Anesthesia Update

ENDINGS, BEGINNINGS & THANK YOU'S

It's that time of year when committee member terms are ending and new terms will begin. The Board and Anesthesia Committee would like to express many thanks to Dr. Don E. Skaff of Charleston, and Dr. Philip D. High of Wheeling, for their service and dedication to the Anesthesia Committee. Their terms will end June 30, 2015.

Also, many thanks to Dr. Lewis D. Gilbert, Dr. William R. Marshall, Dr. Timothy G. Thorne, and Dr. Bryan D. Weaver, all have agreed to continue with this Committee for another term.

We would like to welcome Dr. Michael Sokolosky of Charleston to the Anesthesia Committee. Dr. Sokolosky has been appointed to the Committee by the Anesthesia Chairman, Dr. Byron H. Black. His term will run from July 1, 2015 through June 30, 2020.

Permit holders interested in an appointment to the Anesthesia Committee should send a letter of interest to the Board office for consideration.

EMERGENCY DRUG KIT & EQUIPMENT UPDATED

The Anesthesia Committee has updated the Emergency Drug Requirements and Equipment List to include a glucometer for all levels of sedation requiring a permit.

This list may be viewed at the Board's website.

www.wvdentalboard.org

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DEA REGISTRATION, SECURITY & RECORD KEEPING REQUIREMENTS

During the Anesthesia Committee's meeting of May 1, 2015, Mr. Robert A. Otero, Diversion Investigator, with the Drug Enforcement Administration, made a presentation to address the appropriate sections of Title 21 Code of Federal Regulations relative to registration, record keeping, inventories and security of controlled substances.

Every person or entity that handles controlled substances **must** be registered with DEA or be exempt by regulation from registration. The DEA registration grants practitioners federal authority to handle controlled substances. However, the DEA registered practitioner may only engage in those activities that are authorized under state law for the jurisdiction in which the practice is located.

The Controlled Substance Act (CSA) requires a separate registration for each professional practice where controlled substances are manufactured, distributed, or dispensed. The certificate of registration **must** be maintained at the registered location in a readily retrievable manner and kept available for official inspection.

The CSA requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. A list of factors is used to determine the adequacy of these security controls. Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet. Practitioners authorized to possess carfentanil, etorphine hydrochloride and/or diprenorphine, **must** store these controlled substances in a safe or steel cabinet equivalent to US Government Class V security container. Practitioners should limit access to controlled substances to him/herself or a delegated individual employed by the practitioner.*

Should a practitioner discover theft or significant loss of controlled substances from their inventory, notify the DEA and complete the DEA form 106 regarding such theft or loss.

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All records related to controlled substances **must** be maintained and be available for inspection for a minimum of two years. Each practitioner **must** maintain inventories and records of Schedules I and II controlled substances separately from all other records maintained by the registrant. Likewise, inventories for Schedules III, IV and V must be maintained separately or in such form that they are readily retrievable from the ordinary business records of the practitioner.

Upon the receipt of a controlled substance shipment, an initial inventory of that shipment **must** be conducted. Inventories of controlled substances are required every 2 years. A perpetual inventory is not required, but is of great value. Inventories must include the following:

Whether the inventory was taken at the beginning or close of business;

Names of Controlled Substances;

Each finished form of the substances (e.g., 100 mg tablet);

The number of dosage units of each finished form in the commercial container;

The number of commercial containers of each finished form (e.g., four 100 tab bottles); and

Disposition of the controlled substances.

All DEA 222 forms **must** be properly completed.* Upon receipt of a shipment the purchaser must record on Copy 3 of this form, the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser.

When disposing of controlled substances you may transfer them to a reverse distributor. You may contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II should be transferred via the DEA 222 form, Schedule III through V compounds may be transferred by invoice. The practitioner should maintain copies of transfer and disposal documents for a period of two years.

*The list of factors and those who should not be employed with access to controlled substances can be found in the Practitioner's Manual — Section III.

*The procedure for filling DEA forms 222 can be found in section §1305.13 of Title 21 of the Code of Federal Regulations.

www.deadiversion.usdoj.gov

DEA INSPECTIONS & VIOLATIONS

There are a few reasons why the DEA could make a visit to your office.

Grievance complaints, to conduct a review of DEA records, or a referral from another agency.

Should you not cooperate, an administrative inspection warrant will be obtained.

Possible measures as a result of an inspection could be a verbal warning, letter of admonishment, or memorandum of agreement.

Civil penalties are a maximum of $10,000 per violation.

LEGISLATURE PASSES ACCESS TO OPIOID ANTAGONISTS ACT

Governor Earl Ray Tomblin approved a bill increasing the access to opioid antagonists during the 2015 Legislative Session. Senate Bill 335, known as the Access to Opioid Antagonists Act, states "the purpose of this article is to prevent deaths in circumstances involving individuals who have overdosed on opiates."

This will permit licensed health care providers to prescribe opioid antagonists to initial responders as well as individuals at risk of experiencing an overdose, which may prevent accidental deaths as a result of opiate-related overdoses.

For many years our permit holders have utilized or have made available naloxone, a.k.a. Narcan, in their practice. Last year the Anesthesia Committee made note, beside this drug named on the Emergency Drug Kit & Equipment List, that patients who take narcotics are subject to a deeper level of sedation.

This new law gives all dentists the ability to provide this emergency medication. Continuing education will be required with the drug diversion and best practice prescribing of controlled substances training.