



The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

INSTRUCTIONS FOR FACILITY PERMIT D APPLICATION

A Facility Permit D must be obtained for each site in which general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation is administered, including the offices of dentists who work with a qualified anesthesiologist (M.D., D.O., or Dental Anesthesiologist.)

PLEASE NOTE: A FACILITY PERMIT IS ISSUED FOR A SPECIFIC OFFICE ADDRESS IN THE NAME OF A CURRENTLY LICENSED DENTIST AND IS **NOT** TRANSFERABLE TO EITHER ANOTHER FACILITY OR ANOTHER LICENSEE. THE FACILITY PERMIT IMMEDIATELY EXPIRES WHEN THE LICENSEE IN WHOSE NAME IT IS ISSUED CEASES TO PRACTICE AT THE FACILITY.

*A MEMBER OF THE MASSACHUSETTS SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS WHOSE OFFICE HAS BEEN INSPECTED WITHIN THE PAST FIVE YEARS MAY SUBMIT A COPY OF THE RESULTS OF THAT INSPECTION ALONG WITH THE APPLICATION.

PLEASE ATTACH THE FOLLOWING AND KEEP A COPY OF ALL DOCUMENTS AND ATTACHMENTS SUBMITTED FOR YOUR RECORDS:

- Completed Facility D Application and Attachment 1.
- Personal or business check or money order in the amount of \$180, must be made payable to the Commonwealth of Massachusetts. **All fees are nonrefundable and nontransferable.**
- Copies of current and valid Permit A, B or C for licensee(s) administering anesthesia in the facility. **OR** copy of application for Anesthesia Permit A, B or C.
- Request for on site inspection by the Board **OR** a copy of the certificate of an on site inspection conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons (**for members of MSOMS only**).*
- Documentation of most recent fire inspection within the last year.
- Copy of CPR/BLS Certificates for all dentists and staff.
- Copy of medical history form.

- Copy of anesthesia chart.
- Copy of anesthesia consent form.
- Copy of a schedule demonstrating a log of all drugs and equipment maintenance (including the date(s) and name of person who last checked drugs and equipment.)
- Copy of a written protocol for management of emergencies.
- Copy of emergency drill log book.
- Name and contact information of owner(s) of practice.
- Weekly spore testing results for the 3 months prior to permit application date.
- Copy of equipment check by a certified dental equipment vendor. All nitrous oxide-oxygen equipment must be inspected once a year.
- Copy of Federal DEA Controlled Substance Certificate and MA Controlled Substance Registration for the specific address listed on this application. (M.G.L. c. 94C, s. 10)

OFFICE SCHEDULE

(TO AID IN SCHEDULING AN INSPECTION)

<u>DAYS</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>LICENSEE'S</u>					
<u>OFFICE</u>					
<u>SCHEDULE</u>					
<u>STANDARD</u>					
<u>LUNCH HOUR</u>					

PLEASE BE ADVISED THAT, ONCE YOUR APPLICATION IS COMPLETE, AN INSPECTOR WILL CONTACT YOU REGARDING A SITE INSPECTION. IF YOUR APPLICATION IS INCOMPLETE, THE BOARD WILL CONTACT YOU. PLEASE CONSULT 234 CMR 3.04 -3.05 (SEE BELOW) FOR DETAILED DESCRIPTIONS OF REQUIREMENTS FOR THE FACILITY D PERMIT AND INDIVIDUAL ANESTHESIA PERMITS.



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee: _____
Site Inspection: _____ Yes _____ No
Date/Inspect _____
Exec. Dir.: _____

FACILITY PERMIT D APPLICATION

1. APPLICANT NAME _____
Last First Middle

2. MAILING ADDRESS: _____
No. Street Apt.#

City/Town State Zip Code

3. BUSINESS NAME/DOING BUSINESS AS: _____

4. BUSINESS ADDRESS: _____
No. Street Apt.#

City/Town State Zip Code

5. TELEPHONE NUMBER-DAY: _____ CELL: _____ FAX: _____

6. _____
MA License Number

7. **SOCIAL SECURITY NUMBER (MANDATORY)** _____ - _____ - _____ Pursuant to MGL c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

APPLICATION FOR FACILITY D PERMIT

BOARD OF REGISTRATION IN DENTISTRY • 239 CAUSEWAY STREET, BOSTON, MA 02114
PHONE: 800-414-0168 • 617-973-0800 • WEBSITE: WWW.MASS.GOV/DPH/BOARDS/DN
Rev. 06/09

PERMIT D-FACILITY PERMIT

FACILITY PERMIT FOR ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION, CONSCIOUS SEDATION AND NITROUS OXIDE-OXYGEN

- I have attached a current certificate of successful completion of an on site inspection, conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on site inspection by the Board.
(For Permit A holders.)

OR

- I request that an on site inspection be scheduled for: **(Circle all anesthesia types that will be administered at the business address listed.)**

General Anesthesia IV Sedation Oral Sedation Nitrous Oxide Other Route _____

- Attached is a copy of current Massachusetts Anesthesia Permit A, B or C **or** a copy of an application in process.
- I do not possess a current Massachusetts Anesthesia Permit A, B or C, and I do not intend to apply for an Anesthesia Permit.
- I intend to employ either a dentist and/or a qualified anesthesiologist to administer the types of anesthesia listed above.

List all practice locations, including hospitals, at which holder will be providing services:

<u>Print Address of each Facility</u>	<u>Phone #</u>	<u>Owner/Supervising Dentist</u>
_____ () _____	_____	_____
_____ () _____	_____	_____
_____ () _____	_____	_____

*Name of Prior Facility D permit holder, if any, at this location _____

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 FOR ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION, CONSCIOUS SEDATION, NITROUS OXIDE OXYGEN SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature

ATTACHMENT #1

PLEASE MAIL WITH APPLICATION OR FAX : 617-973-0982

REQUIRED DRUGS, DRUG CLASSIFICATIONS AND EQUIPMENT	AVAILABLE YES/NO	NAME OF DRUG	DOSAGE	EXPIRATION DATE
For Permits A, B, C				
Epinephrine ampules				
(*)Preloaded adult syringe				
(*) Preloaded child syringe				
Antihistamine				
Anticonvulsant				
Vasodilator				
Antihypoglycemic				
Bronchodilator				
Corticosteroid				
Vasopressor				
Portable Oxygen tank/cylinder E				
Stethoscope & Sphygmomanometer				
Additional Drugs For Permit A				
Narcotic Antagonist				
Muscle Relaxant				
Atropine				
Lidocaine ___ %				
Sodium Bicarbonate				
(**)Dantrolene Sodium				
EKG Monitor				
Defibrillator				
Endotracheal Tubes				
Laryngoscope				

(*) Preloaded from manufacturer only

(PERMITS A + B ONLY)

(yes)___ (no)____/equipment for the insertion and maintenance of an intravenous infusion

(yes)___ (no)____/a pulse oximeter (effective 1/1/91)

(**) dantrolene sodium (required if a halogenated anesthesia agent (e.g. halothane, enflurane, isoflurane) is used or depolarizing skeletal muscle relaxants (e.g. succinylcholine) are administered)

PLEASE NOTE: THE APPLICANT WILL BE REQUIRED TO DEMONSTRATE COMPLIANCE WITH 243 CMR 3.05 (1)(2)(3) WHEN INSPECTED

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NAME OF ALL DENTIST/ANESTHESIOLOGISTS AT THIS FACILITY PROVIDING ANESTHESIA.

1. _____ PERMIT/LICENSE NO. _____
2. _____ PERMIT/LICENSE NO. _____
3. _____ PERMIT/LICENSE NO. _____
4. _____ PERMIT/LICENSE NO. _____
5. _____ PERMIT/LICENSE NO. _____

NAME OF ALL DENTAL ASSISTANT(S):

1. _____
2. _____
3. _____
4. _____
5. _____

NAME OF ALL DENTAL HYGIENISTS:

1. _____ LICENSE NO. _____
2. _____ LICENSE NO. _____
3. _____ LICENSE NO. _____
4. _____ LICENSE NO. _____
5. _____ LICENSE NO. _____

NAME OF DENTAL DIRECTOR: _____

234 CMR: BOARD OF REGISTRATION IN DENTISTRY

234 CMR 3.00: ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION, CONSCIOUS SEDATION, AND NITROUS OXIDE-OXYGEN SEDATION

3.04: Anesthesia Administration Evaluations and On site Facility Inspections

Anesthesia administration evaluations and on site facility inspections shall be conducted by at least one evaluator appointed by the Board upon recommendation of the Anesthesia Review Committee. If the results of the evaluation or inspection are deemed unsatisfactory, a second evaluation or inspection may be conducted, within a reasonable time, by a different evaluator upon written request of the applicant.

(1) Approval for Administration Permits A, B, and C. Evaluations for anesthesia administration permits shall include observing actual dental treatment under general anesthesia, deep sedation, conscious sedation, and/or nitrous-oxide oxygen sedation, as appropriate to the type of permit applied for by the applicant. The office personnel must also demonstrate cardio-pulmonary resuscitation (CPR) and an emergency drill as well as show documentation of scheduled office drills.

(2) Approval for Facility Permit D. Approval shall require an on site inspection of the facility, drugs and equipment, and personnel utilized in the administration of anesthesia. Facility requirements are listed in 234 CMR 3.05. Facility permits are not applicable to those hospital and/or dental school settings which have been approved by the Joint Commission on Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association. Private dental offices of dentists practicing within hospital or dental school facilities, however, are subject to 234 CMR 3.00.

3.05: Facility Requirements and Patient Monitoring Procedures

Every facility utilized by a dentist with an administration permit or by a dentist with no permit who is working with a qualified anesthesiologist must be properly equipped for the type of anesthesia or sedation being administered and staffed with a supervised team of auxiliary personnel capable of appropriately managing procedures and emergencies incident thereto. The facility design shall be such that there is access for emergency and transport equipment. Adequacy of the facility, equipment, and competence of the personnel shall be determined as outlined in 234 CMR 3.05.

(1) Drugs and Equipment Required for Administration of General Anesthesia, Deep Sedation, Conscious Sedation, and/or Nitrous Oxide-Oxygen Sedation. A facility which administers general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen sedation must be equipped with the following drugs and equipment:

- (a) suction;

- (b) monitoring equipment (including stethoscope and sphygmomanometer);
- (c) equipment capable of delivering oxygen under positive pressure;
- (d) gas delivery machines must have an oxygen fail-safe system, adequate waste gas scavenging, and shall be checked and calibrated periodically;
- (e) a protocol for management of emergencies shall be developed and emergency drills must be carried out and documented;
- (f) all emergency equipment and drugs must be maintained on a scheduled basis;
- (g) an adequate supervised recovery area must be available;
- (h) epinephrine;
- (i) an antihistamine;
- (j) an anticonvulsant;
- (k) vasodilator (e.g. nitroglycerine);
- (l) an antihypoglycemic agent;
- (m) a bronchodilator;
- (n) a corticosteroid;
- (o) vasopressor;
- (p) equipment for the insertion and maintenance of an intravenous infusions (not required for facilities administering nitrous oxide-oxygen only); and
- (q) a pulse oximeter (effective 1/1/91) (not required for facilities administering nitrous oxide-oxygen only).

(2) Additional Drugs and Equipment Required for Administration of General Anesthesia and/or Deep Sedation. The following drugs and equipment must also be available in a facility which administers general anesthesia and/or deep sedation:

- (a) a narcotic antagonist;
- (b) a muscle relaxant;
- (c) atropine;
- (d) lidocaine;
- (e) sodium bicarbonate;
- (f) dantrolene sodium (required if a halogenated anesthesia agent (e.g. halothane, enflurane, isoflurane) is used or depolarizing skeletal muscle relaxants (e.g. succinylcholine) are administered);
- (g) EKG monitor and defibrillator; and
- (h) endotracheal tubes and laryngoscope.

(3) Patient Monitoring. The following procedures must be followed by administration permit holders:

(a) Medical History. An appropriate medical history shall be recorded on the patient's chart prior to the administration of general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation.

(b) Monitoring and Recording of Vital Signs.

1. General Anesthesia and Deep Sedation. Monitoring and recording of vital signs including blood pressure, respiration, and heart rate must be done for all patients administered general anesthesia and deep sedation. In addition, an EKG monitor and a pulse oximeter (effective 1/1/91) must be used. The temperature of children administered general anesthesia must be monitored.

2. Conscious Sedation. Monitoring and recording of vital signs including blood pressure, respiration, and heart rate must be done for all patients administered conscious sedation. In addition, a pulse oximeter must be used (effective 1/1/91).

3. Nitrous Oxide - Oxygen Sedation. Baseline monitoring and recording of vital signs, including blood pressure, respiration, and heart rate must be done for all patients administered nitrous oxide-oxygen sedation whenever possible. Intraoperative monitoring requires observation of appropriate physiologic parameters.

(c) The Anesthesia Chart. For patients administered general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation, the anesthesia chart shall contain documentation that vital signs have been recorded, and that the responsiveness of the patient was checked at specific intervals, including the recovery period. The chart must also record the duration of the procedure and agents administered. A note of the patient's condition upon discharge must also be recorded.

(d) Utilizing an Anesthesiologist. When a qualified anesthesiologist (M.D., D.O., or Dental Anesthesiologist) is utilized, such individual must remain on the dental facility premises until any patient administered general anesthesia, deep sedation, and/or conscious sedation regains full consciousness.

(e) Personnel. The following personnel requirements must be met in all facilities administering general anesthesia, deep sedation, conscious sedation, and/or nitrous oxide-oxygen sedation:

1. General Anesthesia and Deep Sedation. For general anesthesia and/or deep sedation, at least three appropriately trained individuals are required:

a. the operating dentist, who directs the general anesthesia and/or deep sedation;

b. A person responsible for observing and monitoring the patient. If this person is an appropriately trained professional, he or she may direct and/or administer the general anesthesia and/or deep sedation; and

c. A person assisting the operating dentist. The person responsible for administering the anesthesia must remain on the premises until the patient regains full consciousness.

2. Conscious Sedation and/or Nitrous Oxide-Oxygen Sedation. For conscious sedation and/or nitrous oxide-oxygen sedation, at least two appropriately trained individuals are required:

a. the operating dentist, who directs the conscious sedation and/or nitrous oxide-oxygen sedation; and

b. an assistant trained to monitor appropriate physiologic parameters.

(f) Certification in Cardio-Pulmonary Resuscitation (CPR). All personnel involved in the administration of general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen sedation must be currently certified in cardio-pulmonary resuscitation (CPR).