



# MINNESOTA BOARD OF DENTISTRY

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## SEDATION COMMITTEE

### Minutes

February 16, 2016

#### Call to Order

Paul Walker, DDS, Chair called the meeting to order at 5:00 p.m.

#### Committee Members Present

Neal Benjamin, DDS  
Teri Youngdahl, LDA

#### Board Staff Present

Joyce Nelson, Interim Executive Director

#### Others in Attendance (per sign-in sheet):

David Linde, DDS (Contracted Sedation Inspector); Richard Diercks, Park Dental

#### Review and Approval of Minutes

Review of minutes from January 19, 2016.

#### **Motion made to adopt the January 19, 2016 meeting minutes as amended.**

**MOTION:** Teri Youngdahl      **SECOND:** Neal Benjamin  
**IN FAVOR:** Unanimous      **ACTION:** Carried

#### Wrongful Events Protocols:

Dr. Linde submitted, at the Committee's request, a list of events that sedation providers should refer to, in the event of preventing an emergency and following one.

This document would be provided as a sample/template for sedation dentists.

Staff suggested adding this to the self-evaluation that is located on the Board's website and is required for every sedation dentist to complete, upon scheduling an on-site inspection.

Seeing no further revisions, the Committee unanimously agreed to adopt this.

#### ADA Guidelines:

Ms. Youngdahl mentioned that on April 20<sup>th</sup> the ADA will be holding a hearing on their sedation guidelines. She asked if the Committee wanted to discuss the requirements for the CO2

1 requirements for deep sedation. The ADA proposes other types of monitoring for moderate  
2 sedation.

3  
4 Dr. Benjamin thought when he had previously read the proposal, the CO2 was the only change  
5 that was different from our requirements, and that was only for the Oral Surgeons who provide  
6 deep sedation. He felt that Minnesota was well ahead of most states.

7  
8 Dick Diercks asked if the Board would consider sending someone to the ADA on sedation  
9 guidelines/Rules hearing. He stated the last meeting he attended this topic was a top priority.

10  
11 Ms. Youngdahl asked the Committee to also look at the sections of the ADA's proposal, where  
12 they are identifying specific recordkeeping. This included blood pressure, respiration rates,  
13 patient's body weight and BMI, body temperature, etc.

14  
15 Dr. Linde mentioned the BMI is the only questionable area he felt might not be applicable to  
16 everyone.

17  
18 Dr. Benjamin asked if staff could check with the MSOMS to see if they are sending any  
19 representative and if so, could they report back to the Committee.

20  
21 **Review of Medical Emergency Scenarios:**

22 Ms. Youngdahl stated that she would like to ask every sedation provider to give their protocol  
23 for the 18 Medical Emergencies. The Board could take their answers and ask them to act it out,  
24 talk it out, and the inspector could choose which ones to act out.

25  
26 Dr. Benjamin stated that he would support that, but he would feel that it would be best to have  
27 the entire team. He would like to be sensitive to the time of getting through the process. He felt  
28 the Committee should provide a realistic timeline for the sedation dentist and his/her staff. That  
29 way they could structure their day.

30  
31 Dr. Linde stated that when he conducts an on-site inspection, it typically takes an hour, and that  
32 is without extensive emergency reviews. He believes that adding another ½ hour, the inspector  
33 could go through about 3 scenarios. He didn't feel the whole team needed to be present.

34  
35 Dr. Benjamin would like to see the whole outline for when an emergency has been established,  
36 what is the protocol/flow of who does what. He would also ask that the inspectors ask the  
37 sedation providers to identify who on staff does what in an emergency situation.

38  
39 Ms. Youngdahl suggested adding this on the heading of the Medical scenario section of the form.  
40 A suggested title might be "Emergency Team Response".

41  
42 The Committee agreed to have staff create a request to the inspectors to have them review 3 of  
43 the 18 medical scenarios verbally and include that in their summary.

44  
45 **Recordkeeping Rulemaking:**

46 Ms. Youngdahl referred to Dr. Hinrich's recommendations, that were previously submitted to the  
47 Committee. In comparing it to the current recordkeeping rule, she mentioned baseline medication

1 and dosage, is already in the recordkeeping rule. The next is a baseline/pre-op pluse, as well as  
2 post-op BP/pulse. This is not something included yet in our recordkeeping rule, and would most  
3 likely not be very controversial. Should the Committee consider adding this requirement, they  
4 would just need to decide if it would be applied to all providers, or just sedation dentists.

5  
6 The Committee agreed to first try supporting the change in the recordkeeping rule, so that it  
7 applied to all licensees.

8  
9 Ms. Youngdahl next referred to the recommendation of adding anesthesia time oriented  
10 monitoring when a provider is using nitrous oxide. This is not currently in rule, and could  
11 potentially be controversial. The Committee agreed to consider adding these recommendations as  
12 well, but instead of including them in the recordkeeping rule, apply them under section  
13 3100.3600, which refers specifically to the sedation rules.

14  
15 **The final recommendation was for a patient status at discharge.**

16  
17 **The Committee agreed to attempt this rule change under the general recordkeeping rule as**  
18 **well.**

19  
20 Ms. Youngdahl stated she would like all the discussion surrounding this potential rulemaking, to  
21 occur in committee and then bring it forth to the full board for support.

22  
23 **The Committee asked if staff could check with Dr. Richard Nadeau, who teaches the**  
24 **recordkeeping course at the U of M, to ask if he would consider coming to next meeting or**  
25 **if he could provide something on discharge recordkeeping.**

26  
27 Teri will work on a draft of these discussion points in time for the March meeting.

28  
29 Dick Diercks suggested a Board member contacting the ADA representative Jane Jasek to get  
30 more information on pre-post op BP/Pulse.

31  
32 **Adjourn**

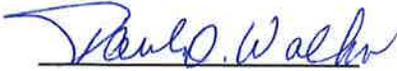
33 **Motion made to adjourn @ 7:05 p.m.**

34  
35 **Future Meetings**

- 36 • March 15, 2016

37  
38 **MOTION:** Neal Benjamin                      **SECOND:** Teri Youngdahl  
39 **IN FAVOR:** Unanimous                      **ACTION:** Carried

40  
41 **Minutes Approved by the Sedation Committee**

42   
43 \_\_\_\_\_  
44 **Chairperson**

42 5/12/16  
43 \_\_\_\_\_  
44 **Date**