



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

Telephonic Meeting

AGENDA

March 4, 2011

12:30 p.m.

Location: The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa.

Board Members: *Gary D. Roth, D.D.S., Chair; Perry T. Grimes, D.D.S., Vice-Chair; VaLinda J. Parsons, R.D.H., Secretary; Marijo A. Beasler, R.D.H.; Steven Patrick Bradley, D.D.S.; Lynn D. Curry, D.D.S.; Michael J. Rovner, D.D.S.; Diane Meier; Kimberlee Spillers*

- | | | |
|--|-----------------------|----------------------|
| I. CALL MEETING TO ORDER – ROLL CALL | Open Session | <i>Gary Roth</i> |
| II. EXPANDED FUNCTIONS COURSE | Open Session | <i>Janet Arjes</i> |
| a. Request from Kathleen Canada for Approval of Expanded Functions Course at University of Illinois on April 19, 2011 | | |
| III. LICENSURE/REGISTRATION | Open Session | <i>Phil McCollum</i> |
| a. Consideration of Stipulated Registration Agreement In the Matter of <u>Jessica L. Meyermann, D.A.</u> (File #10-193) | | |
| b. Consideration of Stipulated Registration Agreement In the Matter of <u>Ashleigh M. Cooling, D.A.</u> (File #10-194) | | |
| IV. *ADMINISTRATIVE HEARINGS | Closed Session | <i>Gary Roth</i> |
| a. Final Hearing Decision - Consideration of Final Decision In the Matter of <u>Robin Spencer, R.D.H.</u> (File #s 08-162,09-097) | | |
| V. * ORDERS AND COMPLAINTS | Closed Session | <i>Gary Roth</i> |
| a. Consideration of Request to Amend Terms of Stipulation and Consent Order In the Matter of <u>Dennis Schuller, D.D.S.</u> (File #10-132) | | |
| b. Other | | |
| VI. OPEN SESSION ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS | Open Session | <i>Gary Roth</i> |
| a. Final Hearing Decision | | |

- b. Stipulated Registrations
- c. Amendment to Stipulation and Consent Order
- d. Combined Notice of Hearing, Settlement Agreement and Final Order
- e. Statement of Charges
- f. Other

VII. OTHER BUSINESS

VIII. ADJOURN

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.\

*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2011 Code of Iowa.

These matters constitute a sufficient basis for the board to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2011 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: March 4, 2011
RE: **Prior Approval of Expanded Function Continuing Education Course for Kathleen Canada, Requested by Dr. Holly Krystek**
SUBMITTED BY: Dental Assistant Registration Committee
ACTION REQUESTED: Action on Committee Recommendation

Request

To prior approve an expanded function course for monitoring nitrous oxide.

Background

This particular course is for administration and monitoring, although only monitoring of nitrous oxide is allowable, if the dental assistant has received the training. The lecture portion is 4 ½ hours, with the clinic portion being 1 ½ hours. Attached is a prior-approval for Kathleen Canada, RDA, by Dr. Holly Krystek for an expanded function course offered on April 19, 2011, from the University of Illinois College of Dentistry, Chicago, Illinois. The University of Illinois continuing education coordinator, Janell Marshall, has provided a detailed agenda for both Dr. Punwani & Dr. Salzmann, the primary speakers.

Historical Treatment of Similar Situations

The Dental Assistant Committee had approved the Dental Assistant Educators Council and Dr. Hal Harris for six hours of continuing education for the didactic portion of monitoring nitrous oxide. Previously, we also had granted a post-approval to Dr. Edward Lorson for his dental assistants who had completed a Monitoring Nitrous Oxide course also given in Chicago, Illinois. For consistency, the Committee approved this course for the didactic portion only and had Dr. Lorson and or Dr. Hartwig sign off on the clinical component.

Attached for Review

- Recommendations from Dental Assistant Committee Members
- Application for Prior Approval of Continuing Education Course or Program
- Primary Course Instructors and Brief Course Overview
- Clinical Certification Course for Dental Auxillary: April 19, 2011, UIC College of Dentistry
- Course Objectives for Dr. Punwani and Dr. Salzmann

Committee Recommendation

The Committee recommends approval of this course to fulfill the requirements for a board-approved training in the expanded function duty of Monitoring Nitrous Oxide, with approval of the didactic portion, allowing the dentist to sign off on the clinical portion. This has been our policy in the past.



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TERRY E. BRANSTAD, GOVERNOR
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MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

RE: Dental Assistant Registration Committee

ACTION REQUESTED: Review and Recommendation re: Application for Kathleen Canada, RDA

Please review the attached application materials. Upon completion, please place an "X" in the box below next to your recommendation when responding to this email. I appreciate your time and value your input. If you have any questions, please don't hesitate to contact me @ janet.arjes@iowa.gov or 515/281-3248).

Committee Member's Recommendation: Dentist Members: Dr. George North

<input checked="" type="checkbox"/>	Approve. <i>GM</i>
<input type="checkbox"/>	Approve, pending receipt of: _____
<input type="checkbox"/>	Approve, with these restrictions: _____
<input type="checkbox"/>	Deny. Reason(s): _____
<input type="checkbox"/>	Refer to full Board without a Committee recommendation.

Issue(s) for Committee Review: To review and consider for Prior Approval of Expanded Function Course: Nitrous Oxide Monitoring and Administration

Background: Attached is a Prior Approval for Kathleen Canada, RDA, by Dr. Holly Krystek for an expanded function course from the University of Illinois College of Dentistry, Chicago, Illinois, on April 19, 2011. I have contacted the continuing education coordinator, Janell Marshall at the University of Illinois to get more details from the speakers, Dr. Punwani & Dr. Salzmann. Attached is the course content I received. The lecture portion is 4 ½ hours, with the clinic portion being 1 ½ hours. This particular course is for administration and monitoring, although only monitoring of nitrous oxide is allowed, if a dental assistant has received the training.

Historical Treatment of Similar Situations: We previously approved the Dental Assistant Educators Council and Dr. Hal Harris for six hours of continuing education for the didactic portion of this duty, monitoring nitrous oxide. Previously we granted Dr. Edward Lorson approval for two dental assistants who had completed the Monitoring Nitrous Oxide course given in Chicago, Illinois. For consistency, the committee approved this course for the didactic portion only. We had Dr. Lorson and or Dr. Hartwig sign off on the clinical component for this function.

I received this request from Dr. Holly Krystek on February 7, 2011, and received the follow-up request for more information from the University of Illinois College of Dentistry, on behalf of Dr. Indru Punwani and Dr. Larry Salzmann. I agreed to let Dr. Krystek know whether the course would recommend approval by the committee and full board approval as soon as possible.

Thank you for your time and consideration.

Janet R. Arjes



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RE: Dental Assistant Registration Committee

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Committee Member's Recommendation: Dentist Member: Dr. Mike Rovner

<input type="checkbox"/>	Approve.
<input type="checkbox"/>	Approve, pending receipt of: _____
<input checked="" type="checkbox"/>	Approve, with these restrictions: I am in full agreement with Dr. Grimes. Approve as long as doctor signs off on the clinical requirements.
	Mike R
<input type="checkbox"/>	Deny. Reason(s): _____
<input type="checkbox"/>	Refer to full Board without a Committee recommendation.

Issue(s) for Committee Review: To review and consider for Prior Approval of Expanded Function Course: Nitrous Oxide Monitoring and Administration

Background: Attached is a Prior Approval for Kathleen Canada, RDA, by Dr. Holly Krystek for an expanded function course from the University of Illinois College of Dentistry, Chicago, Illinois, on April 19, 2011. I have contacted the continuing education coordinator, Janell Marshall at the University of Illinois to get more details from the speakers, Dr. Punwani & Dr. Salzman. Attached is the course content I received. The lecture portion is 4 ½ hours, with the clinic portion being 1 ½ hours. This particular course is for administration and monitoring, although only monitoring of nitrous oxide is allowed, if a dental assistant has received the training.

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Thank you for your time and consideration.

Janet R. Arjes



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RE: Dental Assistant Registration Committee

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Committee Member's Recommendation: Dentist Member: Dr. Tom Grimes

<input type="checkbox"/>	Approve.
<input type="checkbox"/>	Approve, pending receipt of: _____
<input checked="" type="checkbox"/>	Approve, with these restrictions: I approve the didactic portion and that the DDS signs off on the clinical portion as has been our policy in the past. Thanks PT
<input type="checkbox"/>	Deny. Reason(s): _____
<input type="checkbox"/>	Refer to full Board without a Committee recommendation.

Issue(s) for Committee Review: To review and consider for Prior Approval of Expanded Function Course: Nitrous Oxide Monitoring and Administration

Background: Attached is a Prior Approval for Kathleen Canada, RDA, by Dr. Holly Krystek for an expanded function course from the University of Illinois College of Dentistry, Chicago, Illinois, on April 19, 2011. I have contacted the continuing education coordinator, Janell Marshall at the University of Illinois to get more details from the speakers, Dr. Punwani & Dr. Salzmman. Attached is the course content I received. The lecture portion is 4 ½ hours, with the clinic portion being 1 ½ hours. This particular course is for administration and monitoring, although only monitoring of nitrous oxide is allowed, if a dental assistant has received the training.

Historical Treatment of Similar Situations: We previously approved the Dental Assistant Educators Council and Dr. Hal Harris for six hours of continuing education for the didactic portion of this duty, monitoring nitrous oxide. Previously we granted Dr. Edward Lorson approval for two dental assistants who had completed the Monitoring Nitrous Oxide course given in Chicago, Illinois. For consistency, the committee approved this course for the didactic portion only. We had Dr. Lorson and or Dr. Hartwig sign off on the clinical component for this function.

I received this request from Dr. Holly Krystek on February 7, 2011, and received the follow-up request for more information from the University of Illinois College of Dentistry, on behalf of Dr. Indru Punwani and Dr. Larry Salzmman. I agreed to let Dr. Krystek know whether the course would recommend approval by the committee and full board approval as soon as possible.

Thank you for your time and consideration.

Janet R. Arjes



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RE: Dental Assistant Registration Committee

ACTION REQUESTED: Review and Recommendation re: Application for Kathleen Canada, RDA

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Committee Member's Recommendation: Dentist Member: Dr. Steven Bradley

<input checked="" type="checkbox"/>	Approve. Approved by me.
	Steve
<input type="checkbox"/>	Approve, pending receipt of: _____
<input type="checkbox"/>	Approve, with these restrictions: _____
<input type="checkbox"/>	Deny. Reason(s): _____
<input type="checkbox"/>	Refer to full Board without a Committee recommendation.

Issue(s) for Committee Review: To review and consider for Prior Approval of Expanded Function Course:
Nitrous Oxide Monitoring and Administration

Background: Attached is a Prior Approval for Kathleen Canada, RDA, by Dr. Holly Krystek for an expanded function course from the University of Illinois College of Dentistry, Chicago, Illinois, on April 19, 2011. I have contacted the continuing education coordinator, Janell Marshall at the University of Illinois to get more details from the speakers, Dr. Punwani & Dr. Salzmann. Attached is the course content I received. The lecture portion is 4 ½ hours, with the clinic portion being 1 ½ hours. This particular course is for administration and monitoring, although only monitoring of nitrous oxide is allowed, if a dental assistant has received the training.

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Thank you for your time and consideration.

Janet R. Arjes

RECEIVED
FEB 07 2011
IOWA DENTAL BOARD

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4587
515-281-5167
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Kathleen Canada RDA
Address: 2920 Cedar Street, Muscatine, IA 52761
Phone: 563-263-9082 Fax: 563-263-9984 E-mail: muscatine.lifetime.dentistry@gmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Nitrous Oxide Monitoring and Administration

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: 4/19/2011 Hours of instruction: 6

H

563-263-7884

01/25/11 08:25P P.009

7. Provide a detailed breakdown of contact hours for the course or program:
Lecture 4 1/2 hours Clinic 1 1/2 hours
Anatomy, physiology, Pharmacology
and dental emergencies as it relates to use of
Nitrous Oxide in the dental office.

8. Provide the name(s) and briefly state the qualifications of the speaker(s):
Dr Indu Punwani DDS, MSD Prof & Dept Head UIC College of Dentistry
Dr Salzmann DDS, faculty UIC College of Dentistry, Private Practice
Dr. Goebel DDS, MSD, Professor SIU College of Dentistry, Private Practice

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Dr. Holly Krystek
 Title: Dentist Phone Number: 563-263-9082
 Fax Number: 563-263-7984 E-mail: Muscatinelifetime dentistry@gmail.com
 Address: 2920 Cedar St, Muscatine IA 52761
 Signature: Holly A Krystek DDS Date: 1/27/11

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED \$10 FEE PER COURSE TO:

Iowa Dental Board
 Advisory Committee on Continuing Education
 400 S.W. 8th Street, Suite D
 Des Moines, Iowa 50309-4687

Auxiliary Course Instructors

Dr. Thomas Skiba



Dr. Skiba earned a BSD and DDS from the University of Illinois at Chicago. Following military service with the US Army in Vietnam, he returned and completed a residency in Oral & Maxillofacial Surgery at UIC and earned a MS degree in OMS. He enjoyed private practice in Crystal Lake, Illinois and Lake Geneva, Wisconsin following residency for thirty two years. Dr. Skiba joined the faculty of the UIC College of

Dentistry two years ago. He teaches both undergraduates and OMS residents. He is course director of the Dental Medicine course and for Dental Hygiene Pharmacology. He is also the Director of the Undergraduate Oral Surgery Clinic.

Dr. William Goebel



Dr. Goebel is a Professor and former head of the section of Diagnostic Sciences, Southern Illinois University School of Dental Medicine. He holds staff positions at two hospitals and conducts a private practice in addition to teaching duties with responsibilities in the areas of Diagnosis, Medicine, Pharmacology, Therapeutics and Anxiolysis.

He has published numerous articles in peer-reviewed journals, contributed chapters in several books and has been invited to lecture at meetings throughout the United States. He received his DDS and MSD degrees in Oral Diagnosis and Oral Medicine from Indiana University School of Dentistry.

Nitrous Oxide Monitoring and Administration

Dr. Indru Punwani



Dr. Punwani earned a DDS from the University of Bombay, India; his MSD in pediatric dentistry from the University of Pittsburgh; and a second DDS from the University of Bergen, Norway.

A faculty member at the University of Illinois at Chicago College of Dentistry Department of Pediatric Dentistry since 1972, he served as Post-Graduate Program Director for 25 years, and has been Department Head since 1981. He also is a Clinical Professor in the UIC College of Medicine Department of Pediatrics and is Chief of the Dental Service of the University of Illinois Medical Center of Chicago. Dr. Punwani has authored research abstracts and book chapters; presented nationally and internationally; and mentored and provided research guidance to students and residents.

Dr. Larry Salzmänn



Dr. Larry Salzmänn received his DDS degree from Northwestern University Dental School in 1979. After briefly practicing in the Chicago area, he moved to Salt Lake City, where he completed a Certificate Program in Pediatric Dentistry at the Primary Children's Medical Center in 1982. Dr. Salzmänn accepted a teaching position at Northwestern University Dental School in the summer of 1982 where he

remained until the school closed in May of 2001. Dr. Salzmänn is the Predoctoral Program Director for Pediatric Dentistry at the UIC College of Dentistry. He has maintained a private practice in Chicago for 20 years.

Anesthesia/Sedation

Dr. William G. Flick

Dr. Michael Miloro

Dr. Larry Salzmänn

Dr. Indru Punwani

Dr. Kenneth G. Rawson



Dr. Rawson is a 2005 graduate of Southern Illinois University School of Dental Medicine and a member of the Madison District Dental Society. A general dentist, he serves as Section Head, Pediatric Dentistry, and Assistant Professor, Pediatric Dentistry, at SIU/SDM

Dr. Art J. Misischia



Dr. Misischia is Section Head and Clinical Associate Professor, Oral and Maxillofacial Surgery, at SIU School of Dental Medicine. He also serves as Adjunct Associate Professor, St. Louis University, Department of Endodontics/Periodontics. Dr. Misischia is a diplomate of both the American Board of Oral and Maxillofacial Surgeons and the National Dental Board of Anesthesiology.

For all Dental Auxiliary Courses

Class size is limited and registration will be taken on first-come, first-served basis. These courses are DANB-approved and each certified dental assistant will receive the appropriate continuing education credit for attending.

"DANB Approval" indicates that a continuing education course appears to meet certain specifications as described in the DANB Recertification Guidelines. DANB does not, however, endorse or recommend any particular continuing education course and is not responsible for the quality of any course content.

Nitrous Oxide Monitoring & Administration

Clinical Certification Course for Dental Auxiliary: Target Audience: Dental Assistants & Dental Hygienists

April 9 – SIU School of Dental Medicine, Alton, IL
April 19 – UIC College of Dentistry, Chicago, IL
October 18 – UIC College of Dentistry, Chicago, IL
November 5 – SIU School of Dental Medicine, Alton, IL

Time to be announced on confirmation
Continental breakfast and lunch are provided

6 hour course

This course for monitoring and administration of nitrous oxide by the allied dental personnel will be designed to meet the certification requirements of the state of Illinois for expanded functions. This course will include both didactic and clinical components in the monitoring and administration of nitrous oxide. It will provide instruction in anatomy, physiology, pharmacology, and dental emergencies, as they relate to the use of Nitrous Oxide in the dental office. This course is open to all qualified dental assistants for monitoring and dental hygienists for administering. After successful completion of this course, the dental assistant can return to the private office and provide expanded function for the dental team and the monitoring of nitrous oxide, while the dental hygienists will be able to start and stop the flow of gas.



Prerequisite: Must be currently certified in CPR. A copy of your current CPR card must accompany registration form.

Fee:

\$220 ISDS Member or member dentist staff
\$400 Non-member or non-member dentist staff

The Illinois State Dental Society is an approved provider of continuing education in the state of Illinois. Illinois dental hygienists will earn 6 continuing education credits when completing this course.

Instructors: Dr. Punwani, Dr. Salzmann, and Dr. Goebel

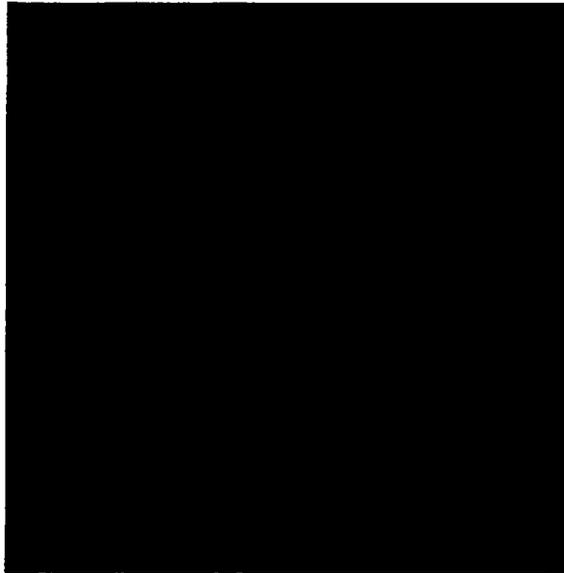
Arjes, Janet [IDB]

From: Janell [jmarshall@isds.org]
Sent: Tuesday, February 15, 2011 2:06 PM
To: Arjes, Janet [IDB]
Subject: Nitrous Oxide Course Outline
Attachments: Nitrous Oxide Outline.docx

Ms. Arjes –

Please find the attached outline for the Nitrous Oxide Monitoring & Administration Course.

*Janell Marshall
Administrative Assistant
Education & Membership
Illinois State Dental Society
1-800-475-4757*



Nitrous Oxide Anxiolysis for Illinois Hygienists and Assistants

(Nitrous Oxide Sedation)

Administration & Monitoring

Course Objectives: Upon completion of a competency course in Nitrous Oxide Administration and/or monitoring, the participant must be able to:

1. Describe the adult and pediatric anatomy and physiology of the respiratory, cardiovascular and central nervous systems, as they relate to the above techniques.
2. Describe the pharmacological effects of drugs.
3. Describe the methods of obtaining a medical history and conduct an appropriate physical examination.
4. Apply these methods clinically in order to obtain an accurate evaluation.
5. Use this information clinically for risk assessment.
6. Use appropriate physiologic monitoring equipment.
7. Describe the physiologic responses that are consistent with minimal sedation.
8. Understand the sedation/general anesthesia continuum.

Specific Course Objectives Related to Inhalation Sedation (Nitrous Oxide/Oxygen Administration):

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.

6. Discuss the prevention, recognition and management of these complications and other directly or indirectly associated emergencies..
7. Administer inhalation sedation to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.
9. Apply clinically, the appropriate methods of monitoring patients receiving nitrous oxide.
10. Apply clinically, the appropriate methods of monitoring nitrous oxide administration equipment.

Specific Course Objectives Related to Inhalation Sedation (Nitrous Oxide/Oxygen Monitoring):

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.
6. Discuss the prevention, recognition and management of these complications and other directly or indirectly associated emergencies..
7. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.
8. Apply clinically, the appropriate methods of monitoring patients receiving nitrous oxide.
9. Apply clinically, the appropriate methods of monitoring nitrous oxide administration equipment.

Inhalation Sedation Administration Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
8. Review of dental procedures possible under inhalation sedation.
9. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered and patient response.
11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with inhalation sedation techniques.
13. Description and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

Inhalation Sedation Monitoring Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
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REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: March 4, 2011
RE: Jessica L. Meyermann, D.A. (File # 10-193)
SUBMITTED BY: Phil McCollum, Health Profession Investigator
ACTION REQUESTED: Consideration of Stipulated Registration Agreement

Topics for Review

The Licensure/Registration Committee had reviewed Ms. Meyermann's dental assistant application and recommended that she enter into a Stipulated Registration Agreement with the Board. Ms. Meyermann has executed the Stipulated Registration Agreement. The Board is being asked to take final action to either accept or reject this Agreement.

Background

09-30-10 Ms. Meyermann submitted a dental assistant registration application.

12-15-10 Staff referred this application to the Board's Licensure/Registration Committee for further review due to applicant's criminal history which included multiple misdemeanor convictions such as possession of drug paraphernalia, public intoxication, interference with official acts, unauthorized use of a credit card related offenses, and OWI 1st offense.

12-15-10 A majority of the Licensure/Registration Committee members recommended a Stipulated Registration Agreement.

Unknown date Stipulated Registration Agreement sent to Ms. Meyermann.

Unknown date Ms. Meyerman signed and returned the Stipulated Registration Agreement.

Summary of Terms of Agreement

1. Applicant is cited for unlawful conduct and warned that future conduct of this nature is subject to formal disciplinary action.
2. For a five year period, applicant must disclose this Agreement to all current and future employers who employ her as a dental assistant.
3. Cooperate with Board to determine compliance w/Agreement.

Prior Disciplinary Actions

None. This is a new applicant.

Historical Treatment of Similar Situations

The Board generally approves these Stipulated Registration Agreements. It is a way to monitor the person's actions and allow the individual to practice dental assisting.

Attached for Review

- ❖ Stipulated Registration Agreement Signed by Ms. Meyermann

**BEFORE THE DENTAL BOARD
OF THE STATE OF IOWA**

IN THE MATTER OF:)	
JESSICA L. MEYERMANN, D.A.)	STIPULATED REGISTRATION AGREEMENT
2604 N. 4th Street, Apt. 1415)	
Clinton, IA 52732)	
Applicant)	

COMES NOW the Iowa Dental Board (the Board), and Jessica L. Meyermann, D.A., (Applicant), on _____, 2011, and enter into the following Stipulated Registration Agreement.

1. On September 30, 2010, Applicant made application to the Iowa Dental Board for dental assistant registration and dental radiography qualification.
2. The Board reviewed the registration application and concluded that Applicant has engaged in the following unethical and unprofessional conduct:
 - a) Applicant advised the Board through the application process that she has multiple misdemeanor convictions which include possession of drug paraphernalia, public intoxication, interference with official acts, unauthorized use of a credit card related offenses, as well as a conviction for OWI 1st offense. These convictions occurred in 2007 or prior.
3. The Board has the authority to deny an application for a license or registration on any grounds for which a license may be disciplined. Iowa Code Section 147.4. The Board has authority to discipline a license for violations of the law. Iowa Code Section 153.34(10).

THEREFORE IT IS HEREBY ORDERED that Applicant is hereby **Cited** for this unlawful conduct and **Warned** that future conduct of this nature shall be subject to formal disciplinary action by the Board. The Applicant shall be subject to the following terms for a period of five (5) years from the date of this Agreement:

1. Applicant shall disclose this Agreement to all current and future employers who employ her as a dental assistant. Applicant shall report back to the Board with signed statements from all current employers within fourteen (14) days of the date of this Agreement, and thereafter within fourteen (14) days of any new employment relationship, indicating the employer has read and understands this Agreement.
2. Applicant shall fully cooperate with the Board to determine compliance with this Agreement.
3. Applicant acknowledges that she has read in its entirety the foregoing Stipulated Registration Agreement and that she understands its content and that she executed the Agreement freely and voluntarily.
4. Applicant acknowledges that she has the right to be represented by counsel in this matter.
5. Applicant understands that this Agreement is a public record and is therefore subject to inspection and copying by members of the public.
6. Applicant acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured her in any way whatsoever to execute this Agreement.

7. This Registration Agreement is subject to approval of the Board. If the Board fails to approve this Registration Agreement, it shall be of no force or effect to either party.
8. The Board's approval of this Registration Agreement shall constitute a **Final Order** of the Board.
9. Applicant shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dental assisting in Iowa. Any violation of this Agreement is grounds for formal disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a)(2009).

This Registration Agreement is voluntarily submitted on this ____ day of _____, 2011.



Jessica L. Meyermann, R.D.A.
Applicant

Subscribed and Sworn to before me on this ____ day of _____, 2011.

Notary Public in and for the
state of Iowa

This Registration Agreement is accepted by the Iowa Dental Board on this ____ day of _____, 2011.

GARY D. ROTH, D.D.S.
Chairperson
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: March 4, 2011
RE: **Ashleigh M. Cooling, D.A. (File # 10-194)**
SUBMITTED BY: Phil McCollum, Health Profession Investigator
ACTION REQUESTED: Consideration of Stipulated Registration Agreement

Topics for Review

The Licensure/Registration Committee had reviewed Ms. Cooling's dental assistant application and recommended that she enter into a Stipulated Registration Agreement with the Board. Ms. Cooling has executed the Stipulated Registration Agreement. The Board is being asked to take final action to either accept or reject this Agreement.

Background

12-02-10 Ms. Cooling submitted a dental assistant registration application.
12-07-10 Staff referred this application to the Board's Licensure/Registration Committee for further review due to applicant's criminal history which included multiple misdemeanor driving convictions as well as a conviction for possession of marijuana.
12-15-10 A majority of the Licensure/Registration Committee members recommended a Stipulated Registration Agreement.
Unknown date Stipulated Registration Agreement sent to Ms. Cooling.
02-14-11 Ms. Cooling signed and returned the Stipulated Registration Agreement.

Summary of Terms of Agreement

1. Applicant is cited for unlawful conduct and warned that future conduct of this nature is subject to formal disciplinary action.
2. For a one year period, applicant must disclose this Agreement to all current and future employers who employ her as a dental assistant.
3. Cooperate with Board to determine compliance w/Agreement.

Prior Disciplinary Actions

None. This is a new applicant.

Historical Treatment of Similar Situations

The Board generally approves these Stipulated Registration Agreements. It is a way to monitor the person's actions and allow the individual to practice dental assisting.

Attached for Review

- ❖ Stipulated Registration Agreement Signed by Ms. Cooling

**BEFORE THE DENTAL BOARD
OF THE STATE OF IOWA**

IN THE MATTER OF:)	
ASHLEIGH M. COOLING, D.A.)	STIPULATED REGISTRATION
P.O. Box 1725)	AGREEMENT
Cedar Rapids, IA 52406)	
Applicant)	

COMES NOW the Iowa Dental Board (the Board), and Ashleigh M. Cooling, D.A., (Applicant), on _____, 2011, and enter into the following Stipulated Registration Agreement.

1. On December 2, 2010, Applicant made application to the Iowa Dental Board for dental assistant registration and dental radiography qualification.
2. The Board reviewed the registration application and concluded that Applicant has engaged in the following unethical and unprofessional conduct:
 - a) Applicant advised the Board through the application process that she has multiple misdemeanor driving convictions, as well as a conviction for possession of marijuana. These convictions occurred in 2005 and earlier.
3. The Board has the authority to deny an application for a license or registration on any grounds for which a license may be disciplined. Iowa Code Section 147.4. The Board has authority to discipline a license for violations of the law. Iowa Code Section 153.34(10).

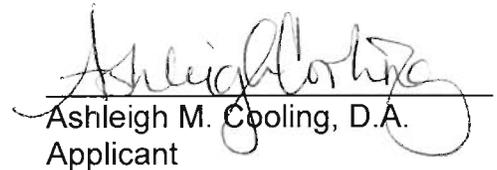
THEREFORE IT IS HEREBY ORDERED that Applicant is hereby **Cited** for this unlawful conduct and **Warned** that future conduct of this nature shall be subject to formal disciplinary

action by the Board. The Applicant shall be subject to the following terms for a period of one (1) year from the date of this Agreement:

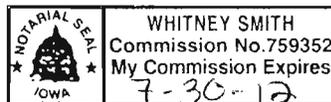
1. Applicant shall disclose this Agreement to all current and future employers who employ her as a dental assistant. Applicant shall report back to the Board with signed statements from all current employers within fourteen (14) days of the date of this Agreement, and thereafter within fourteen (14) days of any new employment relationship, indicating the employer has read and understands this Agreement.
2. Applicant shall fully cooperate with the Board to determine compliance with this Agreement.
3. Applicant acknowledges that she has read in its entirety the foregoing Stipulated Registration Agreement and that she understands its content and that she executed the Agreement freely and voluntarily.
4. Applicant acknowledges that she has the right to be represented by counsel in this matter.
5. Applicant understands that this Agreement is a public record and is therefore subject to inspection and copying by members of the public.
6. Applicant acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured her in any way whatsoever to execute this Agreement.
7. This Registration Agreement is subject to approval of the Board. If the Board fails to approve this Registration Agreement, it shall be of no force or effect to either party.

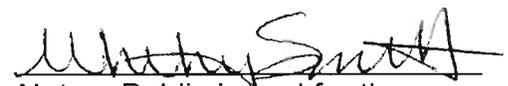
8. The Board's approval of this Registration Agreement shall constitute a **Final Order** of the Board.
9. Applicant shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dental assisting in Iowa. Any violation of this Agreement is grounds for formal disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a)(2009).

This Registration Agreement is voluntarily submitted on this 14 day of February, 2011.


Ashleigh M. Cooling, D.A.
Applicant

Subscribed and Sworn to before me on this 14 day of February, 2011.




Notary Public in and for the
state of Iowa

This Registration Agreement is accepted by the Iowa Dental Board on this _____
day of _____, 2011.

GARY D. ROTH, D.D.S.
Chairperson
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

cc: Theresa O'Connell Weeg
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, IA 50319