



[Adopt]

DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241

TELEPHONE: (916) 263-2300

FAX: (916) 263-2140

APPLICATION FOR ORAL CONSCIOUS SEDATION
FOR MINORS CERTIFICATESections 1647.10-1647.17 Business and Professions Code;
Title 16 California Code of Regulations Sections 1044 - 1044.5Non Refundable **FEE: \$200**

(must be enclosed with application)

Section 1021 Title 16 California Code of Regulations

Receipt No. _____ RC _____

Amount _____ Initials _____

Certificate No. _____

Issued _____

Name _____

Address of Record (Mail)

Street and Number _____

City _____ ZIP Code _____

Address of Practice if different

Street and Number _____

City _____ ZIP Code _____

Telephone number (____) _____

FAX number _____

Email address _____

Birthdate _____

Dental License Number _____

QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for minors and attach appropriate documentation.☐ Successful completion of a postgraduate program in oral and maxillofacial surgery, pediatric dentistry, or periodontics approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.☐ Successful completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.☐ Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide completed Form OCS-2 to document completion.

By initialing below and completing the application you are certifying that any location where you administer oral conscious sedation to minor patients meets the Board's requirements set forth in regulation and in this application.

FACILITIES AND EQUIPMENT

1. An operatory large enough to adequately accommodate the patient and permit a team consisting of at least three individuals to freely move about the patient.
Initial _____
2. A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter patient position in an emergency and that provides a firm platform for the management of cardiopulmonary resuscitation.
Initial _____
3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery-powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.
Initial _____
4. An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.
Initial _____
5. A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be capable of accommodating minor patients of all ages and sizes.
Initial _____
6. Inhalation sedation equipment, if used in conjunction with oral sedation, must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a minor patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.
Initial _____
7. Ancillary equipment maintained in good operating condition, which must include all of the following:
 - (a) Oral airways capable of accommodating minor patients of all ages and sizes.
 - (b) Sphygmomanometer with cuffs of appropriate size for minor patients of all ages and sizes.
 - (c) Precordial/pretracheal stethoscope.
 - (d) Pulse oximeter.Initial _____

RECORDS

1. Adequate medical history and physical evaluation records updated prior to each administration of oral conscious sedation that show at a minimum:
 - (a) Name, age, sex and weight.
 - (b) ASA Risk Assessment (American Society of Anesthesiologists Classification)
 - (c) Rationale for sedation of the minor patientInitial _____
2. Oral Conscious Sedation records which show:
 - (a) Baseline vital signs. If obtaining baseline vital signs is prevented by the patient's physical resistance or emotional condition, the reason or reasons must be documented.
 - (b) Intermittent quantitative monitoring of oxygen saturation, heart and respiratory rates and blood pressure as appropriate for specific techniques.
 - (c) Drugs administered, amounts administered and time or times administered, including local and inhalation anesthetics.
 - (d) Length of the procedure.
 - (e) Any complication of oral sedation.
 - (f) Statement of patient's condition at the time of discharge.Initial _____
3. Written informed consent of the parent or guardian.
Initial _____

EMERGENCY CART OR KIT

1. Equipment and drugs appropriate for the age and size of the patients to resuscitate a non breathing and unconscious minor patient and provide continuous support while the patient is transported to a medical facility.
2. Vasopressor
3. Corticosteroid
4. Bronchodilator
5. Appropriate drug antagonists
6. Antihistaminic
7. Anticholinergic
8. Anticonvulsant
9. Oxygen
10. Dextrose or other antihypoglycemic
11. Documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

Initial _____

EMERGENCIES All persons directly involved with the care of minor patients must be certified in basic cardiac life support (CPR) and recertified biennially.

Initial _____

Pursuant to Business and Professions Code 1647.14(b), a dentist who administers, or who orders the administration of oral conscious sedation for a minor patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Initial _____

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to minor patients. All offices must meet the standards set forth by the Dental Board of California in regulations adopted by the Board.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of oral conscious sedation of minors in my office setting(s) as specified by the Dental Practice Act and regulations adopted by the Board. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking this certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825. Executive Officer, 916-263-2300. in accordance with Business & Professions Code, § 1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

REPEALED



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300
 FAX: (916) 263-2140



[REPEAL]

APPLICATION FOR ADULT ORAL CONSCIOUS SEDATION CERTIFICATE

Sections 1647.18-1647.26 Business and Professions Code;

Non Refundable FEE: \$200

(must be enclosed with application)

Section 1021 Title 16 California Code of Regulations

Receipt No.	_____ RC _____
Amount	_____ Initials _____
Certificate No	_____
Issued	_____

Name _____

Address of Record (Mail)
 Street and Number _____

City _____ ZIP Code _____

Address of Practice if different
 Street and Number _____

City _____ ZIP Code _____

Telephone number () _____ FAX _____

Email address _____

Birthdate _____ Dental License Number _____

QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for adults and attach appropriate documentation.

- ☐ Successful completion of a postgraduate program in oral and maxillofacial surgery approved by the Commission on Dental Accreditation or a comparable organization approved by the Board. Applicant must provide a copy of his or her diploma.
- ☐ Successful completion of a periodontics or general practice residency or advanced education in a general dentistry post-doctoral program accredited by the Commission on Dental Accreditation that meets the didactic and clinical requirements of Section 1044.3 of the Business and Professions Code. Applicant must provide a copy of his or her diploma.
- ☐ Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide a copy of his or her certificate of completion.
- ☐ Documentation of 10 successful cases 1647.20(d). Attach Form OCS-4 with copy of treatment records.

Pursuant to Business and Professions Code 1647.22(b), a dentist who administers, or who orders the administration of oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to adult patients.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of adult oral conscious sedation in my office setting(s) as specified by the Dental Practice Act. I understand that falsification or misrepresentation of any item or response on this application or any attachment is grounds for denying my application for a certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted will be release to the public upon request and may be posted on the Internet.



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[Adopt]

DOCUMENTATION OF ADULT ORAL CONSCIOUS SEDATION CASES

An applicant for an Oral Conscious Sedation Certificate may document ten cases of oral conscious sedation of patients 13 years or older performed by the applicant in any three-year period ending no later than December 31, 2005. To document, complete this form summarizing the ten cases, and attach legible copies of records of pre-operative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge. Redact all personal information on the records, and number them as cases 1-10. Submit these documents with the application (Form OCS-3 Rev 03/07). (Print or Type)

Name of Applicant _____ Dental License _____

CASE 1 - _____

Patient Sex _____ Patient Age _____ Patient Weight _____ Date of Procedure _____

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

CASE 2 - _____

Patient Sex _____ Patient Age _____ Patient Weight _____ Date of Procedure _____

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

CASE 3 - _____

Patient Sex _____ Patient Age _____ Patient Weight _____ Date of Procedure _____

Type of Procedure Performed _____ Duration of Sedation _____

Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____

Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

CASE 4 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 5 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 6 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 7 – _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

CASE 8 - _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 9 - _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

CASE 10 - _____
Patient Sex Patient Age Patient Weight Date of Procedure
Type of Procedure Performed _____ Duration of Sedation _____
Briefly describe the method, amount, and specific oral conscious sedation agent administered _____

How was the patient monitored and by whom? _____
Patient's condition at discharge _____

--Attach legible copies of required records to completed form--

Certification - I certify under the penalty of perjury under the laws of the State of California that the information provided in and attached to this form is true and accurate.

Signature of Applicant

Date

Addendum to Initial Statement of Reasons

The Board proposes to amend section 1044.1 to repeal outdated forms and to consolidate requirements for the adult conscious sedation permit. Existing forms OCS-1 is proposed to be repealed as the underlying authority for that form was repealed under the provisions of SB 501. OCS-1 is being added to the rulemaking file with a watermark to show “repeal” of that form consistent with the proposed text and to further demonstrate to the public the need to repeal and replace that form with the new OCS-C form.

In reviewing comments received on the proposed amendments to regulations, staff determined that Form OCS-C (New 05/21), “Application for Use of Oral Conscious Sedation on Adult Patients” needed to list each of the four requirements in Business and Professions Code section 1647.20 for applicants to demonstrate sufficient education and/or experience in oral conscious sedation as currently provided in OCS-3, which is being added to the rulemaking file (with a “repealed” watermark) to show the transfer and consolidation of requirements from that form to the new OCS-C form. The OCS-C form has been amended to list each of the requirements and to have applicants check a box corresponding to the requirement that they are demonstrating compliance with by attaching relevant evidence as specified. In the Board’s experience, these questions and the applicable documentation requirements (including proof of academic completion via a diploma or certificate of completion) provide the Board with sufficient verification of the educational experience requirements for this permit. Cross-references have been added to the existing text from the originally adopted Form OCS-3 to further clarify the Board’s existing educational requirements and provide notice to the applicants of the educational criteria necessary to qualify for the permit.

Additionally, the proposed amendments to regulations would remove reference to Form OCS-3 (Rev. 03/07), “Application for Adult Oral Conscious Sedation Certificate,” in section 1044.1. As removing the reference effectively repeals the form, the Board is providing additional notice of that fact to the public by including in the rulemaking file a copy of Form OCS-3, with “Repealed” watermark.

A copy of the Form OCS-4 (Rev 03/07) “Documentation of Oral Conscious Sedation Cases” incorporated by reference in section 1044.4 is also being added to the rulemaking file to further justify and explain the Board’s decision not to repeal that form as originally noticed.

separately for each permit.

Nothing in this section shall limit or restrict the application of Section 35782.

CHAPTER 884

An act to add Section 12811.1 to, the Vehicle Code, relating to licenses.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Section 12811.1 is added to the Vehicle Code, to read:

12811.1. (a) Upon the applicant's request, the department shall issue an adhesive backed medical information card which contains a format permitting the licensee to specify blood type, allergies, past or present medical problems, any medication being taken, the name of the licensee's doctor, the person to notify in case of an emergency, and whether the licensee is under a doctor's care.

(b) The medical information card, which shall be a different color than the anatomical gift sticker authorized by Section 12811, shall be the same size as a driver's license and shall be designed to be affixed to the reverse side of the license.

This section shall become operative on January 1, 1981.

SEC. 2. The Department of Motor Vehicles' cost in issuing the medical information card shall be included in the department's budget commencing with the budget for the 1980-81 fiscal year and shall be appropriated from the General Fund.

CHAPTER 885

An act making an appropriation to the Office of Statewide Health Planning and Development, relating to health personnel training programs.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. The sum of three million one hundred eight thousand four hundred fifty dollars (\$3,108,450) is hereby appropriated from the General Fund to the Office of Statewide Health Planning and Development for expenditure during the

1980-81, 1981-82, 1982-83, and 1983-84 fiscal years in accordance with the following schedule:

Schedule

(a) For contracts with accredited medical schools, with programs which train primary care physician's assistants, with programs which train primary care nurse practitioners, and with hospitals or other health care delivery systems located in California, which meet the standards of the Health Manpower Policy Commission established pursuant to Chapter 1 (commencing with Section 69270) of Part 42 of Division 5 of Title 3 of the Education Code\$3,002,450

(b) For the period from July 1, 1980, to September 30, 1984, for insuring proper administration and evaluation of training contracted for pursuant to Chapter 1 (commencing with Section 69270) of Part 42 of Division 5 of Title 3 of the Education Code \$106,000

CHAPTER 886

An act to add Article 2.7 (commencing with Section 1646) to Chapter 4 of Division 2 of the Business and Professions Code, relating to dentistry, and making an appropriation therefor.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Article 2.7 (commencing with Section 1646) is added to Chapter 4 of Division 2 of the Business and Professions Code, to read:

Article 2.7. Use of General Anesthesia

1646. (a) General anesthesia, as used in this article, consists of the use of any drug, element, or other material which results in the elimination of all sensations accompanied by a state of unconsciousness.

(b) The conscious patient, as opposed to the patient in an unconscious state, is defined, for purposes of this article, as one with intact protective reflexes, including the ability to maintain an airway and who is capable of rational response to question or command.

1646.1. No dentist shall administer or directly supervise the administration of general anesthesia on an outpatient basis for dental patients unless such dentist possesses a permit of authorization issued by the board. The dentist holding such permit shall be subject to review by the board and such permit shall be renewed annually.

This article shall not apply to the administration of local anesthesia or to conscious-patient sedation.

1646.2. In order to receive a permit for the use of general anesthesia, a dentist shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she has completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level. The board may, by regulation, establish additional requirements under this section.

1646.3. Prior to the issuance or renewal of a permit for the use of general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate. Every person issued a permit under this article shall have an onsite inspection at least once in every five-year period. An onsite inspection performed by a public or private organization may be accepted by the board in satisfaction of the requirements of this section.

1646.4. On or before January 1, 1981, each dentist who has been using general anesthesia prior to the enactment of this chapter, shall make a permit application to the board if such dentist desires to continue to use general anesthesia.

The board shall issue the permit to such dentist and may only refuse if, at the board's discretion, an onsite inspection and evaluation of facilities, equipment, personnel, the licentiate, and the procedures utilized by such licentiate indicates that a permit should not be issued.

1646.5. New applicants not subject to Section 1646.4, who are otherwise properly qualified, may be granted a temporary permit by the board for one year, and such permit may be renewed at the option of the board.

1646.6. The board shall renew permits for the use of general anesthesia annually, unless the holder is informed in writing 60 days prior to such renewal date that a reevaluation of his or her credentials is to be required. In determining whether such reevaluation is necessary, the board shall consider such factors as it deems appropriate, including, but not limited to, patient complaints and reports of adverse occurrences.

A reevaluation may include an onsite inspection of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate.

1646.7. The fee for a permit or renewal under this article shall not exceed fifty dollars (\$50). The fee for an onsite inspection shall not exceed one hundred fifty dollars (\$150).

1646.8. The board may contract with private organizations expert in dental outpatient anesthesia to perform onsite inspections. The board may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected.

1646.9. Violation of any provision of this article may result in the

revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation. The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

CHAPTER 887

An act to amend Section 1275.1 of the Health and Safety Code, and to amend Section 5652.5 of the Welfare and Institutions Code, relating to mental health, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 21, 1979. Filed with Secretary of State September 22, 1979.]

The people of the State of California do enact as follows:

SECTION 1. Section 1275.1 of the Health and Safety Code is amended to read:

1275.1. (a) Notwithstanding any rules or regulations governing other health facilities, the regulations developed by the state department for psychiatric health facilities shall prevail. The regulations applying to psychiatric health facilities shall prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services based on the needs of the persons served thereby.

(b) The regulations shall include standards appropriate for two levels of disorder:

- (1) Involuntary ambulatory psychiatric patients.
- (2) Voluntary ambulatory psychiatric patients.

For purposes of this subdivision, "ambulatory patients" shall include, but not be limited to, deaf, blind, physically handicapped, and disoriented persons who are not bedridden or confined to a wheelchair.

(c) The regulations shall not require, but may permit building and services requirements for hospitals which are only applicable to physical health care needs of patients that can be met in an affiliated hospital or in outpatient settings including, but not limited to, such requirements as surgical, dietary, laboratory, laundry, central supply, radiologic, and pharmacy.

(d) The regulations shall include provisions for an "open planning" architectural concept.

(e) The regulations shall exempt from seismic requirements all structures of Type V and of one-story construction.

(f) Standards for involuntary patients shall include provisions to allow for restraint and seclusion.



The Joint Commission 70-year Historical Timeline

