

1 **ENROLLED**

2 COMMITTEE SUBSTITUTE

3 FOR

4 **H. B. 2479**

5  
6 (By Delegates Morgan, Stephens, Hartman, Hatfield,  
7 D. Poling, Martin, Staggers, Swartzmiller and Rowan)

8 [Passed March 10, 2011; in effect ninety days from passage.]

9  
10 AN ACT to repeal §30-4A-6 of the Code of West Virginia, 1931, as  
11 amended; to amend and reenact §30-4A-4, §30-4A-5 and §30-4A-8  
12 of said code; and to amend said code by adding thereto four  
13 new sections, designated §30-4A-6a, §30-4A-6b, §30-4A-6c and  
14 §30-4A-6d, all relating to the administration of anesthesia by  
15 dentists and in dental offices; permit requirements; classes  
16 of permits; qualifications and certifications required for the  
17 respective classes of permits; standards of care; patient  
18 monitoring requirements; education and certification  
19 requirements for monitors and assistants; and related office  
20 evaluations.

21 *Be it enacted by the Legislature of West Virginia:*

22 That §30-4A-6 of the Code of West Virginia, 1931, as amended,  
23 be repealed; that §30-4A-4, §30-4A-5 and §30-4A-8 of said code be  
24 amended and reenacted; and that said code be amended by adding  
25 thereto four new sections, designated §30-4A-6a, §30-4A-6b,  
26 §30-4A-6c and §30-4A-6d, all to read as follows:

1 **ARTICLE 4A. ADMINISTRATION OF ANESTHESIA BY DENTISTS.**

2 **§30-4A-4. Requirement for anesthesia permit.**

3 (1) No dentist may induce central nervous system anesthesia  
4 without first having obtained an anesthesia permit under these  
5 rules for the level of anesthesia being induced.

6 (2) The applicant for an anesthesia permit must pay the  
7 appropriate permit fees and renewal fees, designated in section six  
8 of this article, submit a completed board-approved application and  
9 consent to an office evaluation. The fees are to be set in  
10 accordance with section eighteen of this article.

11 (3) Permits shall be issued to coincide with the applicant's  
12 licensing period.

13 (4) Permit holders shall report the names and qualifications  
14 of each qualified monitor. A monitor qualified by PALS or ACLS  
15 shall maintain that certification to act as a qualified monitor.

16 (5) A dentist shall hold a class permit equivalent to or  
17 exceeding the anesthesia level being provided, unless the provider  
18 of anesthesia is a physician anesthesiologist or licensed dentist  
19 who holds a current anesthesia permit issued by the Board.

20 **§30-4A-5. Classes of anesthesia permits.**

21 (a) The Board shall issue the following permits:

22 (1) Class 2 Permit: A Class 2 Permit authorizes a dentist to  
23 induce anxiolysis.

24 (2) Class 3 Permit: A Class 3 Permit authorizes a dentist to  
25 induce conscious sedation as limited enteral (3a) and/or

1 comprehensive parenteral (3b), and anxiolysis.

2 (3) Class 4 Permit: A Class 4 Permit authorizes a dentist to  
3 induce general anesthesia/deep conscious sedation, conscious  
4 sedation, and anxiolysis.

5 (b) When anesthesia services are provided in dental facilities  
6 by a physician anesthesiologist, the dental facility shall be  
7 inspected and approved for a Class IV permit.

8 **§30-4A-6a. Qualifications, standards applicable, and continuing**  
9 **education requirements for relative analgesia use.**

10 (a) The board shall allow administration of relative analgesia  
11 if the practitioner:

12 (1) Is a licensed dentist in the State of West Virginia;

13 (2) Holds valid and current documentation showing successful  
14 completion of a Health Care Provider BLS/CPR course; and

15 (3) Has completed a training course of instruction in dental  
16 school, continuing education or as a postgraduate in the  
17 administration of relative analgesia.

18 (b) A practitioner who administers relative analgesia shall  
19 have the following facilities, equipment and drugs available during  
20 the procedure and during recovery:

21 (1) An operating room large enough to adequately accommodate  
22 the patient on an operating table or in an operating chair and to  
23 allow delivery of age appropriate care in an emergency situation;

24 (2) An operating table or chair which permits the patient to  
25 be positioned so that the patient's airway can be maintained,  
26 quickly alter the patient's position in an emergency, and provide

1 a firm platform for the administration of basic life support;

2 (3) A lighting system which permits evaluation of the  
3 patient's skin and mucosal color and a backup lighting system of  
4 sufficient intensity to permit completion of any operation underway  
5 in the event of a general power failure;

6 (4) Suction equipment which permits aspiration of the oral and  
7 pharyngeal cavities;

8 (5) An oxygen delivery system with adequate full face masks  
9 and appropriate connectors that is capable of delivering high flow  
10 oxygen to the patient under positive pressure, together with an  
11 adequate backup system; and

12 (6) A nitrous oxide delivery system with a fail-safe mechanism  
13 that will insure appropriate continuous oxygen delivery and a  
14 scavenger system.

15 All equipment used must be appropriate for the height and  
16 weight of the patient.

17 (c) Before inducing nitrous oxide sedation, a practitioner  
18 shall:

19 (1) Evaluate the patient;

20 (2) Give instruction to the patient or, when appropriate due  
21 to age or psychological status of the patient, the patient's  
22 guardian; and

23 (3) Certify that the patient is an appropriate candidate for  
24 relative analgesia.

25 (d) A practitioner who administers relative analgesia shall  
26 see that the patient's condition is visually monitored. At all

1 times the patient shall be observed by a Qualified Monitor until  
2 discharge criteria have been met. The Qualified Monitor shall hold  
3 valid and current documentation showing successful completion of a  
4 Health Care Provider BLS/CPR certification. Documentation of  
5 credentials and training must be maintained in the personnel  
6 records of the Qualified Monitor. The patient shall be monitored as  
7 to response to verbal stimulation and oral mucosal color.

8 (e) The record must include documentation of all medications  
9 administered with dosages, time intervals and route of  
10 administration.

11 (f) A discharge entry shall be made in the patient's record  
12 indicating the patient's condition upon discharge.

13 (g) Hold valid and current documentation:

14 (1) Showing successful completion of a Health Care Provider  
15 BLS/CPR course; and

16 (2) Have received training and be competent in the recognition  
17 and treatment of medical emergencies, monitoring vital signs, the  
18 operation of nitrous oxide delivery systems and the use of the  
19 sphygmomanometer and stethoscope.

20 (h) The practitioner shall assess the patient's responsiveness  
21 using preoperative values as normal guidelines and discharge the  
22 patient only when the following criteria are met:

23 (1) The patient is alert and oriented to person, place and  
24 time as appropriate to age and preoperative neurological status;

25 (2) The patient can talk and respond coherently to verbal  
26 questioning or to preoperative neurological status;

1 (3) The patient can sit up unaided or without assistance or to  
2 preoperative neurological status;

3 (4) The patient can ambulate with minimal assistance or to  
4 preoperative neurological status; and

5 (5) The patient does not have nausea, vomiting or dizziness.

6 **§30-4A-6b. Qualifications, standards applicable, and continuing**  
7 **education requirements for a Class II Permit.**

8 (a) The board shall issue a Class II Permit to an applicant  
9 who:

10 (1) Is a licensed dentist in West Virginia;

11 (2) Holds valid and current documentation showing successful  
12 completion of a Health Care Provider BLS/CPR; and

13 (3) Has completed a board approved course of at least six  
14 hours didactic and clinical of either predoctoral dental school or  
15 postgraduate instruction.

16 (b) A dentist who induces anxiolysis shall have the following  
17 facilities, properly maintained equipment and appropriate drugs  
18 available during the procedures and during recovery:

19 (1) An operating room large enough to adequately accommodate  
20 the patient on an operating table or in an operating chair and to  
21 allow an operating team of at least two individuals to freely move  
22 about the patient;

23 (2) An operating table or chair which permits the patient to  
24 be positioned so the operating team can maintain the patient's  
25 airway, quickly alter the patient's position in an emergency, and  
26 provide a firm platform for the administration of basic life

1 support;

2 (3) A lighting system which permits evaluation of the  
3 patient's skin and mucosal color and a backup lighting system of  
4 sufficient intensity to permit completion of any operation underway  
5 in the event of a general power failure;

6 (4) Suction equipment which permits aspiration of the oral and  
7 pharyngeal cavities;

8 (5) An oxygen delivery system with adequate full face mask and  
9 appropriate connectors that is capable of delivering high flow  
10 oxygen to the patient under positive pressure, together with an  
11 adequate backup system;

12 (6) A nitrous oxide delivery system with a fail-safe mechanism  
13 that will insure appropriate continuous oxygen delivery and a  
14 scavenger system;

15 (7) A recovery area that has available oxygen, adequate  
16 lighting, suction and electrical outlets. The recovery area can be  
17 the operating room;

18 (8) Sphygmomanometer, stethoscope, and pulse oximeter;

19 (9) Emergency drugs; and

20 (10) A defibrillator device is recommended.

21 (11) All equipment and medication dosages must be in  
22 accordance with the height and weight of the patient being treated.

23 (c) Before inducing anxiolysis, a dentist shall:

24 (1) Evaluate the patient;

25 (2) Certify that the patient is an appropriate candidate for  
26 anxiolysis sedation; and

1 (3) Obtain written informed consent from the patient or  
2 patient's guardian for the anesthesia. The obtaining of the  
3 informed consent shall be documented in the patient's record.

4 (d) The dentist shall monitor and record the patient's  
5 condition or shall use a Qualified Monitor to monitor and record  
6 the patient's condition. The Qualified Monitor shall have a  
7 current Health Care Provider BLS/CPR certification. A Class II  
8 Permit holder shall have no more than one person under anxiolysis  
9 at the same time.

10 (e) The patient shall be monitored as follows:

11 (1) Patients must have continuous monitoring using pulse  
12 oximetry. The patient's blood pressure, heart rate and respiration  
13 shall be recorded at least once before, during and after the  
14 procedure, and these recordings shall be documented in the patient  
15 record. At all times the patient shall be observed by a Qualified  
16 Monitor until discharge criteria have been met. If the dentist is  
17 unable to obtain this information, the reasons shall be documented  
18 in the patient's record. The record must also include documentation  
19 of all medications administered with dosages, time intervals and  
20 route of administration.

21 (2) A discharge entry shall be made by the dentist in the  
22 patient's record indicating the patient's condition upon discharge.

23 (f) A permit holder who uses anxiolysis shall see that the  
24 patient's condition is visually monitored. The patient shall be  
25 monitored as to response to verbal stimulation, oral mucosal color  
26 and preoperative and postoperative vital signs.



1 (g) The dentist shall assess the patient's responsiveness  
2 using preoperative values as normal guidelines and discharge the  
3 patient only when the following criteria are met:

4 (1) Vital signs including blood pressure, pulse rate and  
5 respiratory rate are stable;

6 (2) The patient is alert and oriented to person, place and  
7 time as appropriate to age and preoperative neurological status;

8 (3) The patient can talk and respond coherently to verbal  
9 questioning, or to preoperative neurological status;

10 (4) The patient can sit up unaided, or to preoperative  
11 neurological status;

12 (5) The patient can ambulate with minimal assistance, or to  
13 preoperative neurological status; and

14 (6) The patient does not have uncontrollable nausea or  
15 vomiting and has minimal dizziness.

16 (7) A dentist may not release a patient who has undergone  
17 anxyolysis except to the care of a responsible adult third party.

18 **§30-4A-6c. Qualifications, standards applicable, and continuing**  
19 **education requirements for Class III Anesthesia**  
20 **Permit.**

21 (a) The board shall issue or renew a Class 3 Permit to an  
22 applicant who:

23 (1) Is a licensed dentist in West Virginia;

24 (2) Holds valid and current documentation showing successful  
25 completion of a Health Care Provider BLS/CPR course, ACLS and/or a

1 PALS course if treating pediatric patients; and

2 (3) Satisfies one of the following criteria:

3 (A) Certificate of completion of a comprehensive training  
4 program in conscious sedation that satisfies the requirements  
5 described in Part III of the ADA *Guidelines for Teaching the*  
6 *Comprehensive Control of Pain and Anxiety in Dentistry* at the time  
7 training was commenced.

8 (B) Certificate of completion of an ADA accredited  
9 postdoctoral training program which affords comprehensive and  
10 appropriate training necessary to administer and manage conscious  
11 sedation, commensurate with these guidelines.

12 (C) In lieu of these requirements, the board may accept  
13 documented evidence of equivalent training or experience in  
14 conscious sedation anesthesia:

15 (i) Limited (Enteral) Permit (3(a)) must have a board approved  
16 course of at least eighteen hours didactic and twenty mentored  
17 clinical cases.

18 (ii) Comprehensive (Parenteral) Permit (3(b)) must have a  
19 board approved course of at least sixty hours didactic and twenty  
20 mentored clinical cases.

21 (b) A dentist who induces conscious sedation shall have the  
22 following facilities, properly maintained age appropriate equipment  
23 and age appropriate medications available during the procedures and  
24 during recovery:

25 (1) An operating room large enough to adequately accommodate  
26 the patient on an operating table or in an operating chair and to

1 allow an operating team of at least two individuals to freely move  
2 about the patient;

3 (2) An operating table or chair which permits the patient to  
4 be positioned so the operating team can maintain the patient's  
5 airway, quickly alter the patient's position in an emergency, and  
6 provide a firm platform for the administration of basic life  
7 support;

8 (3) A lighting system which permits evaluation of the  
9 patient's skin and mucosal color and a backup lighting system of  
10 sufficient intensity to permit completion of any operation underway  
11 in the event of a general power failure;

12 (4) Suction equipment which permits aspiration of the oral and  
13 pharyngeal cavities and a backup suction device which will function  
14 in the event of a general power failure;

15 (5) An oxygen delivery system with adequate full face mask and  
16 appropriate connectors that is capable of delivering high flow  
17 oxygen to the patient under positive pressure, together with an  
18 adequate backup system;

19 (6) A nitrous oxide delivery system with a fail-safe mechanism  
20 that will insure appropriate continuous oxygen delivery and a  
21 scavenger system;

22 (7) A recovery area that has available oxygen, adequate  
23 lighting, suction and electrical outlets. The recovery area can be  
24 the operating room;

25 (8) Sphygmomanometer, pulse oximeter, oral and nasopharyngeal  
26 airways, intravenous fluid administration equipment;

1 (9) Emergency drugs including, but not limited to:  
2 Pharmacologic antagonists appropriate to the drugs used,  
3 vasopressors, corticosteroids, bronchodilators, antihistamines,  
4 antihypertensives and anticonvulsants; and

5 (10) A defibrillator device.

6 (c) Before inducing conscious sedation, a dentist shall:

7 (1) Evaluate the patient and document, using the *American*  
8 *Society of Anesthesiologists Patient Physical Status*  
9 *Classifications*, that the patient is an appropriate candidate for  
10 conscious sedation;

11 (2) Give written preoperative and postoperative instructions  
12 to the patient or, when appropriate due to age or neurological  
13 status of the patient, the patient's guardian; and

14 (3) Obtain written informed consent from the patient or  
15 patient's guardian for the anesthesia.

16 (d) The dentist shall ensure that the patient's condition is  
17 monitored and recorded on a contemporaneous record. The dentist  
18 shall use a Qualified Monitor to monitor and record the  
19 patient's condition in addition to the chair side dental assistant.  
20 A Qualified Monitor shall be present to monitor the patient at all  
21 times.

22 (e) The patient shall be monitored as follows:

23 (1) Patients must have continuous monitoring using pulse  
24 oximetry. At no time shall the patient be unobserved by a  
25 Qualified Monitor until discharge criteria have been met. The  
26 Qualified Monitor shall have a current Health Care provider BLS/CPR

1 certification and certification from the American Association of  
2 Oral and Maxillofacial Surgeon' certification program for  
3 Anesthesia Assistants or an equivalent. The patient's blood  
4 pressure, heart rate, and respiration shall be recorded every five  
5 minutes, and these recordings shall be documented in the patient  
6 record. The record must also include documentation of preoperative  
7 and postoperative vital signs, all medications administered with  
8 dosages, time intervals and route of administration. If the  
9 dentist is unable to obtain this information, the reasons shall be  
10 documented in the patient's record.

11 (2) During the recovery phase, the patient must be monitored  
12 by a qualified monitor.

13 (3) A discharge entry shall be made by the dentist in the  
14 patient's record indicating the patient's condition upon discharge  
15 and the name of the responsible party to whom the patient was  
16 discharged.

17 (f) A dentist may not release a patient who has undergone  
18 conscious sedation except to the care of a responsible adult third  
19 party.

20 (g) The dentist shall assess the patient's responsiveness  
21 using preoperative values as normal guidelines and discharge the  
22 patient only when the following criteria are met:

23 (1) Vital signs including blood pressure, pulse rate and  
24 respiratory rate are stable;

25 (2) The patient is alert and oriented to person, place and  
26 time as appropriate to age and preoperative neurological status;

1 (3) The patient can talk and respond coherently to verbal  
2 questioning, or to preoperative neurological status;

3 (4) The patient can sit up unaided, or to preoperative  
4 neurological status;

5 (5) The patient can ambulate with minimal assistance, or to  
6 preoperative neurological status; and

7 (6) The patient does not have uncontrollable nausea or  
8 vomiting and has minimal dizziness.

9 (h) A dentist who induces conscious sedation shall employ the  
10 services of a Qualified Monitor and a chair side dental assistant  
11 at all times who each shall hold a valid BLS/CPR certification and  
12 maintains such certification.

13 **§30-4A-6d. Qualifications, standards applicable, and continuing**  
14 **education requirements for Class IV Anesthesia**  
15 **Permit.**

16 (a) A Class IV Permit permits the use of general  
17 anesthesia/deep conscious sedation, conscious sedation, and  
18 anxiolysis.

19 (b) The board shall issue or renew a Class IV Permit to an  
20 applicant who:

21 (1) Is a licensed dentist in West Virginia;

22 (2) Has a current Advanced Cardiac Life Support (ACLS)  
23 Certificate;

24 (3) Satisfies one of the following criteria:

25 (A) Completion of an advanced training program in anesthesia

1 and related subjects beyond the undergraduate dental curriculum  
2 that satisfies the requirements described in Part II of the ADA  
3 *Guidelines for Teaching the Comprehensive Control of Pain and*  
4 *Anxiety in Dentistry* at the time training was commenced;

5 (B) Completion of an ADA or AMA accredited postdoctoral  
6 training program which affords comprehensive and appropriate  
7 training necessary to administer and manage general anesthesia,  
8 commensurate with these guidelines;

9 (C) In lieu of these requirements, the board may accept  
10 documented evidence of equivalent training or experience in general  
11 anesthesia.

12 (c) A dentist who induces general anesthesia/deep conscious  
13 sedation shall have the following facilities, properly maintained  
14 age appropriate equipment and age appropriate drugs available  
15 during the procedure and during recovery:

16 (1) An operating room large enough to adequately accommodate  
17 the patient on an operating table or in an operating chair and to  
18 allow an operating team of at least three individuals to freely  
19 move about the patient;

20 (2) An operating table or chair which permits the patient to  
21 be positioned so the operating team can maintain the patient's  
22 airway, quickly alter the patient's position in an emergency, and  
23 provide a firm platform for the administration of basic life  
24 support;

25 (3) A lighting system which permits evaluation of the  
26 patient's skin and mucosal color and a backup lighting system of

1 sufficient intensity to permit completion of any operation underway  
2 in the event of a general power failure;

3 (4) Suction equipment which permits aspiration of the oral and  
4 pharyngeal cavities and a backup suction device which will function  
5 in the event of a general power failure;

6 (5) An oxygen delivery system with adequate full face mask and  
7 appropriate connectors that is capable of delivering high flow  
8 oxygen to the patient under positive pressure, together with an  
9 adequate backup system;

10 (6) A nitrous oxide delivery system with a fail-safe mechanism  
11 that will insure appropriate continuous oxygen delivery and a  
12 scavenger system;

13 (7) A recovery area that has available oxygen, adequate  
14 lighting, suction and electrical outlets. The recovery area can be  
15 the operating room;

16 (8) Sphygmomanometer, pulse oximeter, electrocardiograph  
17 monitor, defibrillator or automated external defibrillator,  
18 laryngoscope with endotracheal tubes, oral and nasopharyngeal  
19 airways, intravenous fluid administration equipment;

20 (9) Emergency drugs including, but not limited to:  
21 Pharmacologic antagonists appropriate to the drugs used,  
22 vasopressors, corticosteroids, bronchodilators, intravenous  
23 medications for treatment of cardiac arrest, narcotic antagonist,  
24 antihistaminic, antiarrhythmics, antihypertensives and  
25 anticonvulsants; and

26 (10) A defibrillator device.



1 (d) Before inducing general anesthesia/deep conscious sedation  
2 the dentist shall:

3 (1) Evaluate the patient and document, using the *American*  
4 *Society of Anesthesiologists Patient Physical Status*  
5 *Classifications*, that the patient is an appropriate candidate for  
6 general anesthesia or deep conscious sedation;

7 (2) Shall give written preoperative and postoperative  
8 instructions to the patient or, when appropriate due to age or  
9 neurological status of the patient, the patient's guardian; and

10 (3) Shall obtain written informed consent from the patient or  
11 patient's guardian for the anesthesia.

12 (e) A dentist who induces general anesthesia/deep conscious  
13 sedation shall ensure that the patient's condition is monitored and  
14 recorded on a contemporaneous record. The dentist shall use a  
15 Qualified Monitor to monitor and record the patient's condition on  
16 a contemporaneous record and a chair side dental assistant. The  
17 Qualified Monitor shall hold current Health Care provider BLS/CPR  
18 certification and hold certification as an Anesthesia Assistant  
19 from the American Association of Oral and Maxillofacial Surgeon  
20 Office Anesthesia Assistant certification program for Anesthesia  
21 Assistants or an equivalent. No permit holder shall have more than  
22 one patient under general anesthesia at the same time.

23 (f) The patient shall be monitored as follows:

24 (1) Patients must have continuous monitoring of their heart  
25 rate, oxygen saturation levels and respiration. At no time shall  
26 the patient be unobserved by a Qualified Monitor until discharge

1 criteria have been met. The patient's blood pressure, heart rate  
2 and oxygen saturation shall be assessed every five minutes, and  
3 shall be contemporaneously documented in the patient record. The  
4 record must also include documentation of preoperative and  
5 postoperative vital signs, all medications administered with  
6 dosages, time intervals and route of administration. The person  
7 administering the anesthesia may not leave the patient while the  
8 patient is under general anesthesia;

9 (2) During the recovery phase, the patient must be monitored,  
10 including the use of pulse oximetry, by a Qualified Monitor; and

11 (3) A dentist may not release a patient who has undergone  
12 general anesthesia/deep conscious sedation except to the care of a  
13 responsible adult third party.

14 (g) The dentist shall assess the patient's responsiveness  
15 using preoperative values as normal guidelines and discharge the  
16 patient only when the following criteria are met:

17 (1) Vital signs including blood pressure, pulse rate and  
18 respiratory rate are stable;

19 (2) The patient is alert and oriented to person, place and  
20 time as appropriate to age and preoperative neurological status;

21 (3) The patient can talk and respond coherently to verbal  
22 questioning, or to preoperative neurological status;

23 (4) The patient can sit up unaided, or to preoperative  
24 neurological status;

25 (5) The patient can ambulate with minimal assistance, or to  
26 preoperative neurological status; and

1 (6) The patient does not have nausea or vomiting and has  
2 minimal dizziness.

3 (7) A discharge entry shall be made in the patient's record by  
4 the dentist indicating the patient's condition upon discharge and  
5 the name of the responsible party to whom the patient was  
6 discharged.

7 (h) A dentist who induces general anesthesia shall employ the  
8 services of a Qualified Monitor and a chair side dental assistant  
9 at all times, who each shall hold a valid BLS/CPR certification and  
10 maintains such certification.

11 **§30-4A-8. Office evaluations.**

12 (a) The in-office evaluation shall include:

13 (1) Observation of one or more cases of anesthesia to  
14 determine the appropriateness of technique and adequacy of patient  
15 evaluation and care;

16 (2) Inspection of facilities, which shall include but not be  
17 limited to, the inspection of equipment, , drugs and records and  
18 Qualified Monitor's certifications and documentation; and

19 (3) The evaluation shall be performed by a team appointed by  
20 the board and shall include:

21 (A) A permit holder who has the same type of license as the  
22 licensee to be evaluated and who holds a current anesthesia permit  
23 in the same class or in a higher class than that held by the  
24 licensee being evaluated;

25 (B) A member of the board's Anesthesia Committee;

26 (C) Class II permit holders may be audited periodically as

1 determined by the committee; and

2 (D) Class III and IV permit holders shall be evaluated once  
3 every five years.

4 (b) A dentist utilizing a licensed dentist who holds a current  
5 anesthesia permit issued by the Board shall have his or her office  
6 inspected to the level of the permit held by the anesthesia permit  
7 holder. The office is only approved at that level when the  
8 anesthesia permit holder is present and shall have the number of  
9 qualified monitors present as required by this article.