

MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date: December 7, 2020

Location: WebEx meeting
Tennessee Department of Health
665 Mainstream Drive
Nashville, TN 37243

Members Present: Stephen Maroda, D.D.S.
Brian D. West, D.M.D.
George A. Adams, D.D.S.

Staff Present: Dea Smith, Executive Director
Paetria Morgan, Senior Associate General Counsel

Dr. Stephen Maroda called the meeting to order at 4:21 p.m. A roll call of members present was taken and all members were present.

The committee met to review and discuss the Tennessee Dental Association's (TDA) Anesthesia, Sedation and Scope of Practice Committee request for changes to the equipment and drug list and the rules. The committee reviewed and discussed. After review, Dr. Maroda made the motion to adopt the following changes to the Equipment and Drug list as recommended by the TDA committee:

Under the category of "*Equipment*":

K) It is recommended that IV set ups should be required for all sedation permit levels.

Rationale: ACLS and PALS algorithms may require venipuncture which would then mandate the need for IV set ups to include hardware and fluids. Having current ACLS/PALS is a requirement for both limited and comprehensive conscious sedation permits as well as deep sedation and general anesthesia.

L) It is recommended that tourniquet and tape should be required for all sedation permit levels.

Rationale: ACLS and PALS algorithms may require venipuncture which would then mandate the need for tourniquet and tape. Having current ACLS/PALS is a requirement for limited and comprehensive conscious sedation permits as well as deep sedation and general anesthesia. Even if the dentist chooses to use an intraosseous access for fluids, a tourniquet and tape is not an undue or expensive addition to a "crash cart" in the event that another provider or emergency personnel were to require it.

Under the category of "*Drugs*":

C) It is recommended that amiodarone be listed as an alternative to lidocaine, if not replacing it.

Rationale: In ACLS algorithms, either lidocaine or amiodarone may be used with the latter more cited. This gives dentists an option as to which to have.

G) It is recommended that vasopressor be stricken.

Rationale: All of the following are common vasopressors: epinephrine, norepinephrine, vasopressin/Vasotric, dopamine, dobutamine, phenylephrine. Epinephrine is already on the list. In the American Heart Association's ACLS Provider Manual it states, "Vasopressin is a nonadrenergic peripheral vasoconstrictor. A meta-analysis of 5 randomized trials found no difference between vasopressin and epinephrine for ROSC, 24-hour survival, or survival to hospital discharge." p.65 of the 2011 edition.

H) It is recommended that "a corticosteroid" be stricken.

Rationale: Dentists do not feel comfortable enough to diagnose an adrenal crisis during a sedation to properly administer this drug. Moreover, there is not an ACLS/PALS algorithm that requires its use.

Second was by Dr. Brian West. Motion carried.

After discussion, the committee did not add a blood glucose test kit to the required equipment.

After discussion, Dr. George Adams made the recommendation to adopt the following TDA committee recommendations and to recommend that the Board of Dentistry change the rules to the following:

Under the category of "*Emergency management*":

A) It is recommended that the written protocols must be kept with the emergency drugs and equipment.

Rationale: Inspectors have discovered that dentists have kept these items in various areas and not always together and where they would make the most sense.

B) It is recommended that "written" be added to protocols and that those protocols should be kept with those specific drugs and/or the rest of the emergency drugs and equipment.

Rationale: Inspectors have discovered that dentists have kept these items in various areas and not always together and where they would make the most sense.

C) It is recommended that "life safety" be clarified or changed to "life saving" and that "infection control, and hazardous waste practices" be stricken.

Rationale: Life safety could encompass many things including but not limited to: active shooter drills, tornado drills, fire drills, earthquake drills, suicide prevention awareness, situational awareness, etc. It is too vague. Life saving would make more sense and may have been the original intent.

Infection control and hazardous waste management are OSHA topics that all offices should be doing regardless of sedation and therefore should not be subject to a facility inspection by these inspectors as it would fall to TOSHA to evaluate on their inspections.

D) It is recommended to strike this line item.

Rationale: It is listed under equipment and therefore this one is superfluous.

Dr. Maroda seconded the motion. The motion carried.

The committee reviewed information that had been submitted regarding the DOCS course taught in affiliation with Idaho State University and Meharry Medical College. Dr. Maroda made the motion to approve. Dr. Adams seconded the motion. Motion carried.

There being no further business, the meeting was adjourned at 4:45 p.m.