

FOR OFFICE USE ONLY
Dental Anesthesia Facility Checklist

- App. & Fee
- Attestation

Anesthesia Checklist

- Anesthesia Training

Gen Anesthesia/Deep Sedation

- BLS
- ACLS
- PALS

Moderate Sedation

- BLS
- ACLS or PALS

Minimal Sedation/Nitrous Oxide

- BCLS



*****FOR OFFICE USE ONLY*****

Receipt #

ID #

Issue Date

License #

Rhode Island
Board of Examiners in Dentistry

Room 104 - 3 Capitol Hill
Providence, RI 02908-5097

***Instructions and License/Permit Application
for Anesthesia Facility Permits:***

- Nitrous Oxide Facility
- Minimal Sedation Facility
- Moderate Sedation Facility
- General Anesthesia/Deep Sedation Facility
- Facility Host Permit (H Permit)
- Pediatric Facility Permit

License # _____

Name _____

Applicant - Print Name (Full Name)

Phone: (401) 222-2837

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

PERMIT REQUIREMENTS

- Completed, Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.

Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$40.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.

- Nitrous Oxide Facility Permit - Supporting official transcripts of verification of the qualification requirements listed below submitted directly to the Department.**

- a. Current license as a dentist in this state
- b. Nitrous Oxide Individual Anesthesia permit
- c. Duly executed nitrous oxide sedation self-assessment form (Part A, B)

- Minimal Sedation Facility Permit - Supporting official transcripts of verification of the qualification requirements listed below submitted directly to the Department.**

- a. Current license as a dentist in this state
- b. Minimal Sedation Individual permit
- c. Duly executed nitrous oxide sedation self-assessment form (Part A, B)

- Moderate Sedation Facility Permit - Supporting official transcripts of verification of the qualification requirements listed below submitted directly to the Department.**

- a. Current license as a dentist in this state
- b. Moderate Sedation Individual permit
- c. Successful completion of an on-site office evaluation performed by an office evaluation team approved by the Board and the Director
 1. An office evaluation team shall consist of two or more persons chosen and approved by the Board and the Director. At least one of the evaluators must hold an Individual General Anesthesia Permit. At least one member of the team must have substantial experience in the administration of the method of delivery of anesthesia or sedation used by the dentist being evaluated.
 2. The board may appoint a licensee member of the board to serve as a consultant at any evaluation.
 3. Equipment in Attachment 2
 4. Emergency Drugs as listed

- General Anesthesia/Deep Sedation Facility Permit - Supporting official transcripts of verification of the qualification requirements listed below submitted directly to the Department.**

- a. Current license as a dentist in this state
- b. General Anesthesia/Deep Sedation Individual permit
- c. Successful completion of an on-site office evaluation performed by an office evaluation team approved by the Board and the Director (See Sections A, C for self-attestation)
 1. Required equipment
 2. Required Emergency Drugs
 3. Office forms
 - Medical History
 - Anesthesia chart
 - Anesthesia consent
 4. ETC

- Facility Host Permit**

- a. Attestation to the safety of all equipment used in connection with the administration of anesthesia
- b. Successful completion of an on-site office evaluation performed by an office evaluation team approved by the Board and the Director (See Sections A, C for self-attestation)

- Pediatric Facility Permit**

- a. Current license as a dentist in this state
- b. General anesthesia/deep sedation individual permit.
- c. Successful completion of an on-site office evaluation performed by an office evaluation team appointed by the Board and the Director.

Section A: Staff-For completion for any facility permit

NAME(S) OF DENTIST(S)/ ANESTHESIOLOGIST(S) WHO WILL BE ADMINISTERING ANESTHESIA AT THIS FACILITYANESTHESIOLOGIST(S) WHO WILL BE ADMINISTERING ANESTHESIA AT THIS FACILITY	LICENSE NUMBER	ANESTHESIA PERMIT NUMBER	BLS CERTIFICATION EX- PIRATION DATE (NITROUS AND MINI- MAL)	ACLS/PALS CERTIFICATION EXPIRATION DATE (MODERATE, GENERAL, HOST)
Dental Director:				

NAME(S) OF DENTAL/ SURGICAL ASSISTANT(S)	BLS CERTIFICATION EXPIRATION DATE (NITROUS AND MINIMAL)	ACLS/PALS CERTIFICATION EXPIRATION DATE (MODERATE, GENERAL, HOST)

Section B: Nitrous and Minimal Sedation

RECORDS REQUIRED	SELF-ATTEST AVAILABLE NITROUS	SELF-ATTEST AVAILABLE MINIMAL
Consent for nitrous oxide/oxygen	Initial _____	
Documentation of delivered amount/duration/recovery of nitrous oxide/oxygen	Initial _____	
Monitoring of vital signs	Initial _____	Initial _____
FACILITY		
Device has O2 capacity of 100% never less than 25%	Initial _____	
Device allows adjustable flow rates and concentrations appropriate for size and weight of the patient	Initial _____	
Delivery systems that cover the mouth and nose must be used in conjunction with a calibrated and functional oxygen analysis	Initial _____	
Device calibrated and inspected scavenging of waste gases as per NIOSH standards	Initial _____	
Piped in nitrous oxide and oxygen systems compliant with state and or local inspections	Initial _____	
Oxygen reserve tank(s)	Initial _____	
Biannual NIOSH approved testing and occupational exposure	Initial _____	
Automated external defibrillator including batteries and other components	Inspection Date _____	Inspection Date _____
Suction-tonsil/Yankauer		Initial _____
Sphygmomanometer and stethoscope (pediatric and adult)		Initial _____
Oxygen (portable Cylinder E tank) pediatric and adult masks capable of giving positive pressure ventilation including bag-valve-mask system	Inspection Date _____	Inspection Date _____
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 wast gas scavenging system • Nasal hood or cannula 	Inspection Date _____	Inspection Date _____

Part C: In office inspection. Inspection will be performed by an evaluation team appointed by the Board and the RIDOH Director and will include a review of forms, protocols, monitoring equipment, emergency equipment and drugs, and any other relevant items related to safe performance of anesthesia. Applicants may obtain a copy of the inspection form by visiting www.health.ri.gov/forms/DentalAnesthesiaInspectionForm.pdf