

# New Hampshire Anesthesia and Sedation Evaluation Committee

A Committee of the New Hampshire Board of Dental Examiners

## The New Hampshire Anesthesia and Sedation Evaluation Committee Annual Meeting 2020

**Tuesday December 8, 2020**

**6-8 PM Meeting**

**Virtual Meeting by Zoom Platform**

**Host: Dr. Karen Crowley, Chair**




**ATTENDING :** Dr. Karen Crowley, Chair, Dr. Mark Abel, Dr. Rocco Addante, Dr. Vincent Albert, Dr. Michael Alexander, Dr. Shane Citron, Dr. Shauna Gauthier, Dr. James Haas, Dr. Lily Hu, Dr. Chandler Jones, Dr. Douglas Katz, Dr. Christopher King, Dr. Salman Malik, Dr. Barton McGirl, Dr. Peter Reich, Dr. Richard Rosato, Dr. Mark Scura, Dr. Patrick Vaughan

**NOT IN ATTENDANCE: Committee Members** Dr. Matthew Heimbach, Dr. Dave Pak, Dr. Kimberly Meyer





**Invited Guests:** Dr. Puneet Kochhar, President, NHBoDE, Mr. Nathan Smith, NHBoDE Administrator, Ms. Jeanne Clement, Former Administrative Assistant, NHBoDE (now in Attorney Broderick's office)

**PUBLIC OBSERVER(s):**


## NHASEC Annual Meeting Minutes Posted on NHBoDE website:

- [April 12, 2018](#) 
- [April 19, 2017](#) 
- [April 15, 2015](#) 

## NHASEC Advisory Subcommittee Quarterly Meeting Minutes Posted on NHBoDE website:

- [March 21, 2019](#) 
- [December 13, 2018](#) 
- [September 21, 2018](#) 
- [April 4, 2018](#) 

- [February 21, 2018](#) 

 Portable Document Format (.pdf). Visit [nh.gov](http://nh.gov) for a list of [free .pdf](#)

## **AGENDA 2020**

**Meeting called to order at 6:04 PM**

**Opening remarks**

**Introduction of New committee members**

Dr. Lily Hu

**In Memoriam “Ave atque Vale”**

**A moment of silence for Dr. Gregory L. Shaker, D.D.S.**

**June 01, 1953 - March 05, 2020**



**His Obituary is here:**

<https://www.kentandpelczarfh.com/obituary/dr-gregory-shaker-dds>

### **CHANGES IN STAFFING AT NHBoDE**

NATHAN SMITH IS SUPERVISOR OF LICENSING WITH OVERSIGHT OF THE NHBoDE AMONG OTHER BOARDS

CHRISTINE SENKO IS ADMINISTRATOR OF THE BUREAU OF BOARD ADMINISTRATION

JEANNE CLEMENT IS NOW IN ATTORNEY THOMAS BRODERICK’S OFFICE OF LEGAL COUNSEL, BUT FOR THE TIME BEING STILL HELPS WITH DENTIST ANESTHESIA AND SEDATION ADMINISTRATION

PAULA M DOMENICI-GODLOVE IS THE LICENSE CLERK AT NHBoDE AND HAS BEEN THERE FOR SEVERAL YEARS

MANY OF THE ADMINISTRATORS SPEND TIME DIVIDED AMONG DIFFERENT BOARDS. PAULA IS THE CLERK DEDICATED TO THE DENTAL BOARD. AS I PLAN TO RESIGN THE CHAIR OF OUR COMMITTEE IN SEPTEMBER 2021, IT IS IMPERATIVE

THAT WE SET UP A PLAN FOR CONTINUITY, INCLUDING MORE ROBUST AND DEDICATED ADMINISTRATIVE SUPPORT OUTSIDE MY OFFICE. WITHOUT THAT, THE COMMITTEE WILL BE INEFFICIENT.

THERE IS AN OPENING ON THE DENTAL BOARD FOR 2 DENTIST MEMBERS AS OF OCTOBER 2020 PLEASE CONSIDER APPLYING, AS WE NEED SOMEONE ON THE BOARD WITH ANESTHESIA KNOWLEDGE.

### **VOTE ON 2019 MINUTES**

A MOTION WAS MADE AND SECONDED. THE MINUTES WERE ACCEPTED UNANIMOUSLY

### **FIVE-YEAR COMPREHENSIVE EVALUATIONS ASSIGNMENT REPORT**

ASSIGNMENTS HAVE BEEN MADE AND DISTRIBUTED TO THE COMMITTEE MEMBERS THROUGH MARCH 2021 TODAY, THE ASSIGNMENTS FOR MARCH-DECEMBER 2021 WILL BE DISTRIBUTED

- IT IS NOW THE RESPONSIBILITY OF THE DOCTOR BEING EVALUATED (EVALUATEE) TO SET UP THE TIME OF THE EVALUATION *WITH THE ASSIGNED COMMITTEE DOCTORS*. THIS INFORMATION IS INCLUDED IN THE LETTER SENT BY THE CHAIR TO THE EVALUATEE. THIS IS A DIFFERENT EMPHASIS THAN HAS BEEN IN THE PAST.
- THE CHAIR IS NOT RESPONSIBLE FOR SCHEDULING ANY EVALUATIONS THAT HAVE BEEN ASSIGNED. IF THE EVALUATEE IS NON-RESPONSIVE AND NOT INITIATING THE ASSIGNMENT, THEN THE CHAIR SHOULD BE INFORMED AND NOTIFICATION WILL BE MADE TO THE EVALUATEE THAT THE ANESTHESIA PERMIT WILL BE IN JEOPARDY OF TERMINATION DUE TO NON-COMPLIANCE.

Committee Performance 2019-2020

<b>2019-2020</b>	Completed	Completed On Time	Completed + Overdue	Incomplete + Overdue
Comprehensive Evaluation MS/R	1	1	0	0
Comprehensive Evaluation-MS/UR	2	1	1*	
Comprehensive Evaluation-GA/DS	4	4		
Comprehensive Evaluation (Itinerant Dentist Anesthesia Provider)	0	0	0	0
<b>Comprehensive Evaluation Sub Totals</b>	7	6	1	
Facility Inspection DS/GA	12	N/A	N/A	N/A
Facility Inspection MS/R	2	N/A	N/A	N/A
Facility Inspection MS/UR	1	N/A	N/A	N/A
Facility Inspection (Itinerant Dentist Anesthesia Provider)		N/A	N/A	N/A
Facility Inspection (for anesthesia administered by Anesthesiologist or CRNA)	3	N/A	N/A	N/A
<b>Facility Inspection Sub Totals</b>	18			
<b>Total Number of Evaluations</b>	<b>25</b>			

\*Overdue MS-UR completed- Evaluatee was not prepared at time of initial evaluation

The following Comprehensive Evaluations have been granted extension from the Board due to COVID from 2020-2021

6 DS/GA

4 MS-R

1MS-UR

The NHBoDE ruled that time extensions were allowed due to coronavirus pandemic and its effect on dental practice in NH from March-early summer 2020. Seven comprehensive evaluations were extended and all but one were completed on-time.

Eleven comprehensive evaluations that should have occurred during the Governor's emergency shut-down were granted a year's extension. Most will be done on-time.

## **Committee membership**

New committee member search. Please submit names to the chair. Even if you have not spoken with the candidate, please let me know and I will contact them.

We are very grateful to welcome Dr. Lily Hu, as her expertise in mobile anesthesia delivery will be invaluable to help solve the challenges we have encountered with fairly regulating this model of delivery.

New chair search. I will be stepping down as of September 2021 after 10 years of service.

The Board has allowed one hour of continuing education credit for any evaluation done. Please submit this to the Board.

## **Advisory Subcommittee Meetings and Minutes**

The Advisory Subcommittee (AS), composed of Drs. Karen Crowley, Vincent Albert, James Haas, Salman Malik and Mark Scura began meeting in 2017 to give timely advice to the NHBoDE and to address issues of anesthesia and sedation in dentistry between annual NHASEC meetings.

The AS has met 4 times since the last annual meeting of May 2, 2019. The last two meetings have been virtual. Any committee member or member of the public is welcome to attend.

The meetings:

September 26, 2019

December 18, 2019

June 18, 2020

October 8, 2020

The minutes of the meetings are submitted to you and will be posted on the Board website. Previous minutes have already been posted.

Issues of interest that have been discussed are:

AAP/AAPD Guidelines

Phlebotomy Privileges

Changes in Minimum Quantities of Resuscitative Drugs

Extension Granted for Evaluations Due During the Governor's Emergency Order of March 16, 2020

Calibration as a Safety Issue

PALS Course for Assistants This was a success, put on by Dental Simulation Specialists in November at the Centennial. If anyone is interested in the future, 17-20 people make it financially feasible. Rick Ritt tailors the course to the dental outpatient anesthesia participant.

Other housekeeping advice and information to the Board

## Issues with itinerant non-dentist anesthesia providers

- new anesthesia provider going into a previously evaluated facility
- a new non-dentist anesthesia provider began delivering anesthesia into a previously evaluated dental facility, evaluated with another provider. No facility inspection was required per current Rules.
- itinerant doctors all consider themselves self-contained
- large numbers of email and phone calls from dentist and non-dentist anesthesia providers requesting facility inspection or comprehensive evaluation directly from chair, not going through protocol of the board requesting the evaluation from the chair.

From the Rules (sic)

[Den 304.02 administration of general anesthesia or sedation exclusively by a new hampshire licensed anesthesiologist or certified registered nurse anesthetist.](#) Dentists shall not be obligated to obtain a permit pursuant to this part if general anesthesia or sedation is being administered exclusively by a new hampshire licensed anesthesiologist or certified registered nurse anesthetist, so long as:

(a) the dentist first provides to the board:

- (1) the name of the licensed anesthesiologist or certified registered nurse anesthetist that the licensee intends will be administering anesthesia or sedation; and
- (2) the level of sedation being administered; and

(b) the dentist intending to use an anesthesiologist or certified registered nurse anesthetist for administration under this section passes an initial facility inspection of the facility or office as described in den 304.05(c)(1) plus subsequent evaluations every 5 years thereafter, provided that anesthesiologists or certified registered nurse anesthetists who pass an initial facility inspection at one facility or office shall not be required to pass additional inspections at other facilities.

We have had a lot of issues in implementing this Rule. For instance, the language here doesn't cover the self-contained anesthetist going multiple places or a new CRNA going to the same office, which does not have in situ equipment and supplies. Dr. Hu and Dr. Crowley will work on a proposal for the Committee and Board that will more completely cover this issues Crowley will work on a proposal to addresses matters of concern for patient safety. Please be aware that the non-dental anesthesia providers are not under the jurisdiction on the dental board. Consequently, our Rules can be directed only at dentist hosting a non-dental anesthesia provider.

For instance, each office is now required to submit a site-specific emergency patient transfer plan, scripted 911 call and roles and responsibilities of all staff members involved in an emergency incident. I'm concerned that these are only on paper and emergency drills are not performed to test for gaps in emergency preparedness.

Dr. Haas mentioned that there is a lot of misinformation given to pediatric dentists about the requirements for pediatric anesthesia, for instance, at a CE course, the lecturer stated that the pediatric dentist had to have an anesthesia permit, not just a facility inspection to host an anesthesia provider.

## **Calibration of equipment as a safety issue**

Background: In looking for a vendor to calibrate anesthesia pumps, nitrous oxide flowmeters and monitors in use for some time, the AS was concerned that this could be a safety issue. Should this be a concern for the anesthesia safety committee?

In Massachusetts, nitrous oxide flowmeters must be calibrated according to manufacturer's recommendation, generally every 2 years.

The AAP/AAPD guidelines require calibration of equipment.

We will probably make a statement on the evaluation form that the dentist must attest to meeting the manufacturer's requirements for calibration of flowmeters, nitrous oxide delivery systems, pump delivery systems and monitors.

## **Inspections and Evaluations and Required Drugs and Equipment**

### **CHANGES IN EVALUATION FORM UPDATED OCTOBER 2020**

#### MINIMUM QUANTITIES FOR

EPINEPHRINE 1:1000      MINIMUM OF 2 DOSES FOR ANAPHYLAXIS

IF EPI PEN, NEED 2, IF AMPULE/SDV 1MG, NEED ONLY 1

EPINEPHRINE 1:10,000      MINIMUM OF 2 OR 3 DOSES FOR ACLS PROTOCOL

ADENOSINE 6MG THEN 12 MG

AMIODARONE 300MG THEN 150 MG

THESE CHANGES HAVE BEEN MADE ON THE EVALUATION FORM TEMPLATES. PLEASE BE SURE THAT ALL COMMITTEE MEMBERS USE THE NEW FORMS

**HOW DO WE KNOW THAT WE ARE USING THE MOST RECENT VERSION OF THE EVALUATION FORM? CHECK WITH ERIN BEFORE EACH EVALUATION.**

Frank Valenti, CRNA has submitted a request that the designation for an opiate in the emergency list of required medications be changed to "recommended" or "optional". See letter attached.

What is the opinion of the Committee regarding this?

#### Background Information

We are under obligation in the NHBDE Rules to follow the AAOMS OAEM 9<sup>th</sup> edition. Appendix 2 page 107 gives a list of Required Equipment and Recommended Drugs. There is a specific statement that the list of recommended drugs should not be considered mandatory or all-inclusive. There is no mandate from guidelines that narcotics must be available.

LETTER FROM DR. FRANK VALENTI  
November 5, 2020

Karen E. Crowley, DDS, Chair  
Anesthesia/Sedation Evaluation Committee  
New Hampshire Board of Dental Examiners  
7 Eagle Square  
Concord, NH 03301

Dear Dr. Crowley and Members of the Committee,

I am writing to request consideration of a change to Facility Inspection and Comprehensive Evaluation Form for Deep Sedation/General Anesthesia Permit.

Currently the Form lists as "Mandatory", that the dental office where deep sedation/general anesthesia is to be performed have on site the opiate medication Morphine/Astromorph. I writing to request that this designation be changed to "Recommended" or "Optional".

As the committee is aware, currently Morphine/ Astromorph and other opiates such as fentanyl are designated as Schedule II medications by the Drug Enforcement Administration and as such require stringent monitoring, storage and recording measures.

There is little application for the administration of narcotics/ opiates when utilizing deep sedation/ general anesthesia in the dental office setting as the majority of the operative analgesia can be provided by local anesthetic injection as well as the use of non-controlled adjuncts such as Toradol (ketorolac) or Ofirmev (acetaminophen).

In the setting of our current opioid crisis, the on-site presence of opiate medication may be hazardous to staff and patients alike. Despite best efforts to secure these medications properly, diversion can still occur.

The current American Heart Association guidelines for Patient with Chest Pain or Potential Acute Coronary Syndrome does list administration of "analgesia per protocol" as a "recommendation" only after transport to a hospital/ PCI center and only after the administration of anticoagulants and the start of a nitroglycerin infusion. The requirement for morphine in the dental office (in the case of an acute coronary event) does not seem to be needed.

I appreciate the committee taking the time to consider this request and would welcome the opportunity to address any concerns or questions in person.

Respectfully Submitted,

Francis Valenti, CRNA  
Owner  
Plymouth Anesthesia Associates, PLLC

After discussion from the floor, a motion was made and seconded to change the narcotic requirement from mandatory to recommended on the drug list. There was unanimous approval of this motion.

## **Regulatory Issues**



## Minimal Sedation by any dentist does not require a permit at this time

Thank you for contacting CODA. The Accreditation Standards for Dental Education Programs (linked below) does not include specific language that references or requires dental education programs to provide training required in the ADA "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".

Predoctoral dental education programs may choose the depth and scope of curriculum (didactic, preclinical and clinical) in order to ensure compliance with CODA standards, including but not limited to Dental Standard 2-24, which states:

At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:

e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;

Standards for Predoctoral Dental Education

<https://www.ada.org/en/coda/current-accreditation-standards>

Please contact the dental education program(s) directly to determine the level of education and training provided in pain control and sedation.

## Oral Sedation by Dentists without Permits

Submitted by Dr. Crowley to the Board:

I would like to bring up the issue of oral sedation advertised by general dentists on websites and other forms of advertising. I've noticed several of these in passing, and know that the dentist does not have an anesthesia permit.

There is no specific definition of oral sedation as advertised and the technique may well fall under anxiolysis which is allowed by Rules to be delivered without a permit.

However, in both pediatric and general dentistry, there may be those who are practicing moderate sedation without a permit.

The only way to know is to inquire about the individual dentist's specific technique and evaluate whether or not it meets the definition of anxiolysis or moderate sedation in the Rules. This would take lots of manpower which is not practically available.

One consideration to approach this if the Board has any interest in pursuing the matter is to send out a notice to **all** dental licensees with the Rules definition of anxiolysis and moderate sedation and inform them that if their technique meets the criteria of moderate sedation, a permit is required.

This puts the burden of proof on the general dentist and the Board does not have to investigate or evaluate every dentist advertising oral sedation. However, there could be a spot check by the Board of several dentists advertising oral sedation to raise the level of consciousness of the community of the need for moderate sedation permits if moderate sedation is being delivered.

As Chair of the NHASEC of the NHBDE, I am concerned only for public safety. If any dentist advertises oral sedation, they should be aware that a permit is required if their technique meets the definition in the Rules of moderate sedation.

## **Guidelines for Pediatric Sedation from AAP/AAPD**

**Background:** In July 2019, AAP/AAPD published the following paper:

**Coté CJ, Wilson S. American Academy of Pediatric Dentistry, American**

**Academy of Pediatrics. Guidelines for Monitoring and Management of Pediatric**

**Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures.**

**Pediatr Dent 2019;41(4):E26-E52.**

<https://pediatrics.aappublications.org/content/143/6/e20191000>

This is a brief summary of the requirements and changes to current practice:

1. For children undergoing moderate sedation, the monitoring observer can be an assistant but that person needs to be PALS certified.
2. For children undergoing deep sedation or general anesthesia the following changes in the guidelines:

An independent observer besides the treating surgeon/dentist needs to be one of the below:

- A) an additional oral surgeon
- B) anesthesiologist
- C) nurse anesthetist
- D) dentist anesthesiologist

Also both the observer and the dentist/oral surgeon need to be PALS certified.

3. In addition, the Guidelines require a protocol for immediate activation of EMS system, which must be established and maintained
4. Monitoring devices must have a safety and function check on a regular basis

This is the letter of response from AAOMS:

AAOMS Response to Recent Challenges to OMS Office-Based Anesthesia for Pediatric Patients.

Indresano AT, Nannini VL, Tiner BD, Johnson JD Jr, Ferguson BL, Shafer D, Schwartz PJ, Clark RS, Morrison JD, Crago CA, Egbert MA. J Oral Maxillofac Surg. 2019 Dec;77(12):2372-2376. doi: 10.1016/j.joms.2019.09.002. Epub 2019 Sep 12. PMID: 31525330

No action was recommended by the Committee on the new pediatric sedation guidelines at this time.

## **Next Meeting**

It is the will of the Committee that the next annual meeting be conducted by Zoom platform at the usual spring time of April or May.

I will send out a poll to find out the best time for the meeting.

The 2020 Annual Meeting of the NH Anesthesia and Sedation Evaluation Committee was adjourned at 7:42 PM

Respectfully submitted,

*Karen E. Crowley*

Karen E. Crowley, D.D.S., Chair

Minutes Voted Upon and Accepted Electronically by majority of Committee March 10, 2021

Total Number of Committee Members 21

Total Votes to Approve 16

No Response 5