New Hampshire Anesthesia and Sedation Evaluation Committee

A Committee of the New Hampshire Board of Dental Examiners

Advisory Subcommittee Meeting

Thursday September 21, 2018
6:00 pm
Hanover Street Chop House
149 Hanover Street
Manchester, NH 03101
Attending: Dr. Karen Crowley, Dr. James Haas, Dr. Mark Scura, Dr. Vincent Albert

NHASEC ADVISORY SUBCOMMITTEE THIRD QUARTER MEETING
SEPTEMBER 20, 2018

AGENDA
MINUTES OF PREVIOUS MEETING
HB1577
FIRE SAFETY REGULATIONS
BOARD OF REGISTRATION FOR MEDICAL TECHNICIANS (BORMT)
HYPO/HYPERTENSION SCENARIO
EMERGENCY TRANSFER PLAN REQUIREMENTS
SUPPORT FOR DENTAL TARGETED EMERGENCY MANAGEMENT COURSES

Meeting called to order September 20, 2018 6:12 PM
Public Session

MINUTES OF Q2 second meeting NHASEC AS MEETING
MINUTES of April 4, 2018 meeting recently reviewed by NHBODE and approved by unanimous vote of subcommittee members
MINUTES OF ANNUAL NHASEC MEETING
MINUTES HAVE BEEN SENT TO THE NHBODE FOR APPROVAL prior to committee vote (Pending)

HB1577

TEXT OF CURRENT BILL FROM LEGISCAN ACCESSED SEPTEMBER 5, 2018

COMMENTS AND RECOMMENDATIONS OF ADVISORY SUBCOMMITTEE IN TEXT OF BILL FOLLOWING

HB 1577 - AS AMENDED BY THE SENATE

6Mar2018... 0736h
04/19/2018 1471s

2018 SESSION

18-2300
10/01

HOUSE BILL ***1577***

CT relative to the administration of anesthesia by dentists.

JSORS: Rep. Dean-Bailey, Rock. 32; Rep. Messmer, Rock. 24; Rep. Cushing, Rock. 21; Rep. W. Marsh, Carr. 8; Sen. Reagan, Dist 17

MITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill provides for the regulation of the use of general anesthesia, deep sedation, or moderate anesthesia by dentists and the reporting of adverse events. The bill also provides for dental insurance coverage for children under 13 years of age for dental procedures requiring anesthesia.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [in brackets and struckthrough.]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.
6Mar2018... 0736h
04/19/2018 1471s 18-2300
10/01

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eighteen

CT relative to the administration of anesthesia by dentists.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Rulemaking; Anesthesia. Amend RSA 317-A:12, XII-a through XII-c to read as follows:
XII-a. The use of general anesthesia, deep sedation, and moderate sedation, in dental treatment under RSA 317-A:20, including:
(a) Required credentials.
(b) Application and application fee.
(c) On-site evaluations of personnel, facility, equipment, and records as they pertain to the use of ***required drugs,*** general anesthesia, deep sedation, or moderate sedation, or any combination thereof.
(d) Fee for the on-site evaluations under subparagraph (c). If the evaluation is done by a third party, the fee need not be established by rule under or pursuant to RSA 541-A. Third party fees shall be paid directly to the third party.
(e) The issuance of permits for use of general anesthesia, deep sedation, and moderate sedation, or of permits for use of moderate sedation[;].
(f) The requirement that the physical presence of the dentist licensed under RSA 317-A:7, an anesthesiologist licensed under RSA 329, or a nurse anesthetist licensed under RSA 326-B:18 is required while general anesthesia, deep sedation or moderate sedation is in effect.
(g) The establishment of the qualifications of dentists to administer general anesthesia or deep sedation which may include a residency training program accredited by the Commission on Dental Accreditation (CODA) or equivalent, and which may include a method for established practitioners to document his or her qualifications. Administration of general anesthesia or deep sedation to patients under the age of 13 shall be subject to additional rules including:
(1) In addition to the dentist performing the procedure, there shall be a dedicated anesthesia provider present to monitor the procedure and recovery from anesthesia. The dedicated anesthesia provider shall be a dentist who is qualified to administer general anesthesia or deep sedation, a physician anesthesiologist, or a certified registered nurse anesthetist (CRNA). The board may exempt dentists who are board eligible or board certified in either dental anesthesiology or oral and maxillofacial surgery from this requirement.
(2) The dentist shall be trained in pediatric advanced life support (PALS) and airway management, equivalent to the American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAP-AAPD) guidelines or equivalent as determined by the board.
(3) Informed consent shall include the statement that the procedure may be performed in a hospital setting with additional anesthesia personnel, possibly at an increased expense.
(h) A physical evaluation and medical history shall be taken before the administration of moderate sedation, deep sedation, or general anesthesia. The board shall adopt rules regarding the minimum requirements for physical evaluation and medical history;
XII-b. Procedures which may be assigned by a licensed dentist to dental hygienists, public health dental hygienists, dental assistants, and to persons not licensed to practice dentistry[;]. ***Such rules shall include additional requirements regarding monitoring patients undergoing general anesthesia, deep sedation and moderate sedation and subsequent recovery from anesthesia;***
XII-c. ***The use of minimal anesthesia in patients undergoing dental treatment under RSA 317-A:20, including:***
(a) Adopting a definition of minimal anesthesia, a drug-induced state during which patients respond normally to verbal commands. Patients whose only response is reflex withdrawal from painful stimuli shall not be considered to be in a state of minimal sedation.
(b) Establishing a margin of safety wide enough to render unintended loss of consciousness unlikely.

(c) Permits, fees, and training required for dentists who administer pediatric minimal sedation. Such training shall include training in airway management and patient rescue from moderate sedation.
(d) Equipment and drugs required to safely administer pediatric minimal sedation, which shall include the availability of oxygen and reversal agents.
(e) Limitations on drugs and dosages which may be used in the administration of pediatric minimal sedation.
(f) A requirement that a minimum of one staff member, in addition to the dentist, trained in the monitoring and resuscitation of pediatric patients shall be present;
XII-d. Notwithstanding any other provision of law, rules, as the board deems necessary, relative to qualified dental assistants performing coronal polishing. Such rules shall not authorize a qualified dental assistant to perform a complete oral prophylaxis;
2 New Subparagraphs; Grounds for Professional Misconduct. Amend RSA 317-A:17, II by inserting after subparagraph (j) the following new subparagraphs:
(k) Having more than one patient undergoing moderate sedation, deep sedation, or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer moderate sedation, deep sedation, or general anesthesia.
(l) Failing to have patients recovering from moderate sedation, deep sedation, or general anesthesia closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from moderate sedation, deep sedation, or general anesthesia. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be is physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed 3 to one.
(m) Failing to have patients continuously monitored with a pulse oximeter or similar or superior monitoring equipment required by the board while undergoing or recovering from moderate sedation, deep sedation, or general anesthesia.
(n) Failing to perform an adequate history and physical as defined in rules under RSA 317-A:12, XII-a(h) or to obtain the written informed consent of a patient prior to the administering general anesthesia, deep sedation, or moderate sedation. In the case of a minor, the consent shall be obtained from the child's parent or guardian.
(o) Failing to report an adverse event or implement a corrective action plan as required by RSA 317-A:20-a.
3 Practice of Dentistry; Use of Anesthesia. Amend RSA 317-A:20, II to read as follows:
II.***(a)*** Any dentist who wishes to administer general anesthesia, deep sedation, or moderate sedation shall apply to the board for the appropriate permit and pay an application fee set by the board in accordance with RSA 317-A:12, XII-a.
(b) The board shall require the documentation of competence according to the rules adopted under RSA 317-A:12, XII-a(g) before issuing such a permit.
(c) The rules of the board shall requiring an appropriate number of hours of continuing education as a condition for issuing or reissuing such a permit.
4 New Section; Dentistry; Report of Adverse Events; Corrective Action Plan. Amend RSA 317-A by inserting after section 20 the following new section:
317-A:20-a Dentist Report of Adverse Events; Corrective Action Plan.
I. Any dentist licensed pursuant to this chapter shall report to the board the occurrence of any adverse health care events resulting in death, brain damage, or hospitalization, occurring in the dentist's office or facility while utilizing general anesthesia, deep sedation, or moderate sedation, as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the event. The report shall be filed in a format specified by the board and shall identify the office or facility but shall not include any identifying information for any of the dental professionals, facility employees, or patients involved. The board may consult with experts and organizations familiar

with patient safety when developing the format for reporting and in further defining events in order to be consistent with industry standards.

II. After receiving a report of an adverse health care event, the board shall conduct a root cause analysis of the event. Following the analysis, the dentist's office or facility shall implement a corrective action plan to implement the findings of the analysis or report to the board any reasons for not taking corrective action. If the root cause analysis and the implementation of a corrective action plan are complete at the time an event must be reported, the findings of the analysis and the corrective action plan shall be included in the report of the event. The findings of the root cause analysis and a copy of the corrective action plan shall otherwise be filed with the board within 60 days of the event. All proceedings related to the root cause analysis and implementation of a corrective action plan shall be considered privileged and not subject to discovery or subpoena.

III. All information and data made available to the board and its designees under this section shall be confidential and shall be exempt from public access under RSA 91-A.

IV. The board shall adopt rules for reporting of adverse events, analysis of root causes, and implementation of corrective action plans required to facilitate the enforcement of this section.

5 Coverage for Dental Procedures; Health Policies. Amend RSA 415:18-g, I(a) to read as follows:

(a) Is a child under the age of [6] ***13*** who is determined by a licensed dentist in conjunction with a licensed physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

6 Coverage for Dental Procedures; Health Policies. Amend RSA 415:18-h, I(a) to read as follows:

(a) Is a child under the age of [6] ***13*** who is determined by a licensed dentist in conjunction with a licensed physician to have a dental condition of significant complexity which requires the child to receive general anesthesia for the treatment of such condition; or

7 Coverage for Dental Procedures; Health Service Corporations. Amend RSA 420-A:17-b, I(a) to read as follows:

(a) Is a child under the age of [6] ***13*** who is determined by a licensed dentist in conjunction with a licensed primary care physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

8 Coverage for Dental Procedures; Health Maintenance Organizations. Amend RSA 420-B:8-ee, I(a) to read as follows:

(a) Is a child under the age of [6] ***13*** who is determined by a licensed dentist in conjunction with a licensed primary care physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

9 Effective Date. This act shall take effect 60 days after its passage.

COMMENTS AND RECOMMENDATIONS ON HB1577 BY THE ADVISORY SUBCOMMITTEE ARE IN RED BELOW

(a) Required credentials.

(b) Application and application fee.

(c) On-site evaluations of personnel, facility, equipment, and records as they pertain to the use of required drugs, general anesthesia, deep sedation, or moderate sedation, or any combination thereof.

(d) Fee for the on-site evaluations under subparagraph (c). If the evaluation is done by a third party, the fee need not be established by rule under or pursuant to RSA 541-A. Third party fees shall be paid directly to the third party.

(e) The issuance of permits for use of general anesthesia, deep sedation, and moderate sedation, or of permits for use of moderate sedation[;].

(f) The requirement that the physical presence of the dentist licensed under RSA 317-A:7, an anesthesiologist licensed under RSA 329, or a nurse anesthetist licensed under RSA 326-B:18 is required while general anesthesia, deep sedation or moderate sedation is in effect.

Is more specific language required in the Rules or is this covered by statute?

(g) The establishment of the qualifications of dentists to administer general anesthesia or deep sedation which may include a residency training program accredited by the Commission on Dental Accreditation (CODA) or equivalent, and which may include a method for established practitioners to document his or her qualifications. Administration of general anesthesia or deep sedation to patients under the age of 13 shall be subject to additional rules including:

RSA 317-A:12, XII-a. (g) – The rules already address the qualifications of dentists to administer general anesthesia or deep sedation and already requires completion of an accredited CODA program. The rest of the requirements under this section deal with patients under the age of 13:

(1) In addition to the dentist performing the procedure, there shall be a dedicated anesthesia provider present to monitor the procedure and recovery from anesthesia. The dedicated anesthesia provider shall be a dentist who is qualified to administer general anesthesia or deep sedation, a physician anesthesiologist, or a certified registered nurse anesthetist (CRNA). The board may exempt dentists who are board eligible or board certified in either dental anesthesiology or oral and maxillofacial surgery from this requirement.

(g)(1) –**The Advisory Subcommittee recommends that there are two designations for General Anesthesia/Deep Sedation. GA/DS Permit A/ Adult Designation will allow administration of GA/DS to patients who are either post-pubertal or over the age of 13. GA/DS Permit B/ Adult and Pediatric Designation will allow administration of GA.DS to patients under the age of 13. The Advisory Subcommittee believes that the exemption for having a second degreed provider for children under the age of 13 should be given to these dentists who have GA/DS Permit B. Documentary evidence must be submitted to the NHBODE in the initial application for a permit for board certification or board eligibility if GA/DS Permit B is sought. Documentary evidence of board certification or board eligibility must be submitted at each stage of the permitting process evaluation: initial facility inspection, initial comprehensive evaluation, and 5-year periodic comprehensive evaluation. Board eligibility is defined by the American Board of Oral and Maxillofacial Surgery as:**

The Advisory Subcommittee also recommends that the Initial Facility Inspection be changed to require 2 evaluators, the existing facility inspection, and the new addition of office performance in emergency management scenarios. This will be done without a clinical component at the initial facility inspection/emergency scenario performance. The comprehensive evaluation will be performed within 90 days and will be similar to the existing comprehensive evaluation.

(2) The dentist shall be trained in pediatric advanced life support (PALS) and airway management, equivalent to the American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAP-AAPD) guidelines or equivalent as determined by the board.

(g)(2) – The rules already adopt those guidelines and should be sufficient.

(3) Informed consent shall include the statement that the procedure may be performed in a hospital setting with additional anesthesia personnel, possibly at an increased expense.

(g)(3) –The Advisory Subcommittee recommends that an **Email blast or similar to all registered dentists be sent advising them of this change to informed consent. Submission of this consent documentation must occur at the initial facility inspection, the comprehensive evaluation and during the 5-year periodic comprehensive evaluation.**

(h) A physical evaluation and medical history shall be taken before the administration of moderate sedation, deep sedation, or general anesthesia. The board shall adopt rules regarding the minimum requirements for physical evaluation and medical history;

These requirements are indirectly, but specifically addressed for deep sedation and general anesthesia. The guidelines referenced are: American Association of Oral and Maxillofacial Surgeons: AAOMS Office Anesthesia Evaluation Manual for adults and the American Association of Pediatric Dentists AAPD Guidelines for pediatric patients. Moderate sedation requirements are addressed in the American Dental Association ADA Guidelines the Use of Anesthesia and Sedation By Dentists. **Is it necessary to be more explicit in the Rules?**

XII-b. Procedures which may be assigned by a licensed dentist to dental hygienists, public health dental hygienists, dental assistants, and to persons not licensed to practice dentistry[;]. Such rules shall include additional requirements regarding monitoring patients undergoing general anesthesia, deep sedation and moderate sedation and subsequent recovery from anesthesia;

RSA 317-A:12, XII-c. deals with minimal sedation:

XII-c. The use of minimal anesthesia in patients undergoing dental treatment under RSA 317-A:20, including:

(a) Adopting a definition of minimal anesthesia, a drug-induced state during which patients respond normally to verbal commands. Patients whose only response is reflex

withdrawal from painful stimuli shall not be considered to be in a state of minimal sedation.

(a) The rules already define minimal sedation.

(b) Establishing a margin of safety wide enough to render unintended loss of consciousness unlikely.

(b) The restrictions in the current Rules on the drugs, dosages and routes for minimal sedation already address this in sufficient manner.

(c) Permits, fees, and training required for dentists who administer pediatric minimal sedation. Such training shall include training in airway management and patient rescue from moderate sedation.

(c) **This is the major administrative change required by the statute. Dentists who now give pediatric minimal sedation are required to have a moderate sedation unrestricted permit, and their training covers these requirements. Will we need permits for pediatric nitrous oxide analgesia?**

(d) Equipment and drugs required to safely administer pediatric minimal sedation, which shall include the availability of oxygen and reversal agents.

(d) The AAP-AAPD guidelines and AAOMS guidelines referenced in rules address this.

(e) Limitations on drugs and dosages which may be used in the administration of pediatric minimal sedation.

(e) The rules already define this.

(f) A requirement that a minimum of one staff member, in addition to the dentist, trained in the monitoring and resuscitation of pediatric patients shall be present;

(f) **We think that nothing further needs to be done.**

XII-d. Notwithstanding any other provision of law, rules, as the board deems necessary, relative to qualified dental assistants performing coronal polishing. Such rules shall not authorize a qualified dental assistant to perform a complete oral prophylaxis;

RSA 317-A:17, II deals with professional misconduct. No rules changes are necessary but all dentists affected should be advised through Email blast or similar.

2 New Subparagraphs; Grounds for Professional Misconduct. Amend RSA 317-A:17, II by inserting after subparagraph (j) the following new subparagraphs:

(k) Having more than one patient undergoing moderate sedation, deep sedation, or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer moderate sedation, deep sedation, or general anesthesia.

(l) Failing to have patients recovering from moderate sedation, deep sedation, or general anesthesia closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from moderate sedation, deep sedation, or general anesthesia. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be is physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed 3 to one.

(m) Failing to have patients continuously monitored with a pulse oximeter or similar or superior monitoring equipment required by the board while undergoing or recovering from moderate sedation, deep sedation, or general anesthesia.

(n) Failing to perform an adequate history and physical as defined in rules under RSA 317-A:12, XII-a(h) or to obtain the written informed consent of a patient prior to the administering general anesthesia, deep sedation, or moderate sedation. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

(o) Failing to report an adverse event or implement a corrective action plan as required by RSA 317-A:20-a.

3 Practice of Dentistry; Use of Anesthesia. Amend RSA 317-A:20, II to read as follows:

II.(a) Any dentist who wishes to administer general anesthesia, deep sedation, or moderate sedation shall apply to the board for the appropriate permit and pay an application fee set by the board in accordance with RSA 317-A:12, XII-a.

(b) The board shall require the documentation of competence according to the rules adopted under RSA 317-A:12, XII-a(g) before issuing such a permit.

(c) The rules of the board shall requiring an appropriate number of hours of continuing education as a condition for issuing or reissuing such a permit.

RSA 317-A:20, II, (c). **Rules must be added. The Advisory Subcommittee has recommended 8 hours of CE related to anesthesia every biennium for any permit holder of any level. This requirement is in addition to BLS, ACLS, and PALs as required by existing Rules.**

4 New Section; Dentistry; Report of Adverse Events; Corrective Action Plan. Amend RSA 317-A by inserting after section 20 the following new section:

317-A:20-a Dentist Report of Adverse Events; Corrective Action Plan.

I. Any dentist licensed pursuant to this chapter shall report to the board the occurrence of any adverse health care events resulting in death, brain damage, or hospitalization, occurring in the dentist's office or facility while utilizing general anesthesia, deep sedation, or moderate sedation, as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the event. The report shall be filed in a format specified by the board and shall identify the office or facility but shall not include any identifying information for any of the dental professionals, facility employees, or patients involved. The board may consult with experts and organizations familiar with patient safety when developing the format for reporting and in further defining events in order to be consistent with industry standards.

RSA 317-A:20-a I deals with corrective action plan. **There needs to be further discussion since the statute includes reports for "hospitalization". There are rules on this area but will need to be updated because of the addition of a root cause analysis.**

II. After receiving a report of an adverse health care event, the board shall conduct a root cause analysis of the event. Following the analysis, the dentist's office or facility shall implement a corrective action plan to implement the findings of the analysis or report to the board any reasons for not taking corrective action. If the root cause analysis and the implementation of a corrective action plan are complete at the time an event must be reported, the findings of the analysis and the corrective action plan shall be included in the report of the event. The findings of the root cause analysis and a copy of the corrective action plan shall otherwise be filed with the board within 60 days of the event. All proceedings related to the root cause analysis and implementation of a corrective action plan shall be considered privileged and not subject to discovery or subpoena.

III. All information and data made available to the board and its designees under this section shall be confidential and shall be exempt from public access under RSA 91-A.

IV. The board shall adopt rules for reporting of adverse events, analysis of root causes, and implementation of corrective action plans required to facilitate the enforcement of this section.

5 Coverage for Dental Procedures; Health Policies. Amend RSA 415:18-g, I(a) to read as follows:

Information that insurance coverage for children under 13 is now required by statute should be done through a general notification by blast email to all dentists

(a) Is a child under the age of [6] 13 who is determined by a licensed dentist in conjunction with a licensed physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

6 Coverage for Dental Procedures; Health Policies. Amend RSA 415:18-h, I(a) to read as follows:

(a) Is a child under the age of [6] 13 who is determined by a licensed dentist in conjunction with a licensed physician to have a dental condition of significant complexity which requires the child to receive general anesthesia for the treatment of such condition; or

7 Coverage for Dental Procedures; Health Service Corporations. Amend RSA 420-A:17-b, I(a) to read as follows:

(a) Is a child under the age of [6] 13 who is determined by a licensed dentist in conjunction with a licensed primary care physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

8 Coverage for Dental Procedures; Health Maintenance Organizations. Amend RSA 420-B:8-ee, I(a) to read as follows:

(a) Is a child under the age of [6] 13 who is determined by a licensed dentist in conjunction with a licensed primary care physician to have a dental condition of significant dental complexity which requires certain dental procedures to be performed in a surgical day care facility or hospital setting; or

9 Effective Date. This act shall take effect 60 days after its passage.

This statute will be effective August 7, 2018

FIRE SAFETY REGULATIONS

Dr. Pak provided information that National Fire Protection Agency (NFPA) recommends that all facilities that practice "deep sedation" must have specific medical gas requirements that are in the ambulatory surgical units with back-up generators. This would include all OMS offices

With further research into the issue, the members of the Advisory Subcommittee recommend that due to local agencies having jurisdiction in this matter and NFPA having no jurisdiction, no intervention of the NHASEC is indicated at this time. Gas storage is now addressed during facility inspections and comprehensive evaluations, and include the need to have tanks standing, with chains or other appropriate restraint in place.

BOARD OF REGISTRATION FOR MEDICAL TECHNICIANS (BORMT)

The Advisory Subcommittee will investigate whether or not dental assistants must register with the BORMT if they are involved with direct patient care and have access to controlled substances. The NHBODE may have a plan in place to register dental assistants who are not registered with any other boards.

HYPO/HYPERTENSION SCENARIO TO BE ADDED TO SCENARIOS

The Advisory Subcommittee members unanimously agreed to include the Hypertension/Hypotension Case Scenario submitted by Dr. Citron as a revised portion of the Emergency Case Scenarios

EMERGENCY TRANSFER PLAN REQUIREMENTS

3 documents proposed as templates to fulfill the emergency transfer plan requirement: patient data emergency transfer sheet,
Staff assignments in an emergency, emergency transfer plan and scripted 911 call
(appendix b)

Unanimous acceptance that these templates can be submitted to doctors and offices undergoing facility and comprehensive evaluations in order to fulfill the requirements of an emergency transfer plan.

"SPONSORSHIP" OF OFFICE BASED PALS COURSE

Although the committee has no formal charge to offer continuing education for anesthesia related subjects, including emergency management, the members unanimously supported an effort to schedule standing annual courses, especially human simulation courses that are targeted to the dental community providing anesthesia.
Timing suggested for October/November and February/March.

OTHER

Next meeting will be December 13, 2018 at 5:30 PM at Dr. Malik's office:
Granite State Oral Surgery
80 Nashua Road
Londonderry, NH 03053

Meeting adjourned at 8:40 PM

Respectfully submitted,

Karen E. Crowley

Karen E. Crowley, D.D.S.
Chairman New Hampshire Anesthesia and Sedation Evaluation Committee

Appendix B Templates for Emergency Transfer Plan Documents

Patient Data Emergency Transfer Sheet
Staff Assignments for Emergency Situations
Scripted 911 Call

PATIENT DATA EMERGENCY TRANSFER SHEET FROM Doctor's office_____

Date: _____ Time: _____ AM / PM

Patient's Name: _____ Male / Female

Age: _____ DOB: _____

Nature of Emergency Problem: _____

_____

Stable / Unstable: _____

Intubated / Non-intubated/Airway Management:_____

Mental Status: _____Conscious / Unconscious: _____

Baseline Medical Problems: _____

_____

Current Therapeutic Medications patient is taking: _____

_____

Current Therapeutic Medications patient received today_____

_____

Current Anesthetic Medications/Route patient received today: _____

_____

_____

Allergies: _____

_____

VITAL SIGNS AT TRANSFER:
Time OF TRANSFER _____ AM / PM

Heart Rate: _____
Blood Pressure: _____
Respiratory Rate: _____

*COPY OF ANESTHETIC RECORD AND CODE/EMERGENCY RECORD ATTACHED
* COPY OF MEDICAL HISTORY ATTACHED

Name of Doctor or person responsible for transfer_____

Signature: _____Date:_____

Staff Assignments for Emergency Situations

Unless staff is completely dedicated to a particular task, there will be different people doing different tasks. They will not be acutely aware of their specific task requirements under time urgent conditions unless specific emergency task assignments are made.

Role Assignments Template

Team leader - Usually the Doctor

Ensure airway tray in room and ready to go
Establish diagnosis, direct the call for 911
Manage the airway
    Pack off site, head tilt, suction, airways and tubes
Oversee drug administration

Assistant A Assists Doctor with patient

Stay with Doctor, support airway and limbs, secure tube, suction, assist with chest compression, monitor IV and oxygen delivery

Assistant B Runner and Circulator

Bring devices to scene - airway, AED, supplemental oxygen, drugs, BP cuff, draw up and deliver emergency drugs, check IV

Assistant C Scribe

Recorder - this is the toughest job - needs most training. ACCURATE TIME LINES ARE A MUST

Front D Outside caller and Family Manager

Make the call to 911, fill out 911 information sheet
Sequester family to side room, calm and limited information - what is going on, **not** why and stay with family

Front E Secretary and Waiting Room Manager

Clear or inform people in waiting room of impending paramedic arrival
Copy health history
Keep front D current with changing circumstances
Greet paramedics at door - give information
Document time of call, arrival and departure times.

Scripted Emergency 911 Call for Emergency Transfer Template

Italicized Information Must Be Filled in By Each and Every Office with Information Specific to That Office

PROTOCOL FOR OFFICE TO FOLLOW IN AN EMERGENCY

Response to Red Buzzer or General Alarm (*what is the specific method in each office*?)

1. FRONT DESK #1 PERSON (___***Fill in Name***_____) GO TO EMERGENCY LOCALE IN THE OFFICE and be prepared to act as a runner. You may be required to record the code sheet.

2. FRONT DESK PERSON #2 (__***Fill in Name***_____) CALLS ANSWERING SERVICE TO TAKE CALLS UNTIL FURTHER NOTICE. (insert phone # or describe protocol to follow to transfer calls to answering service).

3. FRONT DESK PERSON #3 (__***Fill in Name***_____) CALL 911, REQUEST EMT & AMBULANCE. MAKE SURE YOU REQUEST PARAMEDICS TOO! (ALTHOUGH PARAMEDICS SOMETIMES DO NOT TRANSPORT PATIENTS). ***INDICATE WHAT RESPONSE IS TYPICAL FOR EACH INDIVIDUAL LOCATION, ie, paramedics and EMT, or EMT only. You must contact the local Emergency Services, which is often the local Fire Department***

a. NOTE TIME _____AM PM

b. This is [***fill in doctor's name, office name and address***]. I have a stat emergency for transport to [Elliot Hospital ER].

c. The patient is: __In Cardiac Arrest OR

__ In respiratory difficulty because _____ OR

__Having a medical emergency, the nature of which is _____

d. "How long will it take for ambulance to arrive?

e. GIVE EXACT DIRECTIONS ON HOW TO GET TO OFFICE [***Enter detailed directions to give to 911 dispatch agent. Include any information that would be beneficial for ambulance/paramedics***]

f. WHEN/IF the emergency operator TELLS YOU IT'S OKAY TO HANG UP THEN DO SO.

4. PERSON #3 (_____) Call appropriate Emergency Room (the closest facility [fill in for each office])

[***Hospital #1***] Elliot Hospital Emergency/Trauma Services 603 663-2533

[***Insert hospital #2*** {if there is a second hospital} and phone number]

"I have an acute emergency from _____***office name***_____. Can you accept the patient?" (let the ambulance know what hospital has accepted patient) PERSON #3 (_____)

***Please note that calling the ER may not be indicated in your area. Coordinate this action with local recommendations.*

Copy and have available "PATIENT DATA EMERGENCY TRANSFER SHEET"

Copy and have available: Medical Record from Chart

Copy and have available anesthesia record and code record

Once this is done, report back to the staff doctor and await further instructions.

5. PERSON #2 (_____) While person #3 taking instructions from the hospital/EMT dispatcher, ask the doctor if you should clear the waiting room. If you should clear the waiting room, proceed in this fashion*: **Tailor and describe the management of other patients and other people in the office to your own protocols***

a. Ask who is the escort for the patient? _____

b. Tell them that [the patient's name] has experienced a problem during his/her procedure and that Dr. _____ is with him/her now to stabilize him/her. We are awaiting emergency services. Would you kindly wait here for the doctor who will speak to you as soon as possible? We'll let you know of his/her progress OR I'll wait with you here until the doctor is free to speak with you.

c. Inform the rest of the patients: "The office staff is involved in an emergency and will be unable to see any patients for some time. I am sorry to inconvenience you, but we will call you to reschedule within 24 hours. Let me take your name and the best time and number to call so we can book your appointment as conveniently as possible.