

Board of Dental Examiners Rules and Regulations
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**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)**

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:
 - I. 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.
 - II. 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.
 - III. Engaged in teaching dentistry in an accredited program for at least one year of the five years immediately preceding the application.
 - IV. Engaged in service as a dentist in the military for at least one year of the five years immediately preceding the application.
 - V. Passed a board approved regional or clinical examination within one year of the application.

VI. 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.

- i. 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.
 - ii. Engaged in the active clinical practice of dental hygiene for at least one year of the five years immediately preceding the application.
 - iii. 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.
 - iv. 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

- 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/dental hygiene 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. Verification of each health care license held in any jurisdiction, if the license has been expired for more than 6 months.
3. Successful completion of the jurisprudence examination if the license has been expired for more than 6 months.
4. Maintenance of clinical competency. Licensees who desire to obtain an active license and have not practiced at least one year out of the five years immediately preceding application for an active license must demonstrate to the Board how they have maintained their professional ability, knowledge and skills. All documentation and certification submitted for this purpose is subject to Board review.
5. 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 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.

**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. Utilization of Anesthesia/Sedation
(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; Effective December 31, 2006)**

This Rule specifically applies to each dentist (supervising dentist) utilizing general anesthesia, deep sedation, and conscious sedation under the statutory authority of the Dental Practice Law (C.R.S. 12-35-101 et seq).

- A. "Induction and Administration" as those terms are used in Rule XIV, shall include any procedure or medication administered prior to attaining the proper level of anesthesia/sedation as determined by the supervising dentist. All induction and administration procedures shall be the responsibility of the supervising dentist and shall not be delegated except to another dentist whose

qualifications meet the education and training requirements of Rule XIV for the anesthesia to be administered, a qualified physician anesthesiologist, or a certified registered nurse anesthesiologist. Induction and administration of anesthesia shall include, but not be limited to the following procedures:

1. Determination of the drugs, mode of administration, and dosage of the anesthesia/sedation appropriate for the patient;
2. Observation of the patient until the appropriate and safe level of anesthesia/sedation is attained.

B. "Monitoring"

1. "Monitoring" as used in Rule XIV refers to the continual observation of the patient to ensure a stable physical condition of the patient and maintenance of a proper level of anesthesia or sedation as determined by the supervising dentist during induction, maintenance, and recovery from the anesthesia/sedation procedure.
2. Monitoring of the patient during an anesthesia/sedation procedure may be delegated under direct supervision to a dental hygienist or dental assistant; however, the supervising dentist retains full accountability for the monitoring and dismissal of the patient following completion of the anesthesia/sedation procedure. Patient dismissal must be specifically authorized by the supervising dentist.

C. Any dentist administering parenteral or enteral conscious sedation pursuant to Rule XIV shall submit proof of current basic life support (BLS) knowledge and skills, including cardiopulmonary resuscitation (CPR). Any dentist administering general anesthesia and/or deep sedation shall submit proof of current BLS and Advanced Cardiac Life Support certification.

D. All personnel, including, but not limited to, dental hygienists and dental assistants, who render patient care services in a dental setting where anesthesia/sedation is administered shall have proof of current basic life support (BLS) knowledge and skills.

E. All equipment, as provided for in this Rule XIV, subsections H.9 shall be functional and operative at all times.

F. Morbidity and Mortality Report A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the anesthesia/sedation within fifteen (15) days of any anesthesia/sedation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and/or required or should have required hospitalization, emergency facility care, or emergency service response.

1. Such report shall include all of the following items:
 - a. Description of dental procedure;
 - b. Description of preoperative physical condition of the patient;
 - c. List of the drugs and dosages administered with the time and route of each administration;
 - d. Detailed description of techniques utilized in administering the drugs;
 - e. Description of adverse occurrence to include:

- 1) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;
 - 2) Treatment instituted on patient; and,
 - 3) Response of the patient to treatment.
- f. Description of the patient's condition on termination of any procedure undertaken.
2. All written records related to this incident shall be submitted to the Board with the report.
 3. Pursuant to section 12 35 107(1)(d), C.R.S., the Board may request an on site evaluation of the dental facility related to this report.
- G. Prior to the induction and administration of anesthesia/sedation as provided for in this Rule XIV, a dentist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements as specified in Rule XIV. Required courses may be completed in an accredited dental school or in an advanced training program as approved by the Board.
- H. General anesthesia and/or deep sedation
1. "General Anesthesia" is an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command and is produced by a pharmacologic or non pharmacologic method or combination thereof.
 2. Deep sedation is an induced state of depressed consciousness accompanied by a partial loss of protective reflexes, including the occasional inability to independently maintain a patent airway and/or respond purposefully to verbal command, and is produced by a pharmacologic or non pharmacologic method or combination thereof.
 3. Education/Training Requirements: Prior to induction and administration of general anesthesia and/or deep sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:
 - a. Proof of successful completion of a residency program in general anesthesia of not less than two (2) calendar years that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia; OR
 - b. Proof of successful completion of an accepted post-doctoral training program (e.g., oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage general anesthesia and deep sedation commensurate with the American Dental Association Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.
 4. The Board shall approve the authority to administer general anesthesia and/or deep sedation upon the Board's finding that the applicant meets the requirements set forth in H.3. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as provided in Rule XV.
 5. Examination: Prior to administration of general anesthesia and/or deep sedation, a supervising dentist shall record the following information in the patient's chart:

- a. The patient's vital signs; and,
 - b. The patient's pertinent medical history, pertinent physical findings and weight.
6. Documentation: The supervising dentist shall ensure that the dental treatment, the anesthesia treatment, and the patient's response to such treatment shall be recorded in the patient's record. The record shall include:
- a. A written and current medical history which is signed by the supervising dentist, and patient or guardian;
 - b. A written examination chart that includes preoperative physical assessment performed by the practitioner administering the anesthesia with the proposed dental and anesthesia procedures clearly indicated and potential complications written on the records;
 - c. A consent form signed by the patient or the patient's guardian for any anesthesia and for treatment;
 - d. A fully documented record of each administered anesthesia, including a time-lined record of vital signs, drugs and dosages, routes of administration, response to anesthesia and any complication or adverse reaction;
 - e. Discharge criteria, condition on discharge, vital signs, and time of discharge; and,
 - f. All prescriptions ordered.
7. Monitoring. The patient must be continually monitored through the procedure and recovery to the full extent as defined in Section B. above.
8. Emergency Care: Prior to the administration of general anesthesia and/or deep sedation, the supervising dentist and treatment team (dental hygienists and/or assistants) shall have appropriate knowledge and training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.
9. Office Facilities and Equipment: The supervising dentist shall submit an anesthesia inspection report in compliance with Rule XV which must be approved by the Board prior to administering general anesthesia and/or deep sedation to a patient and provide the following office facilities and equipment:
- a. An operating room;
 - b. An operating chair or table;
 - c. Back up suction equipment with fail-safe mechanism in the event of power loss;
 - d. A back up lighting system, which provides light intensity adequate to permit completion of any dental procedure in progress;
 - e. Oxygen and gas delivery systems, which shall include:
 - 1) Capability to deliver oxygen to a patient under positive pressure, including a back up oxygen system;

- 2) Gas outlets which meet related state or federal standards that prevent accidental administration of inappropriate gases or gas mixture; and,
 - 3) Fail safe mechanisms for inhalation of nitrous oxide analgesia; and,
 - 4) The equipment must have an appropriate scavenging system.
- f. A sterilization area;
 - g. A recovery area, which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;
 - h. Gas storage facilities, which meet related state or federal standards;
 - i. Emergency airway equipment and facilities, which shall include:
 - 1) A full-face mask and an ambu bag or equivalent with an oxygen hook-up;
 - 2) Oral and nasopharyngeal airways;
 - 3) Endotracheal tubes suitable for children and adults;
 - 4) A laryngoscope with reserve batteries and bulbs;
 - 5) Endotracheal tube forceps;
 - 6) Emergency drugs and or medications;
 - 7) An IV catheter with continuous drip; and,
 - 8) External defibrillator for general anesthesia.
 - j. Equipment to monitor vital signs and assure an adequate airway, which shall include, but not be limited to:
 - 1) A pulse oximeter;
 - 2) A blood pressure cuff of appropriate size and stethoscope; or equivalent blood pressure monitoring devices; and,
 - 3. Electrocardiograph for general anesthesia.

10. Personnel

- a. A minimum of 3 individuals must be present during the administration of general anesthesia and/or deep sedation.
- b. Those three individuals shall include the supervising dentist qualified to administer anesthesia and two individuals, at least one of whom is trained in patient monitoring.

11. Discharge

- a. The professional administering the anesthesia/ or sedation must determine that the patient has met discharge criteria prior to the patient leaving the office.

I. Parenteral Conscious Sedation

1. Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to maintain a patent airway independently and continuously and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacologic or non pharmacologic method or a combination thereof.
2. Education/Training Requirements: Prior to induction and administration of parenteral conscious sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:
 - a. Completion of the education/training requirements specified under "General Anesthesia", subsection H.3.a. or H.3.b.; OR
 - b. Proof of successful completion of a specialty residency or general practice residency recognized by the Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage parenteral conscious sedation; OR
 - c. Proof of successful completion of a minimum of sixty (60) course hours within the past five (5) years that provides training in the administration and induction of parenteral conscious sedation techniques and the potential problems and emergencies associated with such administration, as well as documentation of twenty (20) treatment cases, which shall be submitted to the Board for approval, as follows:
 - i). The applicant must first provide an application with documentation of the training course(s) to include, but not 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.
 - ii). The course must consist of thirty (30) hours of classroom instruction as well as thirty (30) hours of supervised clinical training in parenteral conscious sedation.
 - iii). Course content leading to Basic Life Support and/or Advanced Cardiac Life Support cannot be considered as part of the classroom and clinical instruction.
 - iv). All of the training course(s) must have been completed in the past five (5) years.
3. Upon Board approval of the training program, the applicant shall then submit documentation of twenty (20) treatment cases for Board approval, as follows.
 - a. Cases completed in the training program by the applicant as the provider of conscious sedation may be submitted to the Board to meet the requirement for part or all of twenty (20) treatment cases.
 - b. At least ten (10) of the treatment cases must be under the on-site instruction and supervision of a person qualified to administer parenteral conscious sedation.
 - c. The applicant must be the provider of parenteral conscious sedation in at least ten (10) of the cases.

- d. Cases must meet generally accepted standards for the provision of parenteral conscious sedation and documentation.
 - e. Cases must be completed by the licensee either within the course cited in Rule XIV, subsection I.2.c. or during the one (1) year period immediately after completion of the course.
 - f. If any of the required treatment cases are conducted in a Colorado dental office, the applicant must meet the following provisions:
 - i. Prior to any parenteral conscious sedation services being provided in a Colorado office or facility, the office or facility must first be inspected and the inspection approved by the Board as provided in Rule XV.
 - ii. The first five (5) cases (or up to ten (10) cases if fewer than ten (10) cases were done in the training program) must be provided under the on-site instruction and supervision of a person qualified to administer parenteral conscious sedation. The applicant shall submit the cases to the Board for approval.
4. The Board shall certify the authority to administer parenteral conscious sedation upon its determination that the applicant has met the requirements found in I. 2.a., b., or c. above, and Rule XV. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as provided in Rule XV.
 5. Examination: Prior to the administration of parenteral conscious sedation anesthesia, the dentist shall record all information in the patient's chart as specified under "General Anesthesia", subsection H.5.a. and H.5.b.
 6. Documentation: The dentist shall record in the patient's chart the treatment given and the patient's response to the treatment. The record shall include all information as provided for under "General Anesthesia or Deep Sedation," subsection H.6.
 7. Emergency Care: Prior to the administration of conscious sedation anesthesia, the supervising dentist, dental hygienist, and assistants shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.
 8. Office Facilities and Equipment: Prior to administering conscious sedation anesthesia to a patient, the supervising dentist shall provide all office facilities and equipment as specified under "General Anesthesia or Deep Sedation", subsection H.9., excepting the external defibrillator.
 9. Personnel: During administration of parenteral conscious sedation, the dentist and at least one other individual must be present.
 10. Nitrous oxide analgesia may be used in conjunction with parenteral conscious sedation provided that:
 - a. All requirements of Rule XVII have been met; and,
 - b. The level of sedation does not exceed conscious sedation.
- J. Enteral conscious sedation

1. Enteral conscious sedation is a controlled state of depressed consciousness that retains the patient's ability to maintain a patent airway independently and continuously and to respond appropriately to physical stimulation and verbal command and is produced by a pharmacologic or non-pharmacologic method or a combination thereof which is administered by way of the gastro-intestinal tract (i.e. oral, rectal and/or sublingual routes). Oral premedication prescribed/administered for the relief of anxiety and apprehension does not fall within these provisions. However, if the agents/medications are given in dosages such that the patient is placed in a state of conscious sedation then the dentist must have met the requirements and be approved pursuant to this Rule XIV.
2. Educational/Professional Requirements. Prior to the use of enteral conscious sedation, a Colorado licensed dentist shall meet one of the following education/training requirements:
 - a. Completion of the education/training requirements specified under "General Anesthesia", subsection H.3.a. or H.3.b.; OR
 - b. Completion of the education/training requirements specified under "Parenteral Conscious Sedation" subsection I.2.a., I.2.b., or I.2.c; OR.
 - c. Proof of successful completion of a Commission on Dental Accreditation accredited post-doctoral training program which affords comprehensive and appropriate training necessary to administer and manage enteral conscious sedation as determined by the Board, with documented administration of enteral conscious sedation in a minimum of five (5) such cases. The cases shall be completed as a component of the course, under the on-site instruction of a person qualified to administer conscious sedation, and are subject to Board approval; OR
 - d. Proof of successful completion of a course consistent with those described in Parts II and III of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, within the past five (5) years, that provides training in the use of enteral conscious sedation techniques and the potential problems and emergencies associated with such administration with documented administration of enteral conscious sedation in a minimum of five (5) such cases. The cases shall be completed as a component of the course or completed after the course, under the on-site instruction and supervision of a person qualified to administer enteral conscious sedation. All cases are subject to Board approval. The applicant shall submit documentation of the five (5) cases completed as a component of the training course or completed after the course for approval by the Board. Cases must meet generally accepted standards for the provision of enteral conscious sedation and documentation.
3. Examination: Prior to the administration of enteral conscious sedation, the dentist shall record all information in the patient's chart as provided for under "General Anesthesia," subsection H.5.a. and H.5.b.
4. Documentation: The dentist shall record, in the patient's chart, the treatment given and the patient's response to the treatment. The record shall include all information as provided for under "General Anesthesia and/or Deep Sedation," subsection H.6.
5. Emergency Care: Prior to the administration of enteral conscious sedation anesthesia, the supervising dentist, dental hygienists, and assistants shall have appropriate training to recognize the symptoms and reasonably treat any complications and emergencies incident thereto.

6. Office Facilities and Equipment: Prior to administering enteral conscious sedation anesthesia to a patient, the supervising dentist shall provide all office facilities and equipment as specified under "General Anesthesia and/or Deep Sedation" , subsection H.9., excepting the external defibrillator. An IV catheter with continuous drip is not required but must be available for use in case emergency care is required.
 7. Personnel: During administration of enteral conscious sedation, the supervising dentist and at least one other individual must be present.
 8. Prior to any enteral conscious sedation services being provided in a Colorado office or facility, the office or facility must first be inspected and the inspection approved by the Board as set forth in Rule XV.
 9. The Board shall certify the authority to administer enteral conscious sedation upon its determination that the applicant has met the requirements found in J.2. and Rule XV. The permit shall be valid for a period of five (5) years after which it may be renewed subsequent to reapplication and completion of an anesthesia inspection as set forth in Rule XV.
 10. Nitrous oxide analgesia may be used in conjunction with enteral conscious sedation provided that:
 - a. All requirements of Rule XVII have been met; and,
 - b. The level of sedation does not exceed conscious sedation.
- K. Upon reasonable cause, including an incident of patient morbidity or mortality, and/or for any violation or non-compliance with this Rule, the Board may temporarily suspend or revoke the permit granted by the Board to administer anesthesia. Upon a specific finding of violation of this Rule, as set forth in section 12-35-129 (1), C.R.S., the Board may order that a suspension or revocation of permit be permanent.
- L. Current Experience. It is required that the supervising dentist maintain competency and recent experience. If a supervising dentist has not regularly provided general anesthesia or conscious sedation services within the three (3) years prior to certificate renewal, the dentist must provide evidence to the Board of competency in these procedures. The Board may in turn require additional training or supervision and/or deny issuance of a permit until competency is demonstrated.
- M. A dentist with general anesthesia/deep sedation authority may also administer conscious sedation (enteral or parenteral and nitrous oxide sedation). A dentist with parenteral sedation authority may also administer enteral conscious sedation and nitrous oxide sedation in accordance with Rule XIV J., but may not administer general anesthesia, or deep sedation. A dentist with enteral conscious sedation authority may utilize nitrous oxide sedation in accordance with Rule XIV J., but may not administer general anesthesia, deep sedation or parenteral conscious sedation.
- N. A dentist utilizing a combination of more than one anxiolytic or sedation agents for a patient encounter (e.g. titrating oral anxiolytic agents or utilizing an oral anxiolytic agent, plus nitrous oxide) must hold at least enteral sedation authority.
- O. Practitioners utilizing anesthesia/sedation without approval, with an expired approval, without a permit or with an expired permit may be censured and/or disciplined under section 12-35-129(1), C.R.S.

**Rule XV. Anesthesia Inspection
(In Compliance With HB 95-1060)**

(Amended February 1, 1998, May 15, 1998; August 11, 2004; October 26, 2006: Effective December 31, 2006)

This Rule does not apply if the dentist is not the person administering general anesthesia and/or conscious/deep sedation.

- A. All dentists qualified by training and education to administer general anesthesia and/or conscious/deep sedation must undergo a facility anesthesia inspection and a practitioner/team anesthesia inspection as described in this Rule XV to obtain a permit to perform such services in Colorado. Board approval of training and education is required prior to obtaining an anesthesia inspection.
- B. The permit shall be effective for five (5) years and expire at the end of the month of the date of the inspection. There shall be a sixty (60) day grace period from the date of the end of the expiration month to comply with this Rule.
- C. Dentists who receive a permit pursuant to this Rule XV and travel to other office locations to administer anesthesia and dentists who engage the services of another properly licensed and certified individual to provide anesthesia/sedation services shall be responsible for ensuring that the office location has equipment required by Rule XIV and that the staff is properly trained to handle anesthesia related emergencies.
- D. The dentist requiring the anesthesia inspection is responsible for all fees associated with the inspection.
- E. The fee for the anesthesia inspection shall not exceed \$400.00. In addition to the \$400.00, the inspector may charge and be reimbursed for reasonable out-of-pocket expenses for travel, meals, and lodging.
- F. The anesthesia inspection shall consist of four (4) parts:

Part I - Review of the office equipment, records, and emergency medications required by Rule XIV.

Part II - Simulated emergencies -The dentist and his/her team must perform an actual demonstration of their method for managing the following emergencies:

Laryngospasm

Bronchospasm

Emesis & Aspiration of Vomitus

Foreign Bodies in the Airway

Angina Pectoris

Myocardial Infarction

Cardiopulmonary Resuscitation

Hypotension

Hypertensive Crisis
Allergic Reaction
Seizure
Hypoglycemia
Asthma
Respiratory Depression
Local Anesthesia Allergy or Overdose.
Hyperventilation Syndrome
Convulsion of Unknown Etiology

The simulated emergency procedures are to be demonstrated in the surgery area with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated. The type of emergencies selected by examiners should be based on the emergencies likely to be seen in the type of practice in which the dentist is engaged. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated. A simulated intravenous line should be taped into position and all emergency equipment should be present, including syringes, medications, etc.

The inspector shall review with the dentist and his/her office staff a minimum of eight (8) of the previously listed simulated emergencies and cardiopulmonary resuscitation must be one of the eight (8) simulated emergencies. The dentist and his/her office staff must be proficient in all eight (8) of the simulated emergencies.

If the dentist is not considered by the inspector to be proficient in all eight (8) simulated emergencies this shall be immediately reported to the Board for immediate action, including but not limited to loss of privilege to administer anesthesia or sedation.

Part III - Discussion Period - This part of the evaluation should be conducted in private away from the staff and patients. The inspector may note deficiencies and make positive suggestions to the dentist for improving the office facility and patient management. It is appropriate to discuss management of risk patients if this has not been covered during the earlier phase.

Part IV - Surgical/Anesthetic Techniques - The inspector shall observe at least one (1) case while the dentist administers general anesthesia and/or conscious/deep sedation. The authority will be granted at the demonstrated level of anesthesia or sedation observed. The inspector is authorized to observe additional cases at his/her discretion.

G. The dentist requiring the inspection shall obtain his/her own inspector. The inspector must be an Oral Surgeon, Certified Registered Nurse Anesthetist, Physician Anesthesiologist, or a Dental Anesthesiologist, and must be authorized at or above the level of anesthesia and/or sedation being inspected. The inspector must have a current, unrestricted Colorado dental, medical, or nursing license. If the inspector is a Colorado dentist, he/she must also have a valid, current permit to administer general anesthesia/deep sedation.

H. There shall not be reciprocal agreements between the inspector and the dentist.

I. The inspector shall not have had a previous, current, or intended working relationship with the dentist he/she is inspecting.

- J. The Board shall accept anesthesia inspections conducted by the Dentist's Professional Liability Trust and the American Association of Oral and Maxillofacial Surgeons as meeting the requirements of the Board, so long as all the requirements of Rule XV have been met. Inspections conducted by one of the above entities will be effective for five (5) years from the date of issuance by the entity, with a sixty (60) day grace period from the end of the expiration month.
- K. Pursuant to section 12-35-109(3), C.R.S., inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him or her occurring while acting in this capacity.
- L. The documentation of the anesthesia inspection must be completed on forms approved by the Board.

Rule XVI. Oral Premedication Administered for the Relief of Anxiety

Oral premedication prescribed/administered for the relief of anxiety and apprehension does not fall within Rule XIV. However, if the agents/medications are given in dosages such that the patient is placed in a state of conscious sedation then the dentist must have met the requirements and be approved pursuant to Rule XIV.

**Rule XVII. Administration of Nitrous Oxide/Oxygen Inhalation
(Amended February 1, 1998; August 11, 2004; October 26, 2006; April 25, 2007)
Effective July 1, 2007**

- A. When conscious sedation is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then this Rule shall apply.
- B. The administration of nitrous oxide may be delegated to another dentist whose qualifications meet the education and training requirements of Rule XIV, a qualified physician anesthetist, or a certified registered nurse anesthetist.
- C. Education/Training Requirements:
 1. In order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dentist shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of sixteen (16) hours, including four (4) patient contact hours. As of January 1, 1994, the Board required all dentists who did not meet the requirements of subsection 2. below to submit an application and documentation of training in nitrous oxide/oxygen administration.
 2. A Colorado licensed dentist who has safely administered conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques within the State of Colorado for the three (3) years prior to October 30, 1987, should be deemed to have satisfied, the education/training specified under this Rule in making a determination on safe administration and inducement of conscious analgesia accomplished solely by means of nitrous oxide/oxygen inhalation techniques, the Board shall consider any and all anesthesia/analgesia related incidents, accidents or complaints filed against the licensee.
 3. The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where nitrous

oxide/oxygen is administered shall have proof of current basic life support (BLS) knowledge and skills.

4. Upon its determination that the applicant has met the requirements found in either Rule XVII.C.1 or 2, the Board shall issue a permit to administer nitrous oxide/oxygen. Any violation of this Rule XVII may result in suspension or revocation of the permit to administer nitrous oxide/oxygen.
- D. Examination: Upon the effective date of this Rule, prior to administration of nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the patient's medical and pertinent physical findings.
 - E. Documentation: Upon the effective date of this Rule, when administering nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the treatment given, the dosage administered and the patient's response to treatment.
 - F. Emergency Care: Prior to the administration of nitrous oxide/oxygen, the supervising dentist, dental hygienist, and auxiliaries shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.
 - G. Office Facilities and Equipment: If conscious analgesia is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then the supervising dentist shall provide and ensure the following:
 1. Fail safe mechanisms in the delivery system and an appropriate scavenging system;
 2. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient;
 3. Determination of adequate oxygen supply must be completed prior to use with each patient;
 4. Baseline vital signs may be obtained at the discretion of the operator depending on the medical status of the patient and the nature of the procedure to be performed; AND,
 5. Appropriate equipment to monitor vital signs and maintain an adequate airway including but not limited to a blood pressure cuff, stethoscope and a method for administering positive pressure oxygen.
 - H. Delegating under direct supervision the monitoring and administration of nitrous oxide/oxygen to appropriately trained personnel pursuant to section 12-35-113 (1) (q), C.R.S.:
 1. The supervising dentist is responsible for determining the maximum dosage of nitrous oxide/oxygen analgesia and must record the dosage in the patient's dental chart prior to delegation; AND,
 2. The supervising dentist delegating must be approved by the Board under this Rule to administer nitrous oxide/oxygen; AND,
 3. The dental hygienist or dental auxiliary accepting the delegation of the administration and monitoring of nitrous oxide/oxygen under direct supervision shall ensure that the dentist is approved by the Board to administer nitrous oxide/oxygen; AND,
 4. Education/Training Requirements for dental hygienists and auxiliaries administering and monitoring nitrous oxide/oxygen under direct supervision;

- a. In order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dental hygienist or a dental auxiliary shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of sixteen (16) hours, including four (4) patient contact hours. The dental hygienist and dental auxiliary shall certify to the Board, on a form approved by the Board, compliance with the educational requirement.

I. "Monitoring" , as that term is used in Rule XVII means:

1. The continual observation of the patient to ensure the stable physical condition of the patient and maintenance of a proper level of nitrous oxide/oxygen inhalation as determined by the supervising dentist; OR
2. The continual observation of the patient to ensure stable physical condition of the patient during recovery from the nitrous oxide/oxygen inhalation.
3. Unless a dental hygienist or dental auxiliary has received the training to administer nitrous oxide/oxygen inhalation, they may only monitor (observe) a patient during the use of nitrous oxide/oxygen inhalation. Monitoring may only be delegated under the direct supervision of a dentist approved/authorized to administer nitrous oxide/oxygen inhalation.

J. All equipment, as provided for in this Rule XVII shall be functional and operative at all times.

K. Morbidity and Mortality Report - A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the nitrous oxide/oxygen inhalation within fifteen (15) days of any nitrous oxide/oxygen inhalation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and required hospitalization, emergency facility care, or emergency service response.

1. Such report shall include all of the following items:
 - a. Description of dental procedure;
 - b. Description of preoperative physical condition of the patient;
 - c. List of the drugs and dosages administered;
 - d. Detailed description of techniques utilized in administering the nitrous oxide;
 - e. Description of adverse occurrence to include:
 - 1) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;
 - 2) Treatment instituted on patient; AND,
 - 3) Response of the patient to treatment.
 - f. Description of the patient's condition on termination of any procedure undertaken.
2. The Board may request inspection of any written records related to this report.

3. Pursuant to section 12-35-107(1)(d), C.R.S., the Board may request an on-site evaluation of the dental facility related to this report.

**Rule XVIII. Administration of Local Anesthesia
(Amended August 11, 2004)**

- A. "Local Anesthesia" means the elimination of sensations especially pain, in one part of the body by topical application or regional injection of drugs without causing the loss of consciousness.
- B. The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where local anesthesia is administered shall have proof of current basic life support (BLS) knowledge and skills.
- C. All Colorado licensed dentists shall be authorized to administer local anesthesia. A dentist may delegate the physical administration of local anesthesia to trained and qualified dental hygienists pursuant to this Rule.
- D. Local Anesthesia Administration by Regional Injection by a Dental Hygienist.
 1. A Colorado licensed dental hygienist shall administer local anesthesia agents by regional injection of drugs only under the direct supervision of a Colorado licensed dentist.
 3. A dental hygienist shall be qualified to administer local anesthetic agents upon successful completion of courses conducted by a school accredited by the American Dental Association Commission on Dental Accreditation which meets the following requirements:
 - a. Twelve (12) hours of didactic training including but not limited to:
 - 1) Anatomy; and
 - 2) Pharmacology; and
 - 3) Techniques; and
 - 4) Physiology; and
 - 5) Medical Emergencies AND
 - b. Twelve (12) hours of clinical training which shall include the administration of at least six (6) infiltration and six (6) block injections.
 3. As of October 30, 1987, prior to the administration and inducement of local anesthesia by regional injection as provided for in this rule a dental hygienist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements specified in Rule XVIII.

**Rule XIX. Practice Monitor Consultant Guidelines
(Amended February 1, 1998, May 15, 1998, December 2, 2002; August 11, 2004)**

- 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 XX Denture Construction by Assistants
(Effective February 1, 1999)
(Amended October 1, 1999, December 2, 2002; August 11, 2004)

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 XXI Financial Liability Requirement
(Effective February 1, 1999; August 11, 2004)

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 XXII Treatment Provider Identification
(Effective February 1, 1999; August 11, 2004)**

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 XXIII Patient Records Retention
(Effective February 1, 1999)
(Amended December 2, 2002)**

- 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 XXIV. Practice in Education and Research Programs
(Promulgated as Emergency Rule XXVIII on 7/7/2004;
Re-promulgated as Rule XXIV on August 11, 2004)**

- 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 XXV. Patient Records in the Custody of a Dentist or Dental Hygienist
(Effective December 2, 2002; Amended October 27, 2004)**

- 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 XXVI. Advertising
(Effective August 1, 2000)
(Temporarily Expired December 2, 2002)
(Effective July 1, 2003; Amended October 27, 2004)
(Amended October 26, 2006 and Effective December 30, 2006)
(Amended April 25, 2007 and Effective July 1, 2007)
(Amended October 24, 2007 and Effective December 31, 2007)
(Amended October 22, 2008 and Effective November 30, 2008)

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 XXVII. Infection Control
(Effective August 1, 2000)
(Amended January 5, 2001; October 27, 2004)

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

Rule XXVIII. Application of Local Therapeutic Agents Into Periodontal Pockets
(Effective June 30, 1996 as Rule XXIV; Amended December 2, 2002; Re-promulgated as Rule XXVIII on October 27, 2004)

- 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 XXIX. PEDIATRIC CASE MANAGEMENT; MEDICAL IMMOBILIZATION/PROTECTIVE STABILIZATION
(Amended October 24, 2007 and Effective December 31, 2007)

- 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; *Eff*
 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 XXX. COMPLIANCE WITH BOARD SUBPOENA
(Effective December 31, 2007)**

- 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.