

# Board of Dental Examiners Rules and Regulations

## Table of Contents

<u>Rule I. Financial Responsibility Exemptions</u>	2
<u>Rule II. Definitions</u>	2
<u>Rule III. Licensure of Dentists and Dental Hygienists</u>	2
<u>Rule IV. Dental Licensure by Credentials</u>	7
<u>Rule V. Retired Dental &amp; Dental Hygiene Licenses</u>	8
<u>Rule VI. Controlled Substance Record Keeping Requirements</u>	9
<u>Rule VII. License Presentation</u>	10
<u>Rule VIII. Laboratory Work Order Forms</u>	10
<u>Rule IX. Declaratory Orders</u>	10
<u>Rule X. Minimum Standards for Qualifications, Training and Education for Unlicensed Personnel Exposing Patients to Ionizing Radiation</u>	12
<u>Rule XI. Protocol for Termination of Practice upon Revocation, Relinquishment, or Suspension for More than 90 Days of Dental License</u>	13
<u>Rule XII. Protocol upon Suspension of Dental License for Less than 90 Days</u>	14
<u>Rule XIII. Dental and Dental Hygiene Temporary Licenses</u>	14
<u>Rule XIV. Anesthesia</u>	15
<u>Rule XV. Practice Monitor Consultant Guidelines</u>	30
<u>Rule XVI. Denture Construction by Assistants</u>	30
<u>Rule XVII. Financial Liability Requirement</u>	31
<u>Rule XVIII. Treatment Provider Identification</u>	31
<u>Rule XIX. Patient Records Retention</u>	31
<u>Rule XX Practice in Education and Research Programs</u>	32
<u>Rule XXI Patient Records in the Custody of a Dentist or Dental Hygienist</u>	33
<u>Rule XXII Advertising</u>	33
<u>Rule XXIII Infection Control</u>	36
<u>Rule XXIV. Application of Local Therapeutic Agents Into Periodontal Pockets</u>	36
<u>Rule XXV. Pediatric Case Management; Medical Immobilization/Protective Stabilization</u>	37
<u>Rule XXVI Compliance With Board Subpoena</u>	39

**Rule I. Financial Responsibility Exemptions  
(Amended December 2, 2002; August 11, 2004)**

Financial liability requirements pursuant to 13-64-301(1)(a) C.R.S. do not apply to dentists who are public employees of the State of Colorado under the Colorado Governmental Immunity Act.

- A. A dentist who performs dental services exclusively as an employee of the United States government.
- B. A dentist who holds an inactive license.
- C. A dentist who holds a retired license.
- D. A dentist who holds an active license and does not engage in any patient care within Colorado as defined by 12-35-113, including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan.
- E. A dentist who provides uncompensated dental care and who does not otherwise engage in any compensated patient care whatsoever.

**Rule II. Definitions  
(Amended December 2, 2002; August 11, 2004)**

- A. Unless otherwise noted, all statutory references are to C.R.S. 12 35 101, et seq., as amended.
- B. The Board hereby incorporates by references all definitions as contained in 12 35 103, as amended.
- C. "Regularly announced office location" as specified in CRS 12-35-128(3)(d)(II) means those offices of which a dentist or a dental hygienist is the proprietor and in which he or she regularly practices dentistry or dental hygiene. This may include the occasional practice in other health care facilities such as hospitals, nursing homes, and/or other facilities under the jurisdiction of the Colorado Department of Public Health and Environment.
- D. "Regularly" means fixed intervals or periods or as stated in Rule II. C.
- E. "Certify or Certification" means to declare in writing on the patient's record.
- F. "Doctor's Office Notes" as used in C.R.S. 25-1-802 means a separate record within the patient's file that does not contain anything that relates to or constitutes diagnosis, treatment plan, radiograph interpretation, treatment progress or outcome. All such clinical information is considered the treatment record or progress notes.

**Rule III. Licensure of Dentists and Dental Hygienists  
(Amended December 2, 2002; Amended on Emergency Basis July 7, 2004; Re-Promulgated August 11, 2004; Amended April 22, 2009; Amended October 21, 2009, Effective December 30, 2009)**

- A. General Licensing Requirements
  - 1. An applicant for a license by examination or endorsement who does not complete the licensing process within one year of the date of the original application shall

begin the application process again including payment of the application fee. Materials submitted for licensing will be retained for only one year.

2. The licensee shall supply legal evidence of name change by court order, passport, marriage certificate, or divorce decree within 30 days of the effective date of the name change.
3. The licensee shall notify the Board within 30 days of any change of address. This notification must be submitted in writing, by fax, or electronically. Telephone notification will not be accepted.
4. Any notification by the Board to licensees required or permitted under the Dental Practice Law or the Colorado Administrative Procedures Act shall be addressed to the last known address provided in writing to the Board by the licensee and any such mailing shall be deemed proper service on the licensee.

#### B. Licensing by Examination for Dentists

1. Each applicant shall submit with the application and fee the following credentials and qualifications for review and approval by the Board.
  - a. Evidence of graduation with a DDS or DMD degree from an accredited dental school or college which at the time of the applicant's graduation was accredited by the American Dental Association Commission on Dental Accreditation. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.
  - b. Evidence of the applicant's successful completion of the examination administered by the Joint Commission on National Dental Examinations.
  - c. Evidence of the applicant's successful completion of an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency composed of at least four states or an examination of another state.
  - d. Successful completion of the Colorado jurisprudence examination.
  - e. Verification of all health care licenses ever held in any jurisdiction.
  - f. Demonstration of current clinical competency and professional ability by submitting proof of having successfully completed one or more of the following:
    1. Graduation within the 12 months immediately preceding the application with a DDS or DMD degree from an accredited dental school or college which at the time of the applicant's graduation was accredited by the American Dental Association, Commission on Dental Accreditation.
    2. Engaged in the active clinical practice of dentistry for at least one year of the five years immediately preceding the application. Persons who have participated in a residency or intern program during this time will be evaluated on a case by case basis.

3. Engaged in teaching dentistry in an accredited program for at least one year of the five years immediately preceding the application.
  4. Engaged in service as a dentist in the military for at least one year of the five years immediately preceding the application.
  5. Passed a board approved regional or clinical examination within one year of the application.
  6. A Board approved evaluation, completed by an ADA accredited Institution within one year of the application, which certifies the applicant's proficiency as equivalent to the current school graduate. A proposed evaluation must be submitted and be pre-approved by the Board.
2. An applicant who has held a license to practice dentistry in Colorado or any other jurisdiction shall submit with the application, in sealed original envelopes directly from the institution supplying the documentation, the following credentials and qualifications for review and approval by the Board.
    - a. All documentation required in a, b, c, d, e, and f in section 1 above.
    - b. A report of any pending or final disciplinary actions against the applicant and a verification letter from each state in which the applicant is currently licensed or has ever held a license to practice dentistry.
    - c. A report of any pending or final malpractice actions against the applicant, verified through the National Practitioner Databank.
    - d. A report of any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s). The applicant must request a verification of coverage history for the past ten years from his/her current and all previous malpractice insurance carriers. Any settlement or final judgment during the applicant's practice history must be reported.
  3. An applicant may not qualify for licensure under this article if the applicant has a report of pending or final disciplinary action(s) in any jurisdiction, a malpractice action(s), or does not meet any of the requirements in sections 1 and 2 above.

#### C. Licensing by Examination for Dental Hygienists

1. Each applicant shall submit with the application and fee, in sealed original envelopes directly from the institution supplying the documentation, the following credentials and qualifications for review and approval by the Board.
  - a. Evidence of graduation from an academic program of dental hygiene that, at the time of the applicant's graduation, was accredited by the American Dental Association Commission on Dental Accreditation and which was at least two academic years. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.

- b. Evidence of the applicant's successful completion of the examination administered by the Joint Commission on National Dental Examinations.
  - c. Evidence of the applicant's successful completion of an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency composed of at least four states or an examination of another state.
  - d. Successful completion of the Colorado jurisprudence examination.
  - e. Verification of all health care licenses ever held in any jurisdiction.
  - f. Demonstration of current clinical competency and professional ability by evidence of one of the following.
    - 1. Graduation within the past 12 months from an academic program of dental hygiene that, at the time of the applicant's graduation, was accredited by the American Dental Association Commission on Dental Accreditation and which was at least two academic years.
    - 2. Engaged in the active clinical practice of dental hygiene for at least one year of the five years immediately preceding the application.
    - 3. Engaged in teaching dental hygiene in an academic program of dental hygiene that was accredited by the American Dental Association Commission on Dental Accreditation and which was at least two academic years for at least one year of the five years immediately preceding the application.
    - 4. Submitting proof of an evaluation, completed by an ADA accredited dental/dental hygiene institution within one year of the application for reinstatement, which certifies the applicant's proficiency as equivalent to the current school graduate. The plan must be submitted and be pre-approved by the Board.
2. An applicant who has ever held a license to practice dental hygiene in Colorado or any other jurisdiction shall submit with the application, in sealed original envelopes directly from the institution supplying the documentation, the following credentials and qualifications for review and approval by the Board.
- a. All documentation required in a, b, c, d, e, and f in section 1 above.
  - b. A report of any pending or final disciplinary actions against the applicant and a verification letter from each state in which the applicant is currently licensed or has ever held a license to practice dentistry.
3. An applicant may not qualify for licensure under this article if the applicant has a report of pending or final disciplinary action(s) in any jurisdiction or does not meet any of the requirements in sections 1 and 2 above.

D. Examination Retakes for dentists

1. An applicant may take a clinical examination three (3) times before remedial training is required. If an applicant fails once, he/she can retake the examination two (2) more times. All retakes must be completed within 16 months from the date of the first examination.
2. After failing the examination for a third (3rd) time, and prior to the FOURTH attempt of the examination, an applicant must:
  - a. Submit to the Board for its pre-approval a detailed plan for remedial training by an ADA accredited dental institution. The proposed remediation program must be the equivalent of an additional year of study at the qualifying institution.
  - b. Upon completion, submit proof to the Board of passing the remediation program, within 24 months of its approval by the Board.
  - c. Based on its review of all documents submitted as proof of completion of the Board-approved remediation program, the Board may grant or deny a fourth attempt of the clinical examination. Any Fourth attempt must occur within 12 months of the date of the Board's decision.
  - d. If a candidate fails any or all parts of the examination after remedial training, the Board must approve additional retake attempts.

E. Reinstatement requirements for dentists and dental hygienists.

1. Payment of fees pursuant to 12-35-110, and 24-34-102 & 105.
2. Successful completion of the jurisprudence examination if the license has been expired for more than 2 years.
3. Maintenance of clinical competency shall be demonstrated if the license has been expired for more than 2 years. Licensees who desire to obtain an active license and have not practiced at least 700 hours in a 12-month period during the five years immediately preceding application for reinstatement of license must demonstrate to the Board how they have maintained their professional ability, knowledge and skills. The Board may request documentation of the 700 hours for the 12-month period or may accept the following qualifications as fulfillment of the practice requirement:
  - a. Years spent in postgraduate training, residency programs or an internship.
  - b. Years spent in research and in teaching positions.
  - c. Years spent practicing in the military or public health service. For dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience will suffice as documentation of qualifications.
  - d. The qualifications set forth above in Rule III.E.3 will be reviewed on a case-by-case basis.
4. If the license has been expired for more than 2 years, demonstration of skills may be accomplished by:

- a. Submitting proof to the Board of passing, within one year of application for reinstatement, a regional or state clinical examination; or
- b. Submitting proof of an evaluation, completed by an American Dental Association accredited dental/dental hygiene institution within one year of the application for reinstatement, which certifies the applicant's proficiency as equivalent to the current school graduate. The plan must be submitted and be pre-approved by the Board.

**Rule IV. Dental Licensure by Credentials  
(Amended December 1, 1997, August 1, 2000, January 5, 2001,  
December 2, 2002, July 1, 2003; August 11, 2004)**

- A. Definition: A system whereby dental practitioners can demonstrate that they have the knowledge, skills, and judgment required to provide effective professional service within the parameters of the defined scope of practice. Qualifications are evaluated for Colorado licensure with respect to:
  1. History of practicing within generally accepted standards of care and within the parameters of law and rule;
  2. Demonstrated clinical knowledge and experience; and
  3. Ethical practice of dentistry.
  
- B. Upon review and approval of credentials and qualifications by the Board, the Board shall issue a license to practice dentistry to an applicant who is duly licensed as a dentist in another state or territory of the U.S. who has submitted credentials and qualifications for licensure in Colorado. The applicant shall submit with his/her application, in sealed original envelopes directly from the institution supplying the documentation, the following credentials and qualifications for review and approval:
  1. Evidence of any and all licenses to practice dentistry ever held by the applicant.
  2. Evidence of the applicant's successful completion of the national Board examinations and a state or regional clinical examination.
  3. Attestation that the applicant has been engaged in the active practice of clinical dentistry in the U.S. or one of its territories or Canada for a minimum of 14 hours per week per year, or 700 hours per year, for the last 5 consecutive years.
    - a. Years spent in postgraduate training, residency programs or an internship will be evaluated on a case-by-case basis.
    - b. Years spent in research and in teaching positions will be evaluated on a case-by-case basis.
    - c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience will suffice.
  4. Evidence of graduation with a DDS or DMD degree from an accredited dental school or college which at the time of the applicant's graduation was accredited by the American Dental Association Commission on Dental Accreditation. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.

5. A report of any pending or final disciplinary actions against the applicant and a verification letter from each state in which the applicant is currently licensed or has ever held a license to practice dentistry.
  6. A report of any pending or final malpractice actions against the applicant, verified through the National Practitioner Databank.
  7. A report of any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s). The applicant must request a verification of coverage history for the past ten years from his/her current and all previous malpractice insurance carriers. Any settlement or final judgment during the applicant's practice history must be reported.
  8. Successful completion of the Colorado jurisprudence examination.
- C. An applicant may not qualify for licensure under this article if the applicant has a report of pending or final disciplinary action(s) in any jurisdiction, any malpractice action(s), or who does not meet any of the requirements in the sections above.

**Rule V. Retired Dental & Dental Hygiene Licenses  
(Amended December 2, 2002; August 11, 2004)**

- A. A retired license may be issued only if the applicant provides an affidavit to the Board stating that, after a date certain, the applicant shall not practice dentistry or dental hygiene, shall no longer earn income as a dentist or dental hygiene administrator or consultant, and shall not perform any activity that constitutes practicing dentistry or dental hygiene pursuant to sections 12-35-113, 12-35-124, and 12-35-125.
- B. Licenses will be renewed biennially in accordance with 12-35-121.
- C. Licensees who desire to change a retired license to an active license and have not practiced at least one year out of the five years immediately preceding application for an active license, must document and certify to the Board how they have maintained their professional ability, skills, and knowledge. All documentation and certification must be submitted to the Board for review. Any plan to reestablish competency must be submitted to and be pre-approved by the Board.
- D. Demonstration of professional ability, skills, and knowledge may be accomplished by: 1) successfully completing a re-entry program at an accredited dental/dental hygiene institution which will certify the licensee's proficiency meets or exceeds the competency level required of a graduating student in their senior year from the institution, or 2) successfully passing a regional clinical examination in which the Colorado Board of Dental Examiners is a participating member.
- E. If a licensee holding a retired license wishes to activate the license, he/she must pay the difference between a retired license fee and the current renewal cycle's licensing fee. In addition, he/she must meet the financial responsibilities and requirements pursuant to §13-64-301(1) and provide verification of licensure including any pending or prior disciplinary actions from any other jurisdiction where the applicant has ever held a dental/dental hygiene or other health care license.
- F. A dentist in retired status may provide dental services on a voluntary basis to the indigent, if such services are provided on a limited basis and no fee is charged by the dentist.

**Rule VI. Controlled Substance Record Keeping Requirements  
(Amended December 2, 2002)**

Every dentist shall maintain records in his/her office regarding such dentist's ordering, prescribing, dispensing, administration, and inventory of drugs or controlled substances for a period of two years as follows:

- A. The dentist shall keep a complete and accurate inventory of all stocks of controlled substances on hand in his/her office. Every two (2) years, in accordance with the Drug Enforcement Administration inventory requirements, the dentist shall conduct a new inventory of all such controlled substances.
- B. When the dentist prescribes, dispenses, and/or administers any controlled substance, the following shall be recorded on the patient's record:
  - 1. Name and address of patient.
  - 2. Diagnosis being treated or services performed.
  - 3. Name and strength of drug(s) prescribed, dispensed, and/or administered.
  - 4. Quantity of drug(s) prescribed, dispensed, and/or administered.
  - 5. Date of prescribing, dispensing, and/or administration of such drugs.
  - 6. Name of authorized practitioner-dispensing drug.
- C. With respect to drugs listed in Schedule II, III, IV, and V of the Federal Controlled Substance Act and the Rules and Regulations adopted pursuant thereto, the dentist shall maintain a record of dispensing or administration which shall be separate from the individual patient's record. This separate record shall include the following information:
  - 1. Name of the patient.
  - 2. Name and strength of the drug.
  - 3. Quantity of the drug dispensed or administered.
  - 4. Date such drug was administered or dispensed.
  - 5. Name of the authorized practitioner dispensing drug.
- D. The dentist shall maintain a record of any controlled substance(s) lost, destroyed, or stolen, and the record shall include the kind and quantity of such controlled substance(s) and the date of such loss, destruction or theft. In addition, the dentist must report such loss or theft to the Drug Enforcement Administration District Office.
- E. Prescription orders must include original signatures from the prescribing dentist. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he/she would sign a check or legal document (e. g., J. H. Smith or John H. Smith). When an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewritten and shall be manually signed by the practitioner. The prescriptions may be prepared by the secretary or agent for the signature of a

practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. The use of rubber-stamped, pre-printed, or pre-signed signatures on prescription pads is not acceptable.

**Rule VII. License Presentation  
(Amended December 2, 2002)**

A dentist's or dental hygienist's license, or a copy thereof, shall be available on the premises where the dentist or dental hygienist practices.

**Rule VIII. Laboratory Work Order Forms  
(Amended August 11, 2004)**

Laboratory work order forms as defined in 12 35 103(11) shall contain the following information pursuant to 12 35 133.

- A. Duplicate form pursuant to 12 35 133 to be retained by dentist and lab for 2 years.
- B. Name of laboratory.
- C. Name of dentist.
- D. Address of dentist.
- E. License number of dentist.
- F. Patient name or I.D. number.
- G. Instructions to laboratory.
  - 1. Include adequate space for instructions or directions.
  - 2. Date of try in or delivery.
- H. Personal signature of the authorizing dentist shall be written in ink and shall be manually signed by the practitioner. The use of rubber stamped, pre-printed, or a pre-signed signature on work orders is not acceptable.
- I. Date of directions.

**Rule IX. Declaratory Orders**

Adopted in accordance with the requirements of 24-4-105(11).

- A. Any person may petition the Board for a declaratory order to terminate controversies or to remove uncertainties as to the applicability to the petitioner of any statutory provision or of any rule or order of the Board.
- B. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such action.
- C. In determining whether to rule upon a petition filed pursuant to this rule, the Board will consider the following matters, among others:

1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to the petitioner of any statutory provision or rule or order of the Board.
2. Whether the petition involves any subject, question or issue which is the focus of a formal or informal matter or investigation currently pending before the Board or a court but not involving any petitioner.
3. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
4. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Rule 57, Colo. R. Civ. P., which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule or order in question.

D. Any petition filed pursuant to this rule shall set forth the following:

1. The name and address of the petitioner and whether the petitioner is licensed pursuant to the provisions of C.R.S. 12 35 101, et seq., as amended.
2. The statute, rule or order to which the petition relates.
3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner.

E. If the Board determines that it will rule on the petition, the following procedures apply:

1. The Board may rule upon the petition based solely upon the facts presented in the petition. In such a case, any ruling of the Board will apply only to the extent of the facts presented in the petition and any amendment to the petition.
2. The Board may order the petitioner to file a written brief, memorandum or statement of position.
3. The Board may set the petition, upon due notice to the petitioner, for a non evidentiary hearing.
4. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.
5. The Board may request the petitioner to submit additional facts in writing. In such event, such additional facts will be considered as an amendment to the petition. The Board may take administrative notice of the facts pursuant to the Administrative Procedure Act (C.R.S. 1973 24 4 105(8)) and may utilize its experience, technical competence and specialized knowledge in the disposition of the petition.
6. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.
7. The Board may, in its discretion, set the petition for hearing, upon due notice to the petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition.

8. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire.
  9. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Board to consider.
- F. The parties to any proceeding pursuant to this rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by section D. of this rule. Any reference to a "petitioner" in this rule also refers to any person who has been granted leave to intervene by the Board.

**Rule X. Minimum Standards for Qualifications, Training and Education for Unlicensed Personnel Exposing Patients to Ionizing Radiation**

The Board deems that the requirements for all dental work settings are met by these standards as of July 1, 1993.

- A. All unlicensed dental personnel who expose patients to ionizing radiation must:
1. Be a minimum of 18 years of age.
  2. Successfully complete minimum safety education and training for operating machine sources of ionizing radiation and administering such radiation to patients.
- B. Such education and training shall include at least 8 hours in the following areas, but not limited to:
1. Dental nomenclature - .5 hours;
  2. Machine operation exposure factors - 1.5 hours;
  3. Operator and patient safety - 1 hour.
  4. Practical or clinical experience in:
    - a. Intra/extra - oral techniques for exposing radiographs - 4 hours;
    - b. Appropriate film handling and storage - .25 hour;
    - c. Appropriate processing procedures - .5 hours;
    - d. Appropriate patient record documentation for radiographs - .25 hour.
- C. Written verification of education and training shall be provided by the sponsoring agency, educational institution or licensee to each participant upon completion. This written verification shall be cosigned signed by the unlicensed person; one copy shall be kept in each unlicensed person's employment record located at the employment site, the other kept by the unlicensed person. Written verification of completion of education and training must include:

1. Name of agency, educational institution or licensee who provided such education and training;
2. Verification of hours;
3. Date of completion;
4. Exposure techniques for which education and training have been provided, i.e., bitewings, periapicals, occlusals, and panoramic.

Education and training shall be obtained by complying with subsection D, E, or F.

- D. Education and training may be obtained through programs approved by the Colorado Commission on Higher Education, the State Board of Community Colleges and Occupational Education, the Private Occupational School Division, or the equivalent in any other state. Such programs shall include the education and training as specified in subsection B, above.
- E. Education and training may be provided on the job by a licensed dentist or dental hygienist providing a Board approved educational module which complies with subsection B is used as the basis for such training.
- F. Proof of successful completion of the Dental Assisting National Board Examination (DANB).
- G. All Licensees must insure that newly hired untrained dental personnel comply with these rules within three months of becoming employed in a capacity in which they will be delegated the task of exposing radiographs.
- H. It shall be the duty of each licensee to ensure that:
  1. Tasks are assigned only to those individuals who have successfully completed the education and training and meet the qualifications for those tasks, which are being delegated;
  2. The properly executed verification documentation of all unlicensed personnel who are operating machine sources of ionizing radiation and exposing such radiation be submitted to the Colorado State Board of Dental Examiners upon request.

**Rule XI. Protocol for Termination of Practice upon Revocation, Relinquishment, or Suspension for More than 90 Days of Dental License  
(Amended December 2, 2002; August 11, 2004)**

- A. Upon revocation and relinquishment of the dental license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of revocation or relinquishment. The licensee shall notify all patients within 30 calendar days that the licensee has ceased the practice of dentistry and that the patient must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the practice. The transfer of patient records must be completed within 60 days. These terms may be set forth in the revocation or relinquishment order.

- B. Any request to deviate from this rule must be set forth in writing to the Board. The Board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.
- C. Written notice by first class mail of the termination of practice must be made to all patients of the practice to the patient's last known address, or by notice by publication as set forth in Rule XXIII .E.
- D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

**Rule XII. Protocol upon Suspension of Dental License for Less than 90 Days  
(Summary Suspension and Suspension of Less than 90 Days)  
(Effective December 2, 2002)**

- A. Upon suspension of license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of the suspension.
- B. The licensee shall assure the continued care of patients and must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the practice.
- C. Any request to deviate from this rule must be set forth in writing to the Board. The Board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.
- D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

**Rule XIII. Dental and Dental Hygiene Temporary Licenses  
(Amended August 11, 2004)**

- A. A dentist/dental hygienist who lawfully practices dentistry/dental hygiene in another state or United States territory may be granted a temporary license to practice dentistry/dental hygiene in this state if:
  - 1. Such dentist/dental hygienist has been invited by a program provided through a lawful agency of Colorado local, county, state, or federal government or a Colorado non-profit tax exempt organized under section 501 (c) (3) of the federal "Internal Revenue Code of 1986," as amended to provide dental/dental hygiene services to persons identified through such program; and

2. The governmental entity or nonprofit private foundation as defined in Part A.1 certifies the name of the applicant and the dates within which the applicant has been invited to provide dental/dental hygiene services in this state, the applicant's full dental/dental hygiene license history with verification of good standing in each state, and an active license in one state on a form approved by the Board.
  3. Such applicant's practice in this state is limited to that required by the entities specified in parts A. 1 and 2 above and shall not exceed 120 consecutive days in a twelve month period, renewable once in a one year period for a maximum of 240 consecutive days in a one year period.
- B. A temporary license issued pursuant to section 12-35-107(e) shall remain in effect only as long as the licensee provides dental/dental hygiene services for the entities cited in Part A.1. In no event, however, shall such a license remain in effect after the period certified by the entities and shall not exceed 120 consecutive days in a twelve month period, renewable once in a one year period for a maximum of 240 consecutive days in a one year period.
  - C. A temporary licensee shall provide dental/dental hygiene services only to persons identified through an entity cited in part A.1 above and will not accept any compensation above what he/she has agreed to be paid by the entities.
  - D. A temporary licensee may be subject to discipline by the Board as defined in 12-35-129 et. seq. and shall be subject to the Financial Liability Requirements pursuant to the Health Care Availability Act as defined in section 13-64-301.

#### **Rule XIV. Anesthesia**

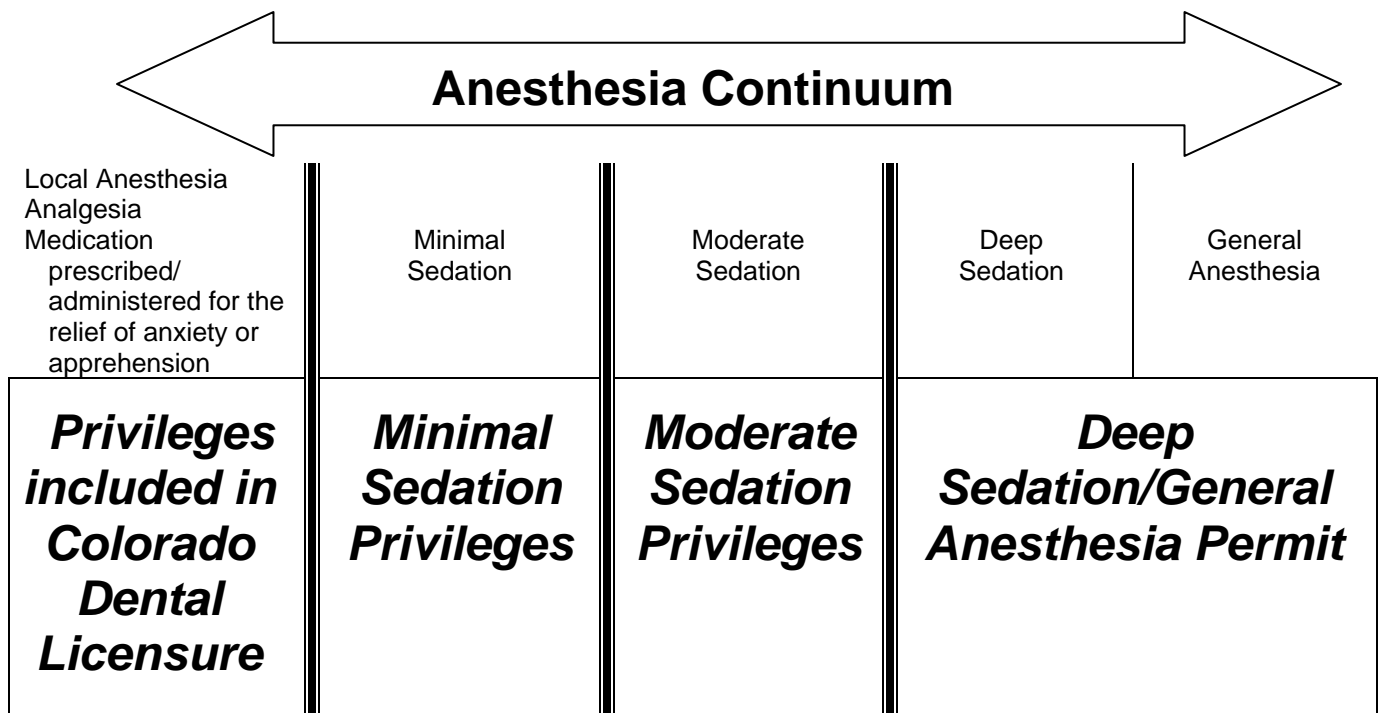
(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; July 9, 2009, Effective December 31, 2006; Amended January 21, 2010, Effective March 30, 2010)

##### **A. Introduction**

1. This Rule XIV is authorized by the Dental Practice Law of Colorado including but not limited to sections 12-35-107(1)(b), (f), (h) and (i), 12-35-113(1)(q), 12-35-125(1)(f) and 12-35-128(3)(c), C.R.S. This Rule XIV replaces prior anesthesia related Board Rules XIV, XV, XVI, XVII, and XVIII.
2. The purpose of this Rule XIV is to provide dental patients in the state of Colorado open and safe access to anesthesia care by making the process for obtaining privileges or a permit well defined, transparent, and consistent for the dental professionals while at the same time, advocating for patient safety.

##### **B. The Anesthesia Continuum**

1. The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is neither the route of administration nor the medication(s) used that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.



2. The level of anesthesia on the continuum is determined by the definitions listed under section C of this Rule XIV. Elements used to determine the level of anesthesia include the level of consciousness and the likelihood of anesthesia provider intervention(s), based upon the following patient parameters:

- a. Responsiveness
- b. Airway
- c. Respiratory (breathing)
- d. Cardiovascular

**C. Definitions Related to Anesthesia**

1. Anesthesia – The art and science of managing anxiety, pain, and awareness. Includes analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.
2. Analgesia – The diminution or elimination of pain.
3. Local Anesthesia – The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
4. Minimal Sedation – A minimally depressed level of consciousness produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.
5. Moderate Sedation – A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient

airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

6. Deep Sedation – A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
7. General Anesthesia – A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
8. Monitoring – Evaluation of patients to assess physical condition and level of anesthesia.
9. Peri-anesthesia Period – The time from the beginning of the pre-anesthesia assessment until the patient is discharged from anesthesia care.
10. Anesthesia Provider – The licensed and legally authorized individual responsible for administering medications that provide analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.

#### **D. General Rules for the Safe Administration of Anesthesia**

1. The anesthesia provider's education, training, experience, and current competence must correlate with the progression of a patient along the anesthesia continuum.
2. The anesthesia provider must be prepared to manage deeper than intended levels of anesthesia as it is not always possible to predict how a given patient will respond to anesthesia.
3. The anesthesia provider's ultimate responsibility is to protect the patient. This includes, but is not limited to, identification and management of any complication(s) occurring during the peri-anesthesia period.

#### **E. Anesthesia Privileges Included in Colorado Dental Licensure**

1. The following anesthesia privileges are included in Colorado dental licensure:
  - a. Local Anesthesia;
  - b. Analgesia;
  - c. Medication prescribed/administered for the relief of anxiety or apprehension; and
  - d. Nitrous Oxide/Oxygen Inhalation Analgesia in compliance with section G of this Rule XIV.

2. A dentist who elects to engage the services of another anesthesia provider in order to provide anesthesia in his or her dental office is responsible for ensuring that the facility meets the requirements outlined in this Rule XIV.

## **F. Anesthesia Privileges and Permits**

1. Local Anesthesia Privileges for dental hygienists –
  - a. A dental hygienist may obtain Local Anesthesia Privileges and administer local anesthesia or a local anesthetic reversal agent under the indirect supervision of a dentist.
  - b. Local Anesthesia Privileges will be issued once and will remain valid as long as the licensee maintains an active license to practice, except as otherwise provided in this Rule XIV.
2. Temporary Privileges or Permit –
  - a. A dentist will be issued temporary privileges or a temporary permit upon meeting the educational and/or experience requirements for Moderate Sedation Privileges or for a Deep Sedation/General Anesthesia Permit as outlined in this Rule XIV prior to successfully completing his/her clinical onsite inspection.
  - b. Unless otherwise authorized by the Board, the temporary privileges or permit will be issued once and will remain valid for a maximum of ninety (90) days.
3. Minimal Sedation Privileges –
  - a. To administer minimal sedation, a dentist shall have Minimal Sedation Privileges, Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
  - b. Minimal Sedation Privileges shall be valid for a period of five (5) years, after which such privileges may be renewed upon reapplication.
4. Moderate Sedation Privileges –
  - a. To administer Moderate Sedation, a dentist shall have Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
  - b. Moderate Sedation Privileges shall be valid for a period of five (5) years after which such privileges may be renewed upon reapplication.
5. Deep Sedation/General Anesthesia Permit –
  - a. To administer deep sedation/and or general anesthesia, a dentist shall have a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule XIV.
  - b. A Deep Sedation/General Anesthesia Permit shall be valid for a period of five (5) years after which such permit may be renewed upon reapplication.

- c. In order to initially apply for or renew a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV, an applicant must pay a fee established by the Director of the Division of Registrations pursuant to section 24-34-105, C.R.S.

#### **G. Nitrous Oxide/Oxygen Inhalation Requirements**

1. A dentist may delegate under direct supervision the monitoring and administration of nitrous oxide/oxygen inhalation to appropriately trained dental personnel, pursuant to section 12-35-113(1)(q), C.R.S.
2. The supervising dentist is responsible for determining and documenting the maximum percent-dosage of nitrous oxide administered to the patient. Documentation shall include the length of time nitrous oxide was used and the length of time the patient was reoxygenated with 100% oxygen.
3. It is the responsibility of the supervising dentist to ensure that dental personnel who administer and/or monitor nitrous oxide/oxygen inhalation are appropriately trained.
4. If nitrous oxide is used in the practice of dentistry, then the supervising dentist shall provide and ensure the following:
  - a. Fail safe mechanisms in the delivery system and an appropriate scavenging system;
  - b. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents;
  - c. Any administration or monitoring of nitrous oxide/oxygen inhalation to patients by dental personnel is performed in accordance with generally accepted standards of dental or dental hygiene practice.

#### **H. Local Anesthesia Privileges for Dental Hygienists**

1. A dental hygienist may obtain Local Anesthesia Privileges after submitting a Board-approved application and upon successful completion of courses conducted by a school accredited by the American Dental Association Commission on Dental Accreditation.
2. Courses must meet the following requirements:
  - a. Twelve (12) hours of didactic training, including but not limited to:
    - Anatomy;
    - Pharmacology;
    - Techniques;
    - Physiology; and
    - Medical Emergencies.
  - b. Twelve (12) hours of clinical training that includes the administration of at least six (6) infiltration and six (6) block injections.

- I. Minimal Sedation Privileges** – A dentist may obtain Minimal Sedation Privileges after submitting a Board-approved application and upon successful completion of the educational requirements set forth below:
1. A specialty residency or general practice residency recognized by the American Dental Association Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage minimal sedation; or
  2. Educational criteria for Moderate Sedation Privileges or for a Deep Sedation/General Anesthesia Permit; or
  3. A minimum of sixteen (16) hours of Board-approved coursework completed within the past five (5) years that provides training in the administration and induction of minimal sedation techniques and management of complications and emergencies associated with sedation.
    - a. The coursework must contain an appropriate combination of didactic instruction and practical skills training.
    - b. The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
    - c. Course content leading to current Basic Life Support and/or Advanced Cardiac Life Support and/or Pediatric Advanced Life Support cannot be considered as part of the sixteen (16) hours of classroom and clinical instruction.
- J. Moderate Sedation Privileges** – A dentist may obtain Moderate Sedation Privileges after submitting a Board-approved application and upon successful completion of education only or a combination of approved education and experience as set forth below:
1. Education Only Route – must submit proof of having successfully completed one of the following:
    - a. A specialty residency or general practice residency recognized by the American Dental Association Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage moderate sedation; or
    - b. Educational criteria for a Deep Sedation/General Anesthesia Permit.
  2. Education/Experience Route – must submit proof of successfully completing moderate sedation course(s) and acceptable sedation cases as set forth below.
    - a. Education –
      - l) Sixty (60) hours of Board-approved coursework completed within the past five (5) years that provides training in the administration and induction of moderate sedation techniques

and management of complications and emergencies associated with sedation.

- II) Such coursework must include an appropriate combination of didactic instruction and practical skills training.
- III) The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
- IV) Course content leading to current Basic Life Support and/or Advanced Cardiac Life Support and/or Pediatric Advanced Life Support cannot be considered as part of the sixty (60) hours of classroom and clinical instruction.

b. Experience –

- I) Twenty (20) sedation cases that were completed as part of or separate from the Board approved sedation training course.
- II) If completed separate from the course, then all cases must be completed during the one (1) year period immediately after completion of the approved training program.
- III) All of the cases must be performed and documented under the on-site instruction and supervision of a person qualified to administer anesthesia at a deep sedation/general anesthesia level.
- IV) All of the cases must be performed and documented by the applicant.
- V) Cases may be performed on live patients or as part of a high-fidelity sedation simulation center or program.
- VI) All of the cases must meet generally accepted standards for the provision and documentation of moderate sedation.

**K. Deep Sedation/General Anesthesia Permit** – A dentist may obtain a Deep Sedation/General Anesthesia Permit after submitting a Board-approved application and upon successful completion of one of the following educational requirements:

1. A residency program in general anesthesia that is approved by the American Dental Association, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or
2. An acceptable post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia commensurate with the American Dental Association Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.

**L. Clinical On-Site Inspection for Obtaining Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit**

1. Any dentist applying for Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit will initially be issued a temporary permit upon successfully meeting the educational and/or experience requirements as provided in this Rule XIV. The dentist must then undergo a clinical on-site inspection.
2. Unless otherwise authorized by the Board, a clinical on-site inspection must be successfully completed within ninety (90) days of a temporary permit being issued in order to receive Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit.
3. The Board may require re-inspection of a facility as part of the process for renewal or reinstatement of the privileges or permit.
4. A separate clinical on-site inspection is not required for dentists who receive Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV for one office and travel to other dental office locations to administer anesthesia. However, it is the responsibility of the anesthesia provider to ensure that each facility meets the requirements outlined in this rule. This responsibility also extends to a dentist without Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit who elects to engage the services of another anesthesia provider to provide such anesthesia in his/her dental office.
5. The dentist requiring the anesthesia inspection is responsible for all fees associated with the inspection.
6. The anesthesia inspection shall consist of four (4) parts:
  - a. Review of the office equipment, records, and emergency medications required in sections N, O, P.2 and P.3 of this Rule XIV.
  - b. Surgical/Anesthetic Techniques. The inspector shall observe at least one (1) case while the dentist administers anesthesia at the level for which he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.
  - c. Simulated Emergencies. The dentist and his/her team must be able to demonstrate his/her expertise in managing emergencies as required in the application.
  - d. Discussion Period.
7. The inspector shall be a Colorado licensed anesthesiologist or certified registered nurse anesthetist (CRNA) or dentist with a Deep Sedation/General Anesthesia Permit.
8. The inspector shall not have an unethical agreement or conflict of interest with an applicant. An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute an unethical agreement or conflict of interest.

9. Inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him/her occurring while acting in this capacity as set forth in section 12-35-109(3), C.R.S.
10. The documentation of the anesthesia inspection must be completed on forms approved by the Board.

**M. Office Facilities and Equipment for Provision of Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia –**

1. Any dentist whose practice includes the administration of minimal sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:
    - I) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - II) Oral and nasopharyngeal airways;
    - III) Appropriate emergency medications; and
    - IV) An external defibrillator – manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - I) A continuous pulse oximeter; and
    - II) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
2. Any dentist whose practice includes the administration of moderate sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:
    - I) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - II) Oral and nasopharyngeal airways;
    - III) Appropriate emergency medications; and
    - IV) An external defibrillator – manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - I) A continuous pulse oximeter; and

- II) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
  - d. Back-up suction equipment.
  - e. Back-up lighting system.
  - f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
  - g. Electrocardiograph, if clinically indicated.
- 3. Any dentist whose practice includes the administration of deep sedation and/or general anesthesia by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:
    - I) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - II) Oral and nasopharyngeal airways;
    - III) Appropriate emergency medications; and
    - IV) An external defibrillator – manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - I) A continuous pulse oximeter; and
    - II) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
  - d. Back-up suction equipment.
  - e. Back-up lighting system.
  - f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
  - g. Electrocardiograph.
  - h. End-tidal carbon dioxide monitor if using a laryngeal mask airway or endotracheal intubation.
  - i. Additional emergency equipment and facilities, including:
    - I) Endotracheal tubes suitable for patients being treated;

- II) A laryngoscope with reserve batteries and bulbs,
- III) Endotracheal tube forceps (i.e. magill); and
- IV) At least one additional airway device.

**N. Volatile Anesthesia Delivery Systems** – if utilized, shall include:

- 1. Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- 2. Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- 3. Fail-safe mechanisms for inhalation of nitrous oxide analgesia;
- 4. The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- 5. Gas storage facilities, which meet generally accepted safety standards.

**O. Documentation** – shall include, but is not limited to:

- 1. For administration of local anesthesia and analgesia –
  - a. Pertinent medical history, including weight; and
  - b. Medication(s) administered and dosage(s).
- 2. For administration of minimal sedation, moderate sedation, deep sedation or general anesthesia –
  - a. Medical History – current and comprehensive;
  - b. Weight;
  - c. Height for any patient over the age of 12;
  - d. American Society of Anesthesiology (ASA) Classification;
  - e. Dental Procedure(s);
  - f. Informed Consent;
  - g. Anesthesia Record, which includes:
    - I) Parenteral access site and method, if utilized;
    - II) Medication(s) administered – medication (including oxygen), dosage, route, and time given;
    - III) Vital signs before and after anesthesia is utilized;
    - IV) Intravenous fluids, if utilized; and

- V) Response to anesthesia – including any complications;
  - h. Condition of patient at discharge.
- 3. For administration of moderate sedation, deep sedation or general anesthesia:
  - a. Physical examination – airway assessment; baseline heart rate, blood pressure, respiratory rate, and oxygen saturation;
  - b. Anesthesia record, which includes:
    - I) Time anesthesia commenced and ended;
    - II) At least every 5 minutes – blood pressure, heart rate; and
    - III) At least every 15 minutes – oxygen saturation (SAO<sub>2</sub>); respiratory rate; electrocardiograph (ECG), if clinically indicated by patient history, medical condition(s), or age; and ventilation status (spontaneous, assisted, or controlled).

**P. Patient Monitoring** – shall include, but is not limited to the following for the administration of:

- 1. Local Anesthesia and Analgesia –
  - a. General state of the patient.
- 2. Minimal Sedation –
  - a. Continuous heart rate and respiratory status;
  - b. Continuous oxygen saturation, if clinically indicated by patient history, medical condition(s), or age;
  - c. Pre and post procedure blood pressure; and
  - d. Level of anesthesia on the continuum.
  - e. Level of cooperation in the pediatric or special needs patient may not reasonably allow for full compliance with some monitoring requirements. In such instance, the supervising dentist shall use professional judgment and shall document available monitoring parameters to the best of his/her ability.
- 3. Moderate Sedation –
  - a. Continuous heart rate, respiratory status, and oxygen saturation;
  - b. Intermittent blood pressure every 5 minutes or more frequently;
  - c. Continuous electrocardiograph, if clinically indicated by patient history, medical condition(s), or age; and
  - d. Level of anesthesia on the continuum.

4. Deep Sedation or General Anesthesia –
  - a. Continuous heart rate, respiratory status, and oxygen saturation;
  - b. Intermittent blood pressure every 5 minutes or more frequently;
  - c. Continuous electrocardiograph;
  - d. End-tidal carbon dioxide monitoring if using a laryngeal mask airway or endotracheal intubation; and
  - e. Level of anesthesia on the continuum.

**Q. Miscellaneous Requirements**

1. Certification(s) –
  - a. All dentists and dental personnel utilizing, administering or monitoring local anesthesia, analgesia, minimal sedation, moderate sedation, deep sedation or general anesthesia shall have successfully completed current Basic Life Support (BLS) training.
  - b. Additionally, any dentist applying for or maintaining Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit must have successfully completed current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS), as appropriate for the dentist's practice.
2. Personnel –
  - a. Minimal/Moderate Sedation – during the administration of minimal or moderate sedation, the supervising dentist and at least one (1) other individual must be present.
  - b. Deep sedation/general anesthesia – during the administration of deep sedation or general anesthesia, the supervising dentist and at least two (2) other individuals must be present; one of whom is experienced in patient monitoring and documentation.
3. Monitoring and medication administration – may be delegated to trained dental personnel under the direct supervision of the dentist; however, the supervising dentist retains full accountability.
4. Discharge – patient discharge after sedation and/or general anesthesia must be specifically authorized by the anesthesia provider.

**R. Additional Requirements for Privileges or Permits: Demonstration of Continued Competency and Reinstatement of Expired Privileges or Permits**

1. An applicant for Local Anesthesia Privileges, Minimal Sedation Privileges, Moderate Sedation Privileges or a Deep Sedation/General Anesthesia Permit shall demonstrate to the Board that he/she has maintained the professional ability and knowledge required to perform anesthesia when the applicant has not completed a residency program or the coursework set forth in this Rule XIV

within the past five (5) years immediately preceding the application. The applicant may demonstrate competency as follows:

- a. Submit proof that he/she has engaged in the level of administration of anesthesia within generally accepted standards of dental or dental hygiene practice at or above the level for which the applicant is pursuing privileges or a permit for at least one (1) of the five (5) years immediately preceding the application, or
  - b. Submit proof of an evaluation, completed within one (1) year preceding the application by a person or entity approved by the Board that certifies the applicant's ability to administer anesthesia within generally accepted standards of practice at or above the level for which he/she is requesting privileges or a permit. The proposed procedure for the evaluation and the proposed evaluating person or entity must be submitted and be pre-approved by the Board.
2. If a dentist allows his/her Colorado dental license to expire then his/her Minimal Sedation Privileges, Moderate Sedation Privileges or Deep Sedation/General Anesthesia Permit shall also expire. The dentist may apply for reinstatement of his/her Minimal Sedation Privileges, Moderate Sedation Privileges or Deep Sedation/General Anesthesia Permit simultaneously with or subsequent to application for reinstatement of licensure.
  3. If a dental hygienist allows his/her Colorado dental hygienist license to expire then his/her Local Anesthesia Privileges shall also expire. The dental hygienist may apply for reinstatement of his/her Local Anesthesia Privileges simultaneously with or subsequent to application for reinstatement of licensure.
  4. A dentist or dental hygienist who is submitting an application for reinstatement of his/her privileges or permit shall demonstrate to the Board the same competency requirements set forth in section R.1 if he/she has not had privileges or a permit within the two (2) years immediately preceding such reinstatement application.

**S. Anesthesia Morbidity/Mortality Reporting Requirements** – a complete written report shall be submitted to the Board by the anesthetizing dentist or dental hygienist and his/her supervising dentist within fifteen (15) days of any anesthesia related incident resulting in significant patient morbidity or mortality.

1. A morbidity and mortality report shall include the complete anesthesia record with an associated narrative of all events.
2. All records related to the incident shall be submitted to the Board as part of the report.

**T. Effect of 2009 Amendments on Currently Issued Permits**

1. Any dentist whose Board-issued permit to perform General Anesthesia and/or Deep Sedation is active on March 30, 2010 shall automatically obtain a Deep Sedation/General Anesthesia Permit pursuant to this Rule XIV. Such dentist's permit shall expire five (5) years from the date under which the prior General Anesthesia and/or Deep Sedation Permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Deep Sedation/General Anesthesia Permit.

2. Any dentist whose Board-issued permit to perform Parenteral Conscious Sedation is active on March 30, 2010 shall automatically obtain Moderate Sedation Privileges pursuant to this Rule XIV. Such dentist's privileges shall expire five (5) years from the date under which the prior Parenteral Conscious Sedation permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Moderate Sedation Privileges.
3. Any dentist whose Board-issued permit to perform Enteral Conscious Sedation is active on March 30, 2010 shall automatically obtain Minimal Sedation Privileges pursuant to this Rule XIV. Such dentist's privileges shall expire five (5) years from the date under which the prior Enteral Conscious Sedation permit was granted. Following such expiration, the dentist must comply with all applicable statutory and regulatory requirements in order to renew the Minimal Sedation Privileges.
4. Any dental hygienist whose Board-issued permit to perform Local Anesthesia is active on March 30, 2010 shall automatically obtain Local Anesthesia Privileges pursuant to this Rule XIV. Such hygienist's privileges shall remain valid for so long as the licensee maintains an active license to practice, except as otherwise provided in this Rule XIV.

#### **U. Board Reserved Rights**

1. Dentists or dental hygienists utilizing anesthesia that requires privileges or a permit shall be responsible for practicing within generally accepted standards of dental or dental hygiene practice in administering anesthesia and complying with the terms of this Rule XIV, pursuant to section 12-35-129(1), C.R.S.
2. Dentists or dental hygienists utilizing anesthesia that requires privileges or a permit, under this Rule XIV without first obtaining the required privileges or permit, or utilizing such anesthesia with expired privileges or an expired permit, may be disciplined pursuant to section 12-35-129, C.R.S.
3. Upon a specific finding of a violation of this Rule XIV, and/or upon reasonable cause, the Board may require a supervising dentist to submit proof demonstrating that applicable staff have the appropriate education/training in order to administer nitrous oxide/oxygen and/or are otherwise acting in compliance with this Rule XIV.
4. The Board may discipline or deny a dentist or dental hygienist for a violation of this Rule XIV and/or any other grounds pursuant to section 12-35-129, C.R.S.
5. In addition to the remedies set forth above, nothing in this Rule XIV shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of anesthesia privileges or permit pursuant to section 24-4-104(4), C.R.S.
6. In addition to the remedies set forth above, nothing in this Rule XIV shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of a license to practice dentistry or dental hygiene, pursuant to section 24-4-104(4), C.R.S.

7. Upon review of a morbidity/mortality report and/or upon reasonable concern regarding the use of anesthesia, the Board may require an on-site inspection of the dental facility utilized by the anesthesia provider in administering anesthesia.
8. The Board reserves all other powers and authorities set forth in the Dental Practice Law of Colorado, Article 35 of Title 12, C.R.S. and the Administrative Procedure Act, Article 4 of Title 24, C.R.S.

**Rule XV. Practice Monitor Consultant Guidelines**

(Amended February 1, 1998, May 15, 1998, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010)

- A. Licensees requiring monitoring must pay the monitor for service. Remuneration for such service will be a reasonable fee negotiated by the parties.
- B. Monitors must be approved by the Board and shall submit their application for practice monitor on form(s) supplied by the Board.
- C. Monitors are responsible for periodic assessment of a licensee's practice as directed by the Board or its agent(s).
- D. Monitors shall have access to all patient records, files, and materials to effectively monitor a licensee's practice.
- E. The monitor may elect to observe the licensee in the execution of certain procedures.
- F. Monitors shall be required to submit practice monitor reports on form(s) supplied by the Board and on a schedule to be determined by the Board.
- G. Monitors approved by the Board shall be deemed to be consultants of the Board.

**Rule XVI. Denture Construction by Assistants**

(Effective February 1, 1999; Amended October 1, 1999, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010)

This rule relates to tasks authorized to be performed by dental assistants as defined in section 12-35-128(3)(d) and tasks authorized to be performed by unlicensed persons as defined in 12-35-133.

- A. Dentures are defined as removable, full, or partial appliances designed to replace teeth.
- B. Dental assistants or any other unlicensed personnel who renders direct patient treatment as defined in section 12-35- 128(3)(d) C.R.S., necessary for the construction of dentures, shall be employed by the dentist.
- C. Unlicensed persons who are not employees of the dentist shall only perform the services defined in 12-35-133 and shall not render direct patient treatment as defined in 12-35-128(3)(d).
- D. A dental assistant or unlicensed person shall not practice dentistry as defined in 12-35-113.

- E. All tasks authorized to be performed by a dental assistant or any other unlicensed person pursuant to 12-35-128(3)(d)) shall be performed in the “regularly announced office location” of a dentist where the dentist is the proprietor and in which he or she regularly practices dentistry.
- F. Nothing in this rule shall prevent the filling of a valid work order pursuant to 12-35-133, by any person, association, corporation, or other entity for the construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth or for restoration of natural teeth.

**Rule XVII. Financial Liability Requirement**

(Effective February 1, 1999; Amended January 21, 2010, Effective March 30, 2010)

Unless exempt from Financial Responsibility pursuant to 12-35-123, C.R.S., and Rule I of the Rules and Regulations of the State Board of Dental Examiners, all licensed dentists who practice in Colorado must establish and continuously maintain financial responsibility as required in 13-64-301, C.R.S.

**Rule XVIII. Treatment Provider Identification**

(Effective February 1, 1999; Amended January 21, 2010, Effective March 30, 2010)

- 1. Patient records shall note at the time of the treatment or service the name of any dentist, dental hygienist, or dental assistant who performs any treatment or service upon a patient.
- 2. When patient treatment or service is performed which requires supervision, the patient record must also note the name of the supervising dentist or dental hygienist for the treatment or service performed on the patient.

**Rule XIX. Patient Records Retention**

(Effective February 1, 1999; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010)

- A. Records for minors shall be kept for a minimum of seven (7) years after the patient reaches the age of majority (age 18).
- B. Records for adult patients shall be kept for a minimum of seven (7) years after the last date of dental treatment or examination, whichever occurs at the latest date.
- C. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs.
- D. When the destruction cycle is imminent, written notice to the patient’s last known address, or notice by publication, must be made sixty (60) days prior to destruction. Destruction cannot take place until a 30 day period has elapsed wherein the patient may claim the records.
- E. Notice by publication may be accomplished by publishing in a major newspaper or a newspaper broadly circulated in the local community one day per week for four (4) consecutive weeks.

- F. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however appropriate postage and handling costs are permitted.
- G. Records may not be withheld for past due fees relating to dental treatment
- H. Destruction shall be accomplished by a means which renders the records unable to be identified or read such as by fire or shredding.

**Rule XX. Practice in Education and Research Programs**

(Promulgated as Emergency Rule XXVIII on July 7, 2004; Amended January 21, 2010, Effective March 30, 2010)

- A. Pursuant to §12-35-115(1)(f), the names of individuals engaging in practice while appearing in programs of dental education or research must be submitted to the Board on the Board-approved form.
- B. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental education shall include the following.
  - 1. Name of program
  - 2. Goals or objectives of program
  - 3. Instructors in program
  - 4. Syllabus of content
  - 5. Method of program evaluation
- C. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental research shall include the following
  - 1. Name of Program
  - 2. Research goal or objectives
  - 3. Research design
  - 4. Evidence of approval of research by a Review Board for Human Subject Research which meets the requirements of the Office of Human Subjects Research, National Institutes of Health
- D. The dentists and/or dental hygienists invited to participate in the educational or research program who are not licensed in Colorado shall submit evidence to the Board that each participant understands the limitations in such practice as specified in to §12-35-115(1)(f).
- E. The Board shall approve participation if, in the judgment of the Board, the information submitted indicates the program is in compliance with to §12-35-115(1)(f).
- F. The Board may deny participation if, in the judgment of the Board, the information submitted indicates the program is not in compliance with to §12-35-115(1)(f).

**Rule XXI. Patient Records in the Custody of a Dentist or Dental Hygienist**

(Effective December 2, 2002; Amended January 21, 2010, Effective March 30, 2010)

- A. Every patient's record in the custody of a dentist or dental hygienist shall be available to a patient or the patient's designated representative at reasonable times and upon reasonable notice.
- B. A patient or designated representative (representative) may inspect or obtain a copy of his/her patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the representative shall acknowledge in writing the patient's or representative's request. After inspection, the patient or representative shall sign and date the record to acknowledge inspection.
- C. The custodian of the record shall make a copy of the record available or make the record available for inspection within a reasonable time from the date of the signed request, normally not to exceed five days, excluding weekends and holidays.
- D. Patient or representative may not be charged for inspection of records.
- E. The patient or representative shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed \$12.00 for the first ten or fewer pages and \$0.25 per page for every additional page. Actual postage costs may also be charged.
- F. If the patient or representative so approves, the custodian may supply a written interpretation by the attending provider or representative of patient records, such as radiographs, diagnostic casts, or non-written records which cannot be reproduced without special equipment. If the requestor prefers to obtain a copy of such patient records, the patient must pay the actual cost of such reproduction.
- G. If changes, corrections, deletions, or other modifications are made to any portion of a patient record, the person must note in the record date, time, nature, reason, correction, deletion, or other modification, and his/her name.
- H. Nothing in this rule shall be construed as to limit a right to inspect patient records that is otherwise granted by state statute to the patient or representative.
- I. Nothing in this rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records the possession of the custodian.

**Rule XXII. Advertising**

(Effective August 1, 2000; Temporarily Expired December 2, 2002; Effective July 1, 2003; Amended October 27, 2004; Amended October 26, 2006, Effective December 30, 2006; Amended April 25, 2007, Effective July 1, 2007; Amended October 24, 2007, Effective December 31, 2007; Amended October 22, 2008, Effective November 30, 2008; Amended January 21, 2010, Effective March 30, 2010 )

This Rule applies to advertising in all types of media that is directed to the public. No dentist or dental hygienist shall advertise in any form of communication in a manner that is misleading, deceptive or false.

- A. Misleading, deceptive, or false advertising includes, but is not limited to the following, and if proven is a violation of section 12-35-129 (1), C.R.S.:

1. A known material misrepresentation of fact;
2. Omits a fact necessary to make the statement considered as a whole not materially misleading;
3. Is intended to be or is likely to create an unjustified expectation about the results the dentist or dental hygienist can achieve;
4. Contains a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dental or dental hygiene services if that representation is not subject to reasonable substantiation. For the purposes of this subsection, reasonable substantiation is defined as tests, analysis, research, studies, or other evidence based on the expertise of professionals in the relevant area that have been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results. Individual experiences are not a substitute for scientific research. Evidence about the individual experience of consumers may assist in the substantiation, but a determination as to whether reasonable substantiation exists is a question of fact on a case-by-case basis;
5. Claims that state or imply a specialty practice by a general dentist in violation of section (B) hereof;
6. The false or misleading use of a claim regarding Board certification, registration, listing, education, or an unearned degree;
7. Advertisement that uses patient testimonials unless the following conditions are met:
  - a. The patient's name, address, and telephone number as of the time the advertisement was made must be maintained by the dentist or dental hygienist and that identifying information shall be made available to the Board within ten (10) days of a request for the information by the Board.
  - b. Dentists or dental hygienists who advertise dental or dental hygiene services, which are the subject of the patient testimonial, must have actually provided these services to the patient making the testimonial.
  - c. If compensation, remuneration, a fee, or benefit of any kind has been provided to the person in exchange for consideration of the testimonial, such testimonial must include a statement that the patient has been compensated for such testimonial.
  - d. A specific release and consent for the testimonial from the patient shall be obtained from the patient which shall be made available to the Board within ten (10) days of request of that information.
  - e. Any testimonial shall indicate that results may vary in individual cases.
  - f. Patient testimonials attesting to the technical quality or technical competence of a service or treatment offered by a licensee must have reasonable substantiation.

8. Advertising that makes an unsubstantiated medical claim or is outside the scope of dentistry, unless the dentist or dental hygienist holds a license or registration in another profession and the advertising and/or claim is within the scope authorized by the license or registration in another profession;
9. Advertising that makes unsubstantiated promises or claims, including but not limited to claims that the patient will be cured;
10. The use of "bait and switch" in advertisements. "Bait and switch" advertising is defined as set forth in the Colorado Consumer Protection Act, section 6-1-105, C.R.S.;
11. The Board recognizes that clinical judgment must be exercised by a dentist or dental hygienist. Therefore, a good faith diagnosis that the patient is not an appropriate candidate for the advertised dental or dental hygiene service or product is not a violation of this rule;
12. If an advertisement includes an endorsement by a third party in which there is compensation, remuneration, fee paid, or benefit of any kind, the endorsement by the third party must indicate that it is a paid endorsement;
13. Inferring or giving the appearance that an advertisement is a news item without using the phrase "paid advertisement";
14. Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform;
15. The use of any personal testimonial by the licensed provider attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable;
16. At the time any type of advertisement is placed the dentist or dental hygienist must in good faith possess information that would substantiate the truthfulness of any assertion, omission or claim set forth in the advertisement;
17. A licensed dentist or dental hygienist shall be responsible and shall approve any advertisement made on behalf of the dental or dental hygiene practice. The dentist or dental hygienist shall maintain a listing stating the name and license number of the dentists or dental hygienists who approved and are responsible for the advertisement and shall maintain such list for a period of three (3) years;
18. Advertising that claims to provide services at a specific rate and fails to disclose that the patient's insurance may provide payment for all or part of the services.

B. Specialty Practice and Advertising.

1. A licensed dentist has the legal authority to practice in any and all areas of dentistry and also the authority to confine the areas in which he or she chooses to practice.
2. Dental specialties are recognized as only those defined by the American Dental Association and dental specialists are those dentists who have successfully completed a Commission on Dental Accreditation specialty program.

3. Practitioners who have successfully completed a Commission on Dental Accreditation accredited specialty program may advertise the practice of that specialty. Practitioners who have not completed an accredited specialty program, and have limited their practice to a specific Commission on Dental Accreditation defined specialty, must clearly state in all advertising and/or public promotions, that he or she is a general dentist who has limited his or her practice to that field of dentistry and must disclose "General Dentistry" in print larger and/or bolder and noticeably more prominent than any other area of practice or service advertised.
4. It is misleading, deceptive or false for general practitioners to list their names, advertise, or promote themselves in any area or location that implies a specialty. A general practitioner who advertises in any medium under a specialty heading or section may be considered as having engaged in misleading, deceptive or false advertising and may be in violation of section 12-35-129 (1), C.R.S.
5. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered in an advertisement. Names and qualifications shall be made available to the public upon request.

#### C. Acronyms

In addition to those acronyms required by law pertaining to one's business entity such as Professional Corporation (P.C.) or Limited Liability Company (L.L.C.), dentists or dental hygienists may only use those acronyms earned at a program accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation.

#### **Rule XXIII. Infection Control**

(Effective August 1, 2000; Amended January 5, 2001; Amended January 21, 2010, Effective March 30, 2010)

- A. Failure to utilize generally accepted standards of infection control procedures may violate 12-35-129 (1)(k), C.R.S.

#### **Rule XXIV. Application of Local Therapeutic Agents Into Periodontal Pockets**

(Effective June 30, 1996 as Rule XXIV; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010)

- A. "Local Therapeutic Agents" means any agent approved for use by the FDA utilized in controlled drug delivery systems in the course of periodontal pocket treatment.
- B. The responsibility for diagnosis, treatment planning, or the prescription of therapeutic measures in the practice of dentistry shall remain with a licensed dentist and may not be assigned to any dental hygienist or dental assistant.
- C. The placement and removal of local therapeutic agents for treatment of periodontal pockets may be assigned to a Colorado licensed dental hygienist. The placement of local therapeutic agents may not be assigned to a dental assistant.
- D. The licensed dentist shall be responsible for obtaining appropriate training for him/herself and the dental hygienist prior to assigning the application of local therapeutic agents to a

dental hygienist. Appropriate training must include: documentation, case selection, pharmacology, application and removal, follow-up treatment, and management of complications as they relate to local therapeutic agents.

- E. Any dental hygienist placing local therapeutic agents shall have proof of current Basic Life Support (BLS) knowledge and skills, including Cardiopulmonary Resuscitation (CPR).

**Rule XXV. Pediatric Case Management; Medical Immobilization/Protective Stabilization**

(Amended October 24, 2007, Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010)

A. The purpose of this rule is to recognize that pediatric cases may require special case management, and that pediatric and special needs patients may need specialized care in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. In addition to patient management of the pediatric and special needs patient, it may be necessary to medically immobilize the pediatric and special needs patients to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve effective pediatric patient management, it is important to build a trusting relationship between the dentist, the dental staff, the patient, and the parent or guardian. This necessitates that the dentist establishes communication with them and promotes a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.

B. Pediatric Case Management

1. Parents or legal guardians cannot be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record.
2. This provision shall not apply to dental care delivered in an accredited hospital or acute care facility.

C. Medical Immobilization/Protective Stabilization

1. Within this Rule, the terms medical immobilization and protective stabilization are used interchangeably. These terms refer to partial or complete immobilization of the patient necessary to protect the patient, practitioner, and other dental staff from injury while providing care. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device.
2. Training requirement. Prior to utilizing medical immobilization, the dentist shall have received training beyond basic dental education through a residency program or graduate program that contains content and experiences in advanced behavior management or a continuing education course of no less than 6 hours in advanced behavior management that involves both didactic and demonstration components. This training requirement will be effective October 1, 2006.
3. Pre-Immobilization Requirements

- a. Prior to utilizing medical immobilization, the dentist shall consider each of the following:
  1. Other alternative less restrictive behavioral management methods;
  2. The dental needs of the patient;
  3. The effect on the quality of dental care;
  4. The patient's emotional development; and
  5. The patient's physical condition; and
  6. The safety of the patient, dentist, and staff.
- b. Prior to using medical immobilization, the dentist shall obtain written informed consent for the specific technique of immobilization from the parent or legal guardian and document such consent in the dental record, unless the parent or legal guardian is immobilizing the patient. Consent involving solely the presentation or description of a listing of various behavior management techniques is not considered to constitute informed consent for medical immobilization. The parent or guardian must be informed of the advantages and disadvantages of the technique(s) of immobilization being utilized and/or considered.

#### 4. Medical Immobilization or Protective Stabilization

- a. Immobilization can be performed by the dentist, staff, or parent or legal guardian with or without the aid of an immobilization device.
- b. Immobilization must cause no serious or permanent injury and the least possible discomfort.
- c. Indication. Partial or complete immobilization may be used for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior management techniques have failed and/or when the safety of the patient, dentist or dental staff would be at risk without using protective stabilization. This method can only be used to reduce or eliminate untoward movement, protect the patient and staff from injury, and to assist in the delivery of quality dental treatment.
- d. Contraindications. Medical immobilization may not be used for the convenience of the dentist, as punishment, to provide care for a cooperative patient, or for a patient who cannot be immobilized safely due to medical conditions.
- e. Documentation. The patient's records should include:
  1. Specific written informed consent for the medical immobilization, including the reason why immobilization is required;

2. Type of immobilization used, including immobilization by a parent or guardian;
  3. Indication or reason for specific immobilization;
  4. Duration of application;
  5. Documentation of adequacy of patient airway, peripheral circulation and proper positioning of immobilization device or technique in increments of 15 minutes while immobilization is utilized.
  6. In addition, there must be documentation of the outcome of the immobilization, including the occurrence of any marks, bruises, injuries, or complications to the patient.
- f. Duration of Application.
1. The patient record must document the time each immobilization began and ended.
  2. The status and progress of the treatment and the plan for future or remaining treatment with treatment options shall be reported at least hourly, or more frequently if appropriate, to the parent or legal guardian. After each such hourly report, renewed consent for continuation of the immobilization must be specifically obtained. Such consent may be verbal but shall be documented in the record.
- g. If the treatment plan changes during the procedure from that presented to the parent or legal guardian in the initial informed consent discussion, the parent or legal guardian shall be notified and consulted immediately.
- h. Dental hygienists and dental assistants shall not use medical immobilization by themselves, but may assist the dentist as necessary.

**Rule XXVI. Compliance with Board Subpoena**

(Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010)

- A. When the Board requests a patient's complete patient record, pursuant to subpoena, the patient chart or record shall include all medical histories for the patient, all patient notes, all labeled and dated radiographs, all billing and/or all insurance records that are compiled for a specific patient.
- B. It is the responsibility of the licensed dentist or dental hygienist to assure that all records submitted are legible and, if necessary, to have records transcribed to assure legibility.
- C. Failure by a licensed dentist or dental hygienist to submit the complete patient record to the Board, or any relevant papers, books, records, documentary evidence, and/or other materials, as requested pursuant to subpoena is a violation of § 12-35-129(1)(i), C.R.S.