BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING MINUTES
November 18, 2021
Rosen Plaza Hotel
9700 International Drive
Orlando, FL 32819
(407) 996-9700
1:00 P.M. ET

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

T.J. Tejera, DMD, MD, Chair
Claudio Miro, DDS
Numa Fernado Munoz, DDS
Charles Llano, DDS
James Betancourt, DMD
Nicholas White, DMD
Clive Rayner, DMD

STAFF PRESENT

Jessica Sapp, Executive Director
Paulette Schofill, Program Administrator

BOARD COUNSEL

Lawrence Harris, Esq.
Senior Assistant Attorney General

II. DISCUSSION

A. Emergency Drugs – Quantities - Rule 64B5-14.008, 14.009, 14.010, F.A.C.

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 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;

(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 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.

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;

(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 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.

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.

(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 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).

Dr. Tejera asked to hear from the inspectors on what they are seeing in the field regarding medication quantities.

Dr. Granda, one of the inspectors present at the meeting, addressed the committee on having enough drugs to run a code for fifteen minutes in conjunction with the ACLS protocols.

The Committee discussed lidocaine pre-filled syringes and the differences on lidocaine with preservatives versus lidocaine without.

The committee also discussed incorporating AHA ACLS protocols and updating language regarding medicinal drugs' sufficient amounts. They asked Mr. Harris to work on rule language

incorporating the suggested changes and to bring back to the committee in February.
Allen Grossman, Esq. addressed the committee on standardization of inspections.

B. CE Courses – Rule 64B5-14.004, F.A.C.

64B5-14.004 Continuing Education Requirement.

(1) 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, every four (4) 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 subsection 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 every 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.

i. Airway
ii. Sim Man Course

Dr. Tejera reminded everyone of the new CE rule required for this biennium.

C. Anesthesia Safety

D. Nitrous Oxide Administration – Rule 64B5-14.002 and 14.003, F.A.C.

64B5-14.002 Prohibitions.

(1) No Change.

(2) Nitrous-oxide inhalation analgesia. No dentist~~s~~ or dental hygienist 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) No Change.

(6) 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, nor shall a hygienist administer nitrous-oxide to a patient previously sedated. If a dentist or dental hygienist 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.

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

(1) - (3) No Change.
(4) Nitrous-Oxide Inhalation Analgesia.
(a) A dentist may use, or employ and authorize a dental hygienist to administer under indirect supervision, as specified by Rule 64B5-16.006, nitrous-oxide inhalation analgesia on an outpatient basis for dental patients, provided such dentist and dental hygienist have:
1. Has cCompleted 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. 10/16), which is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-11670 or available at http://www.floridadentistry.gov, or its equivalent, or
2. Has tTraining equivalent to that described above while a student in an accredited school of dentistry or dental hygiene; and,
3. Has a A dental nitrous-oxide delivery system with fail-safe features and a 30% minimum oxygen flow.
(b) A dentist utilizing nitrous-oxide inhalation analgesia and such dentist's assistants and / 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. 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 PALS (Pediatric Advanced Life Support).
(c) – (d) No Change
(e) Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the indirect supervision of a dentist if the dental assistant or dental hygienist has complied with the training requirements in paragraph 64B5-14.003(4)(b), F.A.C., 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 or dental hygienist 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) No Change.

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 88-96, 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, 3-10-20, 8-5-21.

64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.
(1) No Change
(2) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under Direct supervision:
(a)- (h) No Change
(i) Administer nitrous-oxide oxygen to a special needs or American Society of Anesthesiologists (ASA) Category IV dental patients provided the patient has not been previously sedated and the Dental Hygienist is in full compliance with the requirements of Rule 64B5-14.003(4)(b), F.A.C.
(3) – (5) No Change

(6) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under Indirect supervision:

(a) – (f) No Change

(g) ~~Monitor the administration of the~~ Administer nitrous-oxide oxygen to American Society of Anesthesiologists (ASA) Category I – III dental patients ~~making adjustments only during this administration and turning it off at the completion of the dental procedure~~ provided the Dental Hygienist is in full compliance with the requirements of Rule 64B5-14.003(4)(b), F.A.C.; and,

(h) Using adjunctive oral cancer screening medical devices approved by the U.S. Food and Drug Administration.

(7) – (11) No Change.

Rulemaking Authority 466.004(4), 466.017(6), 466.023, 466.024 FS. Law Implemented 466.017(6), 466.023, 466.024 FS. History–New 1-18-89,
Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.006, Amended 3-30-94, Formerly 61F5-16.006, Amended 1-9-95, 6-12-97, Formerly 59Q-16.006, Amended 1-25-98, 9-9-98, 3-25-99, 4-24-00, 9-27-01, 7-13-05, 2-14-06, 3-24-08, 7-20-09, 10-17-10, 8-5-12, 6-28-17, 8-2917, 2-27-18, 12-9-18, 3-25-20, 3-30-21.

The committee discussed the addition of language that would prohibit a Dental Hygienist from administering nitrous oxide to a patient who has been previously sedated.

Jessica Walker, Florida Dental Hygiene President Elect, addressed the committee in support of the rule.

After discussion, the following action was taken:

Motion by: Dr. Miro to accept the proposed rule language with the additional proposed amendments regarding nitrous oxide administration to previously sedated patients and special needs patients.
Second: Dr. White
Vote: Unanimous

III. NEW BUSINESS

IV. OLD BUSINESS

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 3:30 p.m.