

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards/dn

Facility Permit D-P

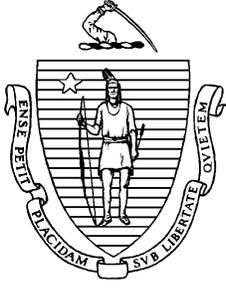
(See 234 CMR 6.09 Effective August 20, 2010)

Requirements for the Use and Provision of Portable and/or Mobile Anesthesia Services

Application Instructions

A qualified dentist anesthesiologist who travels to dental facilities or practice sites for the purpose of delivering anesthesia services or sedation services at the site must hold a Mobile Facility D-P Permit for the use of portable and/or mobile anesthesia equipment, supplies and personnel.

- The holder of a Facility Permit D-P shall:
 - (a) Comply with requirements of the Board pursuant to 234 CMR 5.05 and the reporting of adverse occurrences, pursuant to 234 CMR 6.17;
 - (b) Employ and provide immediate supervision of at least one dental or clinical auxiliary who is trained and qualified to assist in anesthesia administration and who is fully familiar with the procedures and protocols of the permit holder at each site where anesthesia is being administered by said permit holder;
 - (c) Schedule and perform maintenance checks of all equipment conducted by a certified equipment vendor at least once per year, and retain maintenance records for a minimum of three years;
 - (d) Conduct annual emergency drills for all staff involved in the administration of anesthesia, and retain records that describe the dates of the training activities, content of the training, and the attendance roster for a minimum of three years; and
 - (e) Place a copy of the anesthesia chart in the patient's dental record at the site where the anesthesia was administered.
- The Facility Permit D-P, or a copy thereof, shall be prominently displayed in the facility by the qualified dental anesthesiologist whenever and wherever he/she is providing anesthesia services.
- The operating dentist shall be responsible for verifying that the qualified dental anesthesiologist has the proper anesthesia permit and that the portable anesthesia service is appropriately permitted for the level of pain control and/or sedation to be provided.
- The qualified dental anesthesiologist shall be responsible for verifying that the operating dentist and his/her clinical staff maintain current certification in ACLS or BLS for Healthcare Providers, as applicable given the type of anesthesia being administered.
- There shall be a written and signed agreement between the Facility Permit D-P applicant and the operating dentist for each site where anesthesia is to be administered by the Facility Permit D-P holder which, at a minimum describes how emergency response training and protocols will be developed and practiced, procedures for verifying qualifications of personnel who assist in the care and monitoring of the patient, responsibilities for pre- and post-operative patient assessment and monitoring, responsibilities for obtaining informed consent, and how compliance with applicable board statutes and regulations will be achieved and maintained at the site.



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Application -Facility Permit D-P

1. APPLICANT NAME _____ MA DN Lic. # _____
Last First MI

2. BUSINESS ADDRESS: _____
No. Street Unit #

City/Town State Zip Code

3. BUSINESS NAME/DOING BUSINESS AS: _____

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

5. EMAIL ADDRESS: _____

6. **PRACTICE OWNER** (if different from applicant)

Name: _____ MA Dental Lic. # _____

Telephone: _____ Email: _____

7. TYPES OF ANESTHESIA

**TYPE(S) OF ANESTHESIA AND/OR SEDATION
TO BE ADMINISTERED
(Check all that apply.)**

Nitrous Oxide- Oxygen Only _____

Nitrous Oxide-Oxygen + Oral Sedative(s) _____

Oral Sedation Only _____

I.V. Sedation _____

General Anesthesia and Deep Sedation _____

Other route of administration: _____

ATTACHMENT 2 (Page 1)

EQUIPMENT REQUIRED BY 234 CMR 6.00, AS APPLICABLE.

EQUIPMENT REQUIRED	DATE LAST INSPECTED
Alternative light source for use during power failure	
Ambu-bag or portable bag-mask ventilator	
Automated or manual external defibrillator, including batteries and other components	
Disposable CPR mask (pediatric and adult)	
Disposable syringes (assorted sizes)	
Endotracheal tubes with inflatable cuffs and other equipment designed to maintain patient airway including: <ul style="list-style-type: none"> ▪ Pediatric endotracheal tubes, assorted sizes. ▪ Adult endotracheal tubes, assorted sizes ▪ Connectors from tubes to gas delivery machines ▪ Syringe for cuff inflation ▪ Stylet 	
Endotracheal tube forceps	
Equipment for emergency crico-thyroidectomy and/or tracheostomy with appropriate connectors to deliver 100% oxygen and establish emergency airway	
Equipment for the insertion and maintenance of an intravenous infusion	
Equipment suitable for proper positioning of the patient for administration of cardiopulmonary resuscitation, including a back board	
Equipment for continuous monitoring during anesthesia	
Gas delivery system capable of positive pressure ventilation, which must include: <ul style="list-style-type: none"> ▪ Oxygen ▪ Safety-keyed hose attachments ▪ Capability to administer 100% oxygen in all rooms (operatory, recovery, examination, and reception) ▪ Gas storage in compliance with safety codes ▪ Adequate waste gas scavenging system ▪ Nasal hood or cannula. 	
Laryngoscope (straight and/or curved blades, assorted sizes; extra batteries and bulbs)	
Latex free tourniquet	
List of emergency telephone numbers clearly visible	
Magill forceps or other suitable instruments	
Means of monitoring blood pressure (pediatric and adult)	
Means of monitoring heart rate and rhythm, with battery pack back-up	
Means of monitoring respirations	
Means of monitoring temperature	
Means of transporting patients	
Method to accurately record elapsed time	
Nasopharyngeal airways (pediatric and adult)	
Oropharyngeal airways (pediatric and adult)	
Oxygen (portable Cylinder E tank) pediatric and adult masks capable of giving positive pressure ventilation including bag-valve-mask system	
Scavenger system, if inhalation agents are used	
Sphygmomanometer and stethoscope (pediatric and adult)	
Suction: <ul style="list-style-type: none"> ▪ Suction catheter for endotracheal tube ▪ Tonsillar suction tip ▪ Suction equipment for use during power failure ▪ Capability of suction in all operatories and recovery rooms. 	
Schedule and log for checking and recording dates when anesthesia accessories and supply of emergency drugs have been checked	
If nitrous oxide and oxygen delivery equipment capable of delivering less than 25% oxygen is used, an in-line oxygen analyzer must be used	

ATTACHMENT 2 (Page 2)

EMERGENCY DRUGS AND DRUG CLASSIFICATIONS REQUIRED, AS APPLICABLE.

REQUIRED DRUGS	NAME OF DRUG	DOSAGE	EXPIRATION DATE
Acetylsalicylic acid (rapidly absorbable form)			
Ammonia inhalants			
Anticonvulsant			
Antihistamine			
Antihypoglycemic agent			
Antihypertensive medications			
Antiemetic			
Atropine			
Bronchodilator			
Corticosteroid			
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)			
Epinephrine pre-loaded syringes and ampules (pediatric and adult)			
Lidocaine			
Intravenous antihypoglycemic agent (dextrose 50% or glucagon)			
Medication to treat supraventricular tachycardia (e.g. adenosine, verapamil, etc.)			
Muscle relaxants			
Narcotic antagonist and reversing agents			
Oxygen			
Sodium bicarbonate			
Succinylcholine			
Vasodilator			
Vasopressor			

NAME(S) OF DENTIST(S)/ANESTHESIOLOGIST(S) WHO WILL BE ADMINISTERING ANESTHESIA AT THIS FACILITY	LICENSE NUMBER	ANESTHESIA PERMIT NUMBER	ACLS/BLS CERTIFICATION EXPIRATION DATE
Dental Director:			

Attachment 2 (page 3)

NAME(S) OF DENTAL/SURGICAL ASSISTANT(S)	EXPIRATION DATE OF CPR/BLS CERTIFICATION

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY

239 CAUSEWAY STREET-SUITE 500, BOSTON, MA 02114

KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS