include four (4) hours of airway management. Airway management must include emergency airway management protocols. Clinical training shall include personal administration for at least twenty (20) patients including supervised training, clinical experience and demonstrated competence in airway management of the compromised airway. The program must certify that a total of three (3) hours of clinical training was dedicated to hands-on simulated ~~competence~~ training in emergency~~in~~ airway management of the compromised airway.

(c) Personal Administration of Moderate Sedation: The board shall award credit towards the required twenty (20) dental patients, if and only if, the applicant is responsible for and remains with the patient from pre-anesthetic evaluation through discharge. The evaluation and responsibilities include the following: pre-anesthetic evaluation, induction, maintenance, emergenc~~e~~y, recovery, and

approval for discharge. The board will not award credit for dental anesthetic procedures performed that are greater than or less than the administration of moderate sedation.

~~(d) This formal training program shall be offered through an accredited dental school or program; or through an accredited, teaching hospital.~~

(e) A dentist utilizing moderate sedation shall maintain a properly equipped facility for the administration of moderate sedation, pursuant to Rule 64B5-14.009, F.A.C. ~~staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation.~~ Administration of moderate sedation requires at least ~~two~~ three individuals, each trained in accordance with this chapter: the operating~~a~~ dentist, a person resonsible for monitoring the patient, and a person to assist the operating dentist. ~~and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to ensure that the patient is appropriately monitored.~~

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(f) A dentist utilizing moderate sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. ~~Starting with the licensure biennium commencing on March of 2000, A~~a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing moderate sedation must be currently trained in ACLS (Advanced Cardiac Life Support) ~~or ATLS (Advanced Trauma Life Support)~~. Effective March 1, 2022, if treating a patient under the age of 7 or special needs patient, a dentist utilizing moderate sedation must be currently trained in PALS (Pediatric Advanced Life Support).

(g) Dentists permitted to administer moderate sedation may administer nitrous-oxide inhalation moderate sedation.

(h) Dentists permitted to administer moderate sedation may also administer pediatric moderate sedation in compliance with Rule 64B5-14.010, F.A.C.

(3) Pediatric Moderate Sedation Permit.

(a) To be eligible for a permit to authorize the use of pediatric moderate sedation at a specified

practice location or locations on an outpatient basis for dental patients, the dentist shall comply with Rules 64B5-14.0025, F.A.C., and: ~~A permit shall be issued to a dentist authorizing the use of pediatric moderate sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:~~

1. ~~Has received~~Complete formal training in the use of pediatric moderate sedation~~. This formal training program shall be offered~~ through a~~n~~ Commission on Dental Accreditation accredited dental school or program, or through an accredted teaching hosital,~~;~~ or through an ~~CODA~~ accredited pediatric residency program. Clinical training must take place at the ~~CODA~~ accredited dental school or accredited teaching hospital ;~~n accredited teaching program;~~ and,

2. Is certified by the institution where the formal training was received to be competent in the administration of pediatric moderate sedation and is competent to handle all emergencies relating to pediatric moderate sedation. This certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty (60), which must include four (4) hours of airway management. Clinical training shall include personal administration for at least twenty (20) patients including supervised training, management of sedation, clinical experience and demonstrated competence in airway management of the compromised airway. The program must certify that three (3) hours of clinical training was dedicated to hands-on simulated ~~competence~~ training in emergency airway management of the compromised airway; and,

3. Personal Administration of Pediatric Moderate Sedation: The board shall award credit towards the required twenty (20) pediatric dental patients, if and only if, the applicant is responsible for and remains with the patient from pre-anesthetic evaluation through discharge. The evaluation and responsibilities include the following: pre-anesthetic evaluation, induction, maintenance, emergency, recovery, and approval for discharge. The board will not award credit for dental anesthetic procedures performed that are greater than or less than the administration of pediatric moderate sedation~~, or~~

~~4. The applicant demonstrates that the applicant graduated, within 24 months prior to application for the permit, from an accredited post-doctoral pediatric residency. The pediatric residency anesthesia requirements must meet the minimum number of sedation cases as required in subsection (2).~~

5. ~~Is competent to handle all emergencies relating to pediatric moderate sedation.~~ A dentist

utilizing pediatric moderate sedation shall maintain a properly equipped facility for the administration of pediatric moderate sedation, pursuant to Rule 64B5-14.010, F.A.C.~~,~~ ~~staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incidental thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation.~~ Administration of pediatric moderate sedation requires at least ~~two~~ three individuals, each trained in accordance with this chapter: the operating~~a~~ dentist, a person resposible for monitring the patient, and a person to assist the operating dentist. ~~an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to ensure that the patient is appropriately monitored.~~

(b) A dentist utilizing pediatric moderate sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. ~~Starting with the licensure biennium commencing on March of 2000~~, ~~a~~ A dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric moderate sedation must be currently trained in~~ ACLS (Advanced Cardiac Life Support),~~ PALS (Pediatric Advanced Life Support), ~~or a course providing similar instruction which has been approved by the Board. An entity seeking approval of such a course shall appear before the Board and demonstrate that the content of such course and the hours of instruction are substantially equivalent to those in an ACLS or PALS course.~~

(c) Dentists permitted to administer pediatric moderate sedation may administer nitrous-oxide inhalation moderate sedation.

~~(d) Dentists permitted to administer moderate sedation may administer pediatric moderate sedation.~~

(4) Nitrous-Oxide Inhalation Analgesia.

(a) A dentist may employ or use nitrous-oxide inhalation analgesia on an outpatient basis for dental patients provided such dentist:

1. Has completed no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students"

(eff. 10/07) ~~Comprehensive Control of Pain and Anxiety in Dentistry"~~ , which is hereby incorporated by reference and avliable at http://www.flrules.org/Gateway/reference.asp?No=Ref- or available at http://www.floridadentistry.gov, or its equivalent, or

2. Has training equivalent to that described above while a student in an accredited school of dentistry; and,

3. Has a dental nitrous-oxide delivery system ~~adequate equipment~~ with fail-safe features and a ~~25~~30% minimum oxygen flow.

(b) A dentist utilizing nitrous-oxide inhalation analgesia and such dentist's assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway with a periodic update not to exceed two years. ~~Starting with the licensure biennium commencing on March of 2000, A~~a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric moderate sedation must be currently trained in ACLS (Advanced Cardiac Life Support), ~~ATLS (Advanced Trauma Life Support),~~ or PALS (Pediatric Advanced Life Support).

(c) A dentist who regularly and routinely utilized nitrous-oxide inhalation analgesia on an outpatient basis in a competent and efficient manner for the three-year period preceding January 1, 1986, but has not had the benefit of formal training outlined in subparagraphs 1. and 2., of paragraph (4)(a), above, may continue such use provided the dentist fulfills the provisions set forth in subparagraph 3., of paragraph (4)(a), and the provisions of paragraph (b), above.

(d) Nitrous oxide may be used in combination with a single dose enteral sedative or a single dose narcotic analgesic to achieve a minimally depressed level of consciousness so long as the manufacturer's maximum recommended dosage of the enteral agent is not exceeded. Nitrous oxide may not be used in combination with more than one (1) enteral agent, or by more than a single dose, or by dosing a single enteral agent in excess of the manufacturer's maximum recommended dosage unless the administering dentist holds a moderate sedation permit issued in accordance with subsection 64B5-14.003(2), F.A.C., or a pediatric moderate sedation permit issued in accordance with Rule 64B5-14.003(3)~~10~~, F.A.C.

(e) Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under

the direct supervision of a dentist if the dental assistant or dental hygienist has complied with the training requirements in Rule 64B5-14.003(4)(b) and has completed, at a minimum, a two-day course of training as described in the American Dental Association's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" or its equivalent. After the dentist has induced a patient and established the maintenance level, the assistant or hygienist may monitor the administration of the nitrous-oxide oxygen making only diminishing adjustments during this administration and turning it off at the completion of the dental procedure.

(5) Local Anesthesia Certificate or Permit: A permit or certificate to administer local anesthesia under the direct supervision of a Florida licensed dentist to non-sedated patients eighteen (18) years of age or older shall be issued by the Department of Health to a Florida licensed dental hygienist who has completed ~~the appropriate~~ didactic and clinical education and experience as required by Section 466.017(5), F.S., and who has been certified by the Board as having met all the requirements of Section 466.017, F.S.

(a) A registered dental hygienist who is seeking a permit or certificate for administering local anesthesia must apply to the department on form DH-MQA 1261 (May 2012), Application for Dental Hygiene Certification Administration of Local Anesthesia, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-01469, or available on the Florida Board of Dentistry website at http://www.~~doh.state.fl.us/mqa/dentistry~~floridasdentistry.gov.

(b) An applicant shall submit the following with the application:

1. A thirty-five dollar ($35) non refundable certificate or permit fee,

2. A certified copy of the applicant's transcripts that reflect the required didactic and clinical education and experience,

3. A certified copy of the diploma or certificate issued by the applicant's institution, program, or school; and,

4. Proof of acceptable certification in Cardiopulmonary Resuscitation for health professionals or Advanced Cardiac Life Support as defined in Section 466.017, F.S.

Rulemaking Authority 466.004(4), 466.017(3), (6) FS. Law Implemented 466.017(3), (4), (5), (6) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.03, Amended 12-31-86, 11-8-90, 2-1-93, Formerly 21G-14.003, Amended 12-20-93, Formerly 61F5-14.003, Amended 8-8-96, 10-1-96, Formerly 59Q-14.003, Amended 2-17-98, 12-20-98, 5-31-00, 6-7-01, 11-4-03, 6-23-04, 6-11-07, 2-8-12, 8-16-12 (1)(a)-(f), 8-16-12 (5), 8-19-13, 12-16-13, 3-9-14, 7-14-16, 11-13-17.

64B5-14.0032 Itinerate/Mobile Anesthesia – Physician Anesthesiologist.

The provisions of this rule control the treatment of dental patients in an outpatient dental office setting where a physician anesthesiologist has performed the sedation services. This rule shall control notwithstanding any rule provision in this chapter that prohibits such conduct. The level of sedation is not restricted to the level of the permit held by the treating dentist. The level of sedation may be any level necessary for the safe and effective treatment of the patient.

(1) General Anesthesia Permit Holders:

A dentist who holds a general anesthesia permit may treat their adult, pediatric, or special needs patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a) The physician anesthesiologist performs the administration of the anesthesia and the physician anesthesiologist is responsible for the anesthesia procedure. ~~;~~

(b) The physician anesthesiologist shall have no other patient induced with anesthesia or begin the performance of any other anesthesia services until the patient is discharged;

(c) The dental treatment takes place in the general anesthesia permit holder's ~~board-inspected and board-registered~~ dental office that is on file with the board as an authorized location to perform sedation services and that has been inspected pursuant to Rule 64B5-14.007, F.A.C .

(2) Pediatric Moderate Sedation Permit Holders:

A pediatric dentist, as recognized by the American Dental Association, who holds a pediatric Moderate sedation permit may treat their pediatric or special needs dental patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a)The physician anesthesiologist performs the administration of the anesthesia, and the physician anesthesiologist is responsible for the anesthesia procedure;

(b)The physician anesthesiologist shall have no other patient induced with anesthesia or begin the performance of any other anesthesia services until the patient is discharged;

~~(b)~~ (c)The treatment takes place in the permit holder's dental office that is on file with the board as an authorized location to perform sedation services and that has been inspected pursuant to Rule 64B5-14.007, F.A.C. ~~board-inspected and board-registered dental office~~;

(c) The dental office meets the supply, equipment, and facility requirements as mandated in Rule

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64B5-14.008, F.A.C.;

(d) A board-approved inspector performs an additional inspection of the dental office and the inspector reports the office to be in full compliance with the minimum supply, equipment, and facility requirements.

~~A pediatric dentist who holds an active Moderate sedation permit and not a pediatric moderate sedation permit shall meet the sedation permit requirement of this rule until the next biennial license renewal cycle that follows the effective date of this rule. At the next biennial license renewal cycle that follows the effective date of this rule, a pediatric dentist who hold a moderate sedation permit may transfer the permit to a pediatric moderate sedation permit without any additional cost besides the renewal fee.~~

(3) Moderate Sedation Permit Holders:

A dentist who holds a moderate sedation permit may treat their adult or adult special needs dental patients when a physician anesthesiologist performs the sedation services. The following conditions shall apply:

(a)The physician anesthesiologist performs the administration of the anesthesia, and the physician anesthesiologist is responsible for the anesthesia procedure;

(b) The physician anesthesiologist shall have no other patient induced with anesthesia or begin the performance of any other anesthesia series until the patient is discharged;

~~(b)~~(c) The treatment takes place in the permit holder's ~~properly board-inspected and board-registered dental office~~ dental office that is on file with the board as an authorized location to perform sedation services and that has been inspected pursuant to Rule 64B5-14.007, F.A.C.;

(c) The dental office meets the supply, equipment, and facility requirements as mandated in Rule 64B5-14.008, F.A.C.;

(d) A board-approved inspector performs an additional inspection of the dental office and the inspector reports the office to be in full compliance with the minimum supply, equipment, and facility requirements.

(4) Non-Sedation Permit Holders:

All provisions of this Chapter relating to the administration of any type of anesthesia or sedation and treatment to sedated patients shall remain in full force and effect. Nothing in this section supersedes, alters, or creates a variance to any prohibitions and mandates applicable to non-sedation permit holding dentists.

(5) Staff or Assistants:

A dentist treating a patient pursuant to this rule must have at least three (3) properly credentialed individuals present as mandated in Rule 64B5-14.003, F.A.C. t~~T~~o fulfill the mandatory minimum required personnel requirements of Rule 64B5-14.003, F.A.C., a physician anesthesiologist assistant or a certified registered nurse anesthetist in addition to, or in lieu of a dental assistant or dental hygienist may be utilized. However, the dentist must have a dedicated member of the team to assist in the dental procedure or during ~~dental~~ emergencies.

(6) Equipment:

A dentist may comply with the electrocardiograph equipment requirements ~~and end tidal carbon dioxide monitor equipment standards~~ set by Rule 64B5-14.008, F.A.C., by utilizing the physician's mobile or non-fixed equipment if the dentist meets the following conditions:

(a) During the required board inspection, the equipment is available for inspection, or the dentist supplies an inspection of the equipment~~,~~ which a ~~licensed~~ health care risk manager performed. A ~~licensed~~ health care risk manager inspection is valid for a period of twelve months; and,

(b) The dentist shall make the inspected equipment available during all required inspections, if specifically requested within 48 hours in advance of the inspection, and the equipment must be immediately available for an adverse incident inspection.

(c) As long as the permit holder's dental office meets the supply, equipment, and facility requirements as mandated in Rule 64B5-14.008, F.A.C., nothing in this rule shall be interpreted to prevent a physician anesthesiologist from utilizing their non-fixed mobile equipment when providing anesthesia services in the permit holder's dental office.

(7) Records:

The treating dentist shall maintain a complete copy of the anesthesia records in the patient's dental chart. The dentist shall make certain that name and license numbers identify the treating dentist, the physician anesthesiologist, and all personnel utilized during the procedure.

Rulemaking Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 8-20-12, Amended 11-19-12, 2-21-13, 12-16-13, 11-13-17.

64B5-14.0034 Itinerate/Mobile Anesthesia – General Anesthesia Permit Holders.

The provisions of this rule control the treatment of dental patients in an outpatient dental office where a dentist with a general anesthesia permit performs the sedation services for a treating dentist. The treating dentist must possess a general anesthesia permit, moderate sedation permit, or pediatric moderate sedation permit. The level of anesthesia administered shall be to any level necessary to safely and effectively treat the dental patient. This rule shall control notwithstanding any rule provision in this chapter that prohibits such conduct.

(1) General Anesthesia Permit Holder's Office:

A general anesthesia permit holder may perform sedation services for a dental patient of another general anesthesia permit holder or moderate or pediatric moderate sedation permit holder in his or her office or in another general anesthesia permit holder's office. In this setting, the following shall apply:

(a) The dental treatment may only be performed by a treating dentist who holds a valid anesthesia permit of any level;

(b) ~~.~~The treating dentist and the anesthesia provider are both responsible for the adverse incident reporting under Rule 64B5-14.006, F.A.C.

(2) Moderate and Pediatric M~~m~~oderate Sedation Permit Holder's Office:

A general anesthesia permit holder may perform sedation services for a dental patient of another dentist who holds a moderate sedation permit or a pediatric moderate sedation permit at the office of the treating dentist. In this setting, the following shall apply:

(a) The dental treatment may only be performed by the moderate sedation or pediatric moderate sedation permit holder;

(b) The general anesthesia permit holder may perform general anesthesia services once an additional board-inspection establishes that the office complies with the facility, equipment and supply requirements of Rule 64B5-14.008, F.A.C.;

(c) The treating dentist and the anesthesia provider are both responsible for the adverse incident reporting requirements under Rule 64B5-14.006, F.A.C.

(3) Equipment:

When the general anesthesia permit holder performs the anesthesia services in a dental office of a moderate or pediatric moderate sedation permit holder's office, the electrocardiograph ~~and end tidal~~

~~carbon dioxide monitor equipment~~ mandate~~s~~ may be met as follows:

(a) The general anesthesia permit holder provides the equipment which has already been inspected during the general anesthesia permit holder's required inspection;

(b) The equipment is available for inspection during the office's mandated inspection; and,

(c) The equipment is immediately available for an adverse incident report inspection.

(4) Staff or Personnel:

An anesthesia provider and the treating dentist are both responsible for ensuring that a minimum number of three (3) personnel are present during the procedure. The personnel must meet the minimum credentialing requirements of Rule 64B5-14.003, F.A.C.

(5) Records: The treating dentist shall maintain a complete copy of the anesthesia records in the patient's dental chart. The dentist performing the anesthesia must maintain the original anesthesia records. The treating dentist must identify by name and license number all personnel utilized during the procedure.

Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.017 FS. History–New 3-14-13, Amended 11-13-17.

64B5-14.0036 Treatment of Sedated Patients by Dentists Without an Anesthesia Permit.

The provisions of this rule control the treatment of patients where an anesthesia permitted dentist sedates the dental patient in his or her ~~board-inspected and board-registered~~ dental office that is on file with the board as an authorized location to perform sedation services that has been inspected pursuant to 64B5-14.007, F.A.C., and a Florida licensed dentist without an anesthesia permit performs the dental treatment. This rule shall control notwithstanding any rule provision in this Chapter to the contrary, which prohibits such conduct.

(1) The permitted dentist shall perform the sedation in his or her out-patient dental office where the permitted dentist is ~~registered~~ authorized to perform the anesthesia services;

(2) The permitted dentist shall remain with the patient from the onset of the performance of the anesthesia until discharge of the patient;

(3) The permitted dentist shall have no other patient induced with anesthesia or begin the performance of any other anesthesia services until the patient is discharged;

(4) The treating dentist shall have taken a minimum of four hours of continuing education in airway management prior to treating any sedated patient. Two hours must be in didactic training in providing dentistry on sedated patients with compromised airways and two hours must include hands-on training in airway management of sedated patients. After the initial airway management course, the treating dentist shall continue to repeat a minimum of four hours in airway management every four years from the date the course was last taken by the dentist. The continuing education courses taken may be credited toward the mandatory thirty hours of continuing education required for licensure renewal. The requirement that a dentist must first have taken an initial airway management course before treating a sedated patient shall not take effect until March 1, 2014.

Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.017 FS. History–New 3-14-13, Amended 8-19-13.

64B5-14.0038 Use of a Qualified Anesthetist.

In an outpatient dental office, and pursuant to Section 466.002(2), F.S., a dentist may supervise a qualified anesthetist who is administering anesthetic for a dental procedure on a patient of the supervising dentist. The type of supervision required is direct supervision as defined in Section 466.003(8), F.S. In an outpatient dental office, the supervising dentist must have a valid permit for administering sedation to the level of sedation that the qualified anesthetist will be administering to the dental patient during the dental procedure. The dentist must maintain all office equipment and medical supplies required by this chapter to the level of the sedation that the qualified anesthetist will administer to the dental patient.

Rulemaking Authority 466.004(4), 466.017 FS. Law Implemented 466.002(2), 466.017, 466.003(8) FS. History–New 11-11-13.

64B5-14.004 ~~Additional~~ Continuing Education Requirement~~s~~.

~~(1) Office Team. A dentist licensed by the Board and practicing dentistry in Florida and who is permitted by these rules to induce and administer general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation or nitrous-oxide inhalation analgesia may employ the office team approach.~~

~~(2) Dental Assistants, Dental Hygienists. Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a dentist who is permitted by rule to use general anesthesia, moderate sedation, pediatric moderate sedation, or nitrous-oxide inhalation analgesia, while rendering dental services allowed by Chapter 466, F.S., and under the following conditions:~~

~~(a) Satisfactory completion of no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; and,~~

~~(b) Maintenance of competency in cardiopulmonary resuscitation evidenced by certification in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years.~~

~~(3) After the dentist has induced a patient and established the maintenance level, the assistant or hygienist may monitor the administration of the nitrous-oxide oxygen making only adjustments during this administration and turning it off at the completion of the dental procedure.~~

~~(4) Nothing in this rule shall be construed to allow a dentist or dental hygienist or assistant to administer to himself or to any person any drug or agent used for anesthesia, analgesia or sedation other than in the course of the practice of dentistry.~~

~~(5) A dentist utilizing moderate sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth~~

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~~in paragraph 64B5-14.003(2)(d), F.A.C., for each sedated patient.~~

(1)~~(6)~~ All dentists who hold an active sedation permit of any level must complete four (4) hours of continuing education in ~~airway management and four (4) hours of continuing education~~ in medical emergencies, which shall include the use of the team aproach and include airway management, every ~~four~~ two (24) years from the last date the dentist took the continuing education course. ~~The four (4) hours in airway management must include two hours didactic training in providing dentistry on sedated patients with compromised airways and two hours must include hands-on training in airway management of sedated patients.~~ The continuing education must be taken through a board approved continuing education provider. ~~The continuing education required by this subsection will take effect on March 1, 2014.~~ The continuing education required by this subection may be included in the thirty (30) hours required by Section 466.0135, F.S.

(2) During the licensure biennial renewal period that begins on March 1, 2020 and ever licensure biennial renewal period thereafter, all dentists who hold an active sedation permit of any level shall take the following continuing education instead of the continuing education required in subsection (1): A four (4) hour board approved continuing education course in Medical Emergencies that shall include airway management as a component of the course.

Rulemaking Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 2-13-86, Formerly 21G-14.04, Amended 12-31-86, 12-28-92, Formerly 21G-14.004, Amended 12-20-93, Formerly 61F5-14.004, Amended 8-8-96, Formerly 59Q-14.004, Amended 11-4-03, 6-23-04, 5-24-05, 8-19-13, 11-13-17.

~~64B5-14.005 Application for Permit.~~

~~(1) No dentist shall administer, supervise or permit another health care practitioner, as defined in Section 456.001, F.S., to perform the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in Section 456.001, F.S., administers general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Each dentist in a practice who performs the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation shall each possess an individual permit. Nothing in this paragraph shall be construed to prohibit administration of anesthetics as part of a program authorized by Rule 64B5-14.003, F.A.C., any other educational program authorized by Board rule, for training in the anesthetic being administered, or pursuant to a demonstration for inspectors pursuant to Rule 64B5-14.007, F.A.C.~~

~~(2) An applicant for any type of anesthesia permit must demonstrate both:~~

~~(a) Training in the particular type of anesthesia listed in Rule 64B5-14.003, F.A.C.; and,~~

~~(b) Documentation of actual clinical administration of anesthetics to 20 dental or oral and maxillofacial patients within two (2) years prior to application of the particular type of anesthetics for the permit applied for.~~

~~(3) Prior to the issuance of such permit, an on-site inspection of the facility, equipment and personnel will be conducted pursuant to Rule 64B5-14.007, F.A.C., to determine if the requirements of this chapter have been met.~~

~~(4) An application for a general anesthesia permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ general anesthesia or deep sedation.~~

~~(5) An application for a moderate sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018,~~

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~~F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ moderate sedation.~~

~~(6) An application for a pediatric moderate sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ pediatric moderate sedation.~~

~~(7) The Board shall renew the permit biennially upon application by the permit holder, proof of continuing education required by subsection 64B5-14.004(6), F.A.C., and payment of the renewal fee specified by Rule 64B5-15.019, F.A.C., unless the holder is informed in writing that a re-evaluation of his credentials and facility is to be required. In determining whether such re-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 the results of inspections conducted pursuant to Rule 64B5-14.007, F.A.C. Such re-evaluation shall be carried out in the manner described in subsection (2), set forth above. A renewal fee of $25.00 must accompany the biennial application.~~

~~(8) The holder of any general anesthesia, moderate sedation, or pediatric moderate sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.~~

~~*Rulemaking Authority 466.004, 466.017(3), 466.017(6) FS. Law Implemented 466.017 FS. History - New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, 11-4-03, 6-23-04, 2-22-06, 6-28-07, 7-5-10, 8-5-12, 11-13-17.*~~

64B5-14.006 Reporting Adverse Occurrences.

(1) Definitions:

(a) *Adverse occurrence* – means any mortality that occurs during or as the result of a dental procedure, or an incident that results in the temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient that occurred during or as a direct result of the use of general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation, minimal sedation, nitrous oxide, or local anesthesia.

(b) *Supervising Dentist* – means the dentist that was directly responsible for supervising the Certified Registered Dental Hygienist (CRDH) who is authorized by proper credentials to administer local anesthesia.

(2) Dentists: Any dentist practicing in the State of Florida must notify the Board in writing by registered mail within forty-eight hours (48 hrs.) of any mortality or other adverse occurrence that occurs in the dentist's outpatient facility. A complete written report shall be filed with the Board within thirty (30) days of the mortality or other adverse occurrence. The complete written report shall, at a minimum, include the following:

(a) The name, address, and telephone number of the patient;

(b) A detailed description of the dental procedure;

(c) A detailed description of the preoperative physical condition of the patient;

(d) A detailed list of the drugs administered and the dosage administered;

(e) A detailed description of the techniques utilized in administering the drugs;

(f) A detailed description of the adverse occurrence, to include 1) the onset and type of complications and the onset and type of symptoms experienced by the patient; 2) the onset and type of treatment rendered to the patient; and, 3) the onset and type of response of the patient to the treatment rendered, 4) final disposition of the patient; and,

(g) A list of all witnesses and their contact information to include their address.

(3) A failure by the dentist to timely and completely comply with all the reporting requirements mandated by this rule is a basis for disciplinary action by the Board, pursuant to Section 466.028(1), F.S.

(4) Certified Registered Dental Hygienists: Any CRDH administering local anesthesia must notify the Board, in writing by registered mail within forty-eight hours (48 hrs.) of any adverse occurrence that was related to or the result of the administration of local anesthesia. A complete written report

shall be filed with the Board within thirty (30) days of the mortality or other adverse occurrence. The complete written report shall, at a minimum, include the following:

(a) The name, address, and telephone number of the supervising dentist;

(b) The name, address, and telephone number of the patient;

(c) A detailed description of the dental procedure;

(d) A detailed description of the preoperative physical condition of the patient;

(e) A detailed list of the local anesthesia administered and the dosage of the local anesthesia administered;

(f) A detailed description of the techniques utilized in administering the drugs;

(g) A detailed description of any other drugs the patient had taken or was administered;

(h) A detailed description of the adverse occurrence, to include 1) the onset and type of complications and the onset and type of symptoms experienced by the patient; 2) the onset and type of treatment rendered to the patient; and, 3) the onset and type of response of the patient to the treatment rendered; and,

(i) A list of all witnesses and their contact information to include their address.

(5) A failure by the hygienist to timely and completely comply with all the reporting requirements mandated by this rule is a basis for disciplinary action by the Board pursuant to Section 466.028(1), F.S.

(6) Supervising Dentist:

If a Certified Registered Dental Hygienist is required to file a report under the provisions of this rule, the supervising dentist shall also file a contemporaneous report in accordance with subsection (2).

(7) The initial and complete reports required by this rule shall be mailed to: The Florida Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258.

(8) When a patient death or other adverse occurrence as described in subsection 64B5-14.006(1), F.A.C., is reported to the Department pursuant to Rule 64B5-14.006, F.A.C., the initial report shall be faxed or otherwise telephonically transmitted to the Chairman of the Board's Probable Cause Panel or another designated member of the Probable Cause Panel to determine if there is legal sufficency that there has been a violation of the practice act. If so, the Adverse Incident Report shall be referred to the Department of Health, Consumer Services Unit.

64B5-14.007 Inspection of Facilities and Demonstration of Sedation Technique.

(1) The Department, in consult with the Anesthesia Chair ~~The Chairman of the Board or the Board by majority vote~~ shall appoint consultants who are Florida licensed dentists who holds an active general anesthesia permit, ~~or~~ moderate sedation permit, or a pediatric moderate sedation permit to inspect facilities where general anesthesia, deep sedation, moderate sedation, or pediatric moderate sedation is performed. Consultants shall receive instruction in inspection procedures ~~from the Board~~ prior to initiating an inspection.

(2) Prior to issuance of a general anesthesia permit, moderate sedation permit, or pediatric moderate sedation permit, the applicant ~~must~~ shall pass an initial inspection. The initial inspection shall require the applicant to show compliance with Rule 64B5-14.008, 64B5-14.009 or 64B5-14.010, F.A.C., as applicable and demonstrate that he or she has knowledge of the use of the required equipment and drugs as follows:

(a) Demonstration of General Anesthesia/Deep Sedation. A dental procedure utilizing general anesthesia/deep sedation must be observed and evaluated. Any general anesthesia/deep sedation technique that is routinely employed may be demonstrated. Demonstration must include placement of intravenous catheter~~.~~ The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation a~~an appropriate~~ response to the following emergencies that express full knowledge and treatment of the patient:

1. Airway obstruction,
2. Bronchospasm,
3. Aspiration of foreign object,
4. Angina pectoris,
5. Myocardial infarction,
6. Hypotension,
7. Hypertension,
8. Cardiac arrest,
9. Allergic reaction/Anaphylactic ~~,~~reaction,
10. Convulsions,
11. Hypoglycemia,
12. Syncope; and,

13. Respiratory depression/Apnea.

(b) Demonstration of Moderate Sedation. A dental procedure utilizing moderate sedation must be observed and evaluated. Any moderate sedation technique that is routinely employed may be demonstrated. Demonstration must include placement of intravenous catheter. The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation an appropriate response to the following emergencies that express full knowledge and treatment of the patient:

1. Airway obstruction,
2. Bronchospasm,
3. Aspiration of foreign object,
4. Angina pectoris,
5. Myocardial infarction,
6. Hypotension,
7. Hypertension,
8. Cardiac arrest,
9. Allergic reaction, /Anaphylactic reaction,
10. Convulsions,
11. Hypoglycemia,
12. Syncope; and,
13. Respiratory depression/ Apnea.

(c) Demonstration of Pediatric Moderate Sedation. A dental procedure utilizing pediatric moderate sedation must be observed and evaluated. Any pediatric moderate sedation technique that is routinely employed may be demonstrated. The patient shall be monitored while sedated and during recovery. Furthermore, the dentist and his or her team must physically demonstrate by simulation an appropriate response to the following emergencies that express full knowledge and treatment of the patient:

1. Airway obstruction,
2. Bronchospasm,
3. Aspiration of foreign object,
4. Angina pectoris,
5. Myocardial infarction,

6. Hypotension,

7. Hypertension,

8. Cardiac arrest,

9. Allergic reaction/Anaphylactic reaction~~,~~

10. Convulsions,

11. Hypoglycemia,

12. Syncope; and,

13. Respiratory depression/Apnea.

(3) Any applicant who fails to comply with any of the above requirements as a result of the initial inspection shall receive a failing grade and shall be denied a permit for general anesthesia, moderate sedation or pediatric moderate sedation.

(~~4~~3) Any dentist who has ~~applied for or received~~ a general anesthesia permit, moderate sedation permit, or pediatric moderate sedation permit shall be subject to announced or unannounced ~~onsite~~ routine inspection and evaluation by an inspection consultant. Routine inspections shall be conducted, at a minimum of, every three years. The routine inspection shall include:

(a) Compliance with the requirements of Rule 64B5-14.008, 64B5-14.009 or 64B5-14.010, F.A.C., as applicable, by assigning a grade of pass or fail. ~~This inspection and evaluation shall be required prior to issuance of an anesthesia permit. However, if the Department cannot complete the required inspection prior to licensure, such inspection shall be waived until such time that it can be completed following licensure.~~

~~(4) The inspection consultant shall determine compliance with the requirements of Rules 64B5-14.008, 64B5-14.009 and 64B5-14.010, F.A.C., as applicable, by assigning a grade of pass or fail.~~

~~(5) Any applicant who receives a failing grade as a result of the on-site inspection shall be denied a permit for general anesthesia, moderate sedation and pediatric moderate sedation.~~

(~~6~~b) Any permit holder who fails the inspection shall be so notified by the anesthesia inspection consultant and shall be given a written statement at the time of inspection which specifies the deficiencies which resulted in a failing grade. The ~~inspection team~~consultant shall give the permit holder 20 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect or accept a Corrective Action Plan (CAP) ~~-~~to ensure that the deficiencies

have been corrected. If the deficiencies have been corrected, a passing grade shall be assigned. No permit holder who has received a failing grade shall be permitted 20 days to correct deficiencies unless he voluntarily agrees in writing that no general anesthesia or deep sedation or moderate sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia inspection consultant and a passing grade has been assigned.

(c~~7~~) Upon a determination of the ~~inspection~~ consultant that a permit holder has received a failing grade and that the permit holder has not chosen to exercise his option by taking ~~immediate~~ remedial action within the 20 day time period and submitting to reinspection, or reinspection has established that remedial action has not been accomplished, the ~~Inspection~~ c~~C~~onsultant shall refer the permit holder to the Department of Health, Consumer Services Unit. ~~determine whether the deficiencies constitute an imminent danger to the public~~. ~~Should an imminent danger exist, the consultant shall report his findings to the Executive Director of the Board. The Executive Director shall immediately request an emergency meeting of the Probable Cause Panel. The Probable Cause Panel shall determine whether an imminent danger exists and upon this determination of imminent danger request the Secretary of the Department to enter an emergency suspension of the anesthesia permit. If no imminent danger exists, the consultant shall report his findings to the Probable Cause Panel for further action against the permit holder. Nothing herein is intended to affect the authority of the Secretary of the Department to exercise his emergency suspension authority independent of the Board or the Probable Cause Panel.~~

~~(8) When a patient death or other adverse occurrence as described in subsection 64B5-14.006(1), F.A.C., is reported to the Department pursuant to Rule 64B5-14.006, F.A.C., the initial report shall be faxed or otherwise telephonically transmitted to the Chairman of the Board's Probable Cause Panel or another designated member of the Probable Cause Panel to determine if an emergency suspension order is necessary. If so, the Department shall be requested to promptly conduct an investigation which shall include an inspection of the office involved in the patient death.~~

~~(a) If the results of the investigation substantiate the previous determination, an emergency suspension order shall be drafted and presented to the Secretary of the Department for consideration and execution. Thereafter, a conference call meeting of the Probable Cause Panel shall be held to determine the necessity of further administrative action.~~

~~(b) If the determination is made that an emergency does not exist, the office involved with the patient death shall be inspected as soon as practicable following receipt of the notice required by~~

~~Rule 64B5-14.006, F.A.C. However, in the event that the office has previously been inspected with a passing result, upon review of the inspection results, the Chairman of the Probable Cause Panel or other designated member of the Probable Cause Panel shall determine whether or not a reinspection is necessary. The complete written report of the adverse occurrence as required in Rule 64B5-14.006, F.A.C., shall be provided to the Probable Cause Panel of the Board to determine if further action is appropriate.~~

~~(c) If a routine inspection reveals a failure to comply with Rule 64B5-14.006, F.A.C., the Inspection Consultant shall obtain the information which was required to be reported and shall determine whether the failure to report the death or incident reveals that an imminent danger to the public exists and report to the Executive Director or Probable Cause Panel as set forth in subsection 64B5-14.007(7), F.A.C.~~

(5~~9~~) The holder of any general anesthesia, moderate sedation, or pediatric moderate sedation permit shall inform the Board office in writing of any change in authorized locations for the use of such permits prior to accomplishing such changes. Written notice shall be required prior to the addition of any location or the closure of any previously identified location. Any additional location shall be subject to a routine inspection no later than one year from the date of added location.

(6~~10~~) Failure to provide access to an ~~an inspection team~~a inspection consultant on two successive occasions shall be grounds for discipline for failure to comply with a legal obligation. ~~the issuance of an emergency suspension of the licensee's permit pursuant to the provisions of Section 120.60(6), F.S.~~

Rulemaking Authority 466.017(3) FS. Law Implemented 120.60(8), 466.017(3) FS. History–New 10-24-88, Amended 3-27-90, 11-8-90, 4-24-91, 2-1-93, Formerly 21G-14.007, Amended 12-20-93, Formerly 61F5-14.007, Amended 8-8-96, Formerly 59Q-14.007, Amended 11-4-03, 6-11-07, 11-13-17.

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64B5-14.008 Requirements for General Anesthesia or Deep Sedation: Operatory, Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.

General Anesthesia Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where anesthesia is to be administered must:

(a) Be of ~~adequate~~ size and design to accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient. An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of CPR. ~~permit physical access of emergency equipment and personnel and to permit effective emergency management;~~

(b) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and back up suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;

(b) Oral and nasal airways of various sizes;

(c) Blood pressure cuff and stethoscope;

(d) Cardioscope – electrocardiograph (EKG) machine, pulse oximeter, and capnograph;

(e) Precordial stethoscope;

(f) Suction with backup suction, including suction catheters and tonsil suction;

(g) Thermometer (Continuous temperature monitoring device, if volatile gases are used);

(h) A backup lighting system; and,

(i) A scale to weigh patients.

(4) Emergency Equipment: The following emergency equipment must be present, readily available and maintained in good working order:

(a) Appropriate I.V. set-up, including appropriate supplies and fluids;

(b) Laryngoscope with spare batteries and spare bulbs;

(c) McGill forceps, endotracheal tubes, and stylet;

(d) Appropriate syringes;

(e) Tourniquet and tape;

(f) CPR board or chair suitable for CPR;

(g) Defibrillator equipment appropriate for the patient population being treated;

(h) Cricothyrotomy equipment; and,

(i) A Supraglottic Airway Device (SAD) or a Laryngeal Mask Airway (LMA).

(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room and must be maintained in sufficient amounts to address medical emergencies:

(a) Epinephrine;

(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonist, if these agents are used;

(c) An antihistamine (e.g., Diphenhydramine);

(d) A corticosteroid (e.g., Dexamethasone);

(e) Nitroglycerin;

(f) A bronchodilator (e.g., Albuterol inhaler);

(g) An antihypoglycemic agent (e.g., D50W IV solution);

(h) Amiodarone;

(i) A vasopressor (e.g., Ephedrine);

(j) An anticonvulsant (e.g., Valium or Versed);

(k) Antihypertensive (e.g., Labetalol);

(l) Anticholinergic (e.g., atropine);

(m) Antiemetic;

(n) ~~A muscle relaxant (e.g., Succinylcholine);~~A paralytic agent that is appropriate for the breakage of a laryngospasm or for the use of rapid sequence intubation;

(o) An appropriate antiarrhythmic medication (e.g., Lidocaine);

(p) Adenosine; and,

(q) Dantrolene or ryanodex, if volatile gases are used.

(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall annually provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration;

(d) Airway blockage by foreign body;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Hypertension/Hypotension;

(h) Hypertensive crisis;

(i) Allergic and toxicity reactions;

(j) Seizures;

(k) Syncope;

(l) Phlebitis;

(m) Intra-arterial injection;

(n) Hyperventilation/Hypoventilation;

(o) Cardiac arrest; and,

(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel annually.

(7) Records: The following records are required when general anesthesia or deep sedation is administered:

(a) The patient's current written medical history, including known allergies and previous surgery;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including blood pressure, and pulse; and,

(d) An anesthesia record which shall include:

1. Continuous monitoring of vital signs, which are taken and recorded at a minimum of every 5 minute intervals during the procedure;

2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure, including the start and finish time of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.006, F.A.C., for Adverse Incident Reporting Requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and,

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered drug(s) for general anesthesia or deep sedation must be continuously monitored intra-operatively by electrocardiograph (EKG), pulse oximeter, and capnograph to provide heart rhythm and rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide). This equipment shall be used for each procedure.

Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 10-24-88, Amended 11-16-89, Formerly 21G-14.008, Amended 12-20-93, Formerly 61F5-14.008, Amended 8-8-96, Formerly 59Q-14.008, Amended 5-31-00, 6-23-04, 9-14-05, 3-23-06, 10-24-11, 3-9-14.

64B5-14.009 Moderate Sedation Requirements: Operatory, Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.

Moderate Sedation Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where anesthesia is to be administered must:

(a) Be of size and design to accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient. An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of CPR.~~Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;~~

(b) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following standard equipment must be readily available to the operatory and recovery room and must be maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;

(b) Oral and nasal airways of various sizes;

(c) Blood pressure cuff and stethoscope;

(d) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure;

(e) A Precordial stethoscope;

(f) Capnograph;

(g) Suction with backup suction, also including suction catheters and tonsil suction;

(h) Thermometer;

(i) A backup lighting system; and,

(j) A scale to weigh patients.

(4) Emergency Equipment: The following emergency equipment must be present, readily available and must be maintained in good working order:

(a) Appropriate I.V. set-up, including appropriate supplies and fluids;

(b) Laryngoscope with spare batteries and spare bulbs;

(c) McGill forceps, endotracheal tubes, and stylet;

(d) Appropriate syringes;

(e) Tourniquet and tape;

(f) CPR board or chair suitable for CPR;

(g) Defibrillator equipment appropriate for the patient population being treated;

(h) Cricothyrotomy equipment; and,

(i) A Supraglottic Airway Device (SAD) or a Lyryngeal Mask Airway (LMA).

(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room and must be maintained in sufficient amounts to address medical emergencies:~~:~~

(a) Epinephrine;

(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;

(c) An antihistamine (e.g., Diphenhydramine);

(d) A corticosteroid (e.g., Dexamethasone);

(e) Nitroglycerin;

(f) A bronchodilator (e.g., Albuterol inhaler);

(g) An antihypoglycemic agent (e.g., D50W IV solution);

(h) Amiodarone;

(i) A vasopressor (e.g., Ephedrine);

(j) An anticonvulsant (e.g., Valium or Versed);

(k) Antihypertensive (e.g., Labetalol);

(l) Anticholinergic (e.g, atropine);

(m) Antiemetic;

(n) ~~A muscle relaxant (e.g., Succinylcholine);~~ A paralytic agent that is appropriate for the breakage of a laryngospasm or for the use of rapid sequence intubation;

(o) An appropriate antiarrhythmic medication (e.g., Lidocaine); and,

(p) Adenosine.

(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall annually provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration;

(d) Airway blockage by foreign body;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Hypertension/Hypotension;

(h) Hypertensive crisis;

(i) Allergic and toxicity reactions;

(j) Seizures;

(k) Syncope;

(l) Phlebitis;

(m) Intra-arterial injection;

(n) Hyperventilation/Hypoventilation;

(o) Cardiac arrest; and,

(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel annually .

(7) Records: The following records are required when moderate sedation is administered:

(a) The patient's current written medical history, including known allergies and previous surgery;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including blood pressure, and pulse; and,

(d) A sedation or anesthesia record which shall include:

1. Continuous monitoring of vital signs, which are taken and recorded at a minimum of every 5 minute intervals during the procedure;

2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure including the start and the finish times of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.006, F.A.C., for Adverse Incident Reporting requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and,

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered a drug(s) for moderate sedation must be continuously monitored intraoperatively by pulse oximetry, and capnograph to provide pulse

rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide). A precordial/pretracheal stethoscope must be available to assist in the monitoring of the heart rate and ventilations.

Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 10-24-88, Amended 11-16-89, 4-24-91, Formerly 21G-14.009, 61F5-14.009, Amended 8-8-96, 10-1-96, Formerly 59Q-14.009, Amended 8-2-00, 11-4-03, 6-23-04, 3-23-06, 10-26-11, 3-9-14, 4-17-16, 11-13-17.

64B5-14.010 Pediatric Moderate Sedation Requirements: Operatory; Recovery Room, Equipment, Medicinal Drugs, Emergency Protocols, Records, and Continuous Monitoring.
Pediatric Moderate Sedation Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) Operatory: The operatory where the sedated child patient is to be treated must:

(a) Be of size and design to accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient. An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of CPR.~~Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;~~

(b) Be equipped with a chair or table adequate for emergency treatment, including a cardiopulmonary resuscitation (CPR) board of chair suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) Recovery Room: If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated so that the patient can be observed by the dentist or an office team member at all times.

(3) Standard Equipment: The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for pediatric patients;

(b) Oral and Nasal Airways of appropriate size for the pediatric patient;

(c) Blood pressure cuff and stethoscope or automated unit;

(d) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure;

(e) A Precordial stethoscope;

(f) Capnograph;

(g) Suction with backup suction, also including suction catheters and tonsil suction;

(h) Thermometer;

(i) A backup lighting system; and,

(j) A scale for weighing pediatric patients.

(4) Emergency Equipment: The following emergency equipment must be present, readily available and maintained in good working order:

(a) Appropriate I.V. set-up, including appropriate supplies and fluids;

(b) Laryngoscope with spare batteries and spare bulbs;

(c) McGill forceps, endotracheal tubes, and stylet;

(d) Suction with backup suction, also including suction catheters and tonsil suction;

(e) Appropriate syringes;

(f) Tourniquet and tape;

(g) CPR board or chair suitable for CPR;

(h) Defibrillator equipment appropriate for the patient population being treated; and,

(i) Cricothyrotomy equipment.

(j) A Supraglottic Airway Device (SAD) or a Lyryngeal Mask Airway (LMA).

(5) Medicinal Drugs: The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room and must be maintained in sufficient amounts to address medical emergencies:

(a) Epinephrine;

(b) A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;

(c) An antihistamine (e.g., Diphenhydramine HCl);

(d) A corticosteroid (e.g., Dexamethasone);

(e) Nitroglycerin;

(f) A bronchodilator (e.g., Albuterol inhaler);

(g) An antihypoglycemic agent (e.g., D50W IV solution);

(h) Amiodarone;

(i) A vasopressor (e.g., Ephedrine);

(j) An anticonvulsant (e.g., Valium or Versed);

(k) Antihypertensive (e.g., Labetalol);

(l) Anticholinergic (e.g., atropine);

(m) Antimetic;

(n) ~~A muscle relaxant (e.g., Succinylcholine);~~A paralytic agent that is appropriate for the breakage of a laryngospasm or for the use of rapid sequence intubation;

(o) An appropriate antiarrhythmic medication (e.g., Lidcaine); and,

(p) Adenosine.

(6) Emergency Protocols: The applicant or permit holder shall provide written emergency protocols, and shall annually provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration;

(d) Airway blockage by foreign body;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Hypertension/Hypotension;

(h) Hypertensive crisis;

(i) Allergic and toxicity reactions;

(j) Seizures;

(k) Syncope;

(l) Phlebitis;

(m) Intra-arterial injection;

(n) Hyperventilation/Hypoventilation;

(o) Cardiac arrest; and,

(p) Cardiac arrhythmias.

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel annually.

(7) Records: The following records are required when pediatric moderate sedation is administered:

(a) The patient's current written medical history, including known allergies, history of previous surgery and anesthesia, and the patient's age, weight, and calculation of maximum allowable local

anesthesia;

(b) Physical examination including airway evaluation and risk assessment (e.g., Mallampati Classification, Body Mass Index, and ASA Classification);

(c) Base line vital signs, including pulse, percent hemoglobin oxygen saturation, and when possible, blood pressure; and,

(d) An anesthesia or sedation record which shall include:

1. Periodic vital signs recorded a minimum of every 5 minute intervals during the procedure;

2. Drugs, including local anesthetics, administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure, including the start and finish times of the procedure;

4. Documentation of complications or morbidity (See Rule 64B5-14.006, F.A.C., for Adverse Incident Reporting Requirements);

5. Status of patient upon discharge, and to whom the patient is discharged; and,

6. Names of participating personnel.

(8) Continuous Monitoring: The patient who is administered a drug(s) for pediatric moderate sedation must be continuously monitored intra-operatively by pulse oximetry and capnograph to provide pulse rate, oxygen saturation of the blood, and ventilations (end-tidal carbon dioxide).

Rulemaking Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 8-8-96, Formerly 59Q-14.010, Amended 8-2-00, 5-20-01, 3-23-06, 10-26-11, 3-9-14, 4-17-16, 11-13-17.