MEETING NOTICE

DENTAL HYGIENE COMMITTEE

Oregon Board of Dentistry
1500 SW 1st Ave., Suite 770
Portland, Oregon 97201

March 6, 2014
7:00 P.M.

Committee Members:
Mary Davidson, M.P.H., R.D.H., E.P.P., Chair
Todd Beck, D.M.D.
Matt Tripp, R.D.H., E.P.P.
David J. Dowsett, D.M.D., ODA Representative
Kristen L. Simmons, B.S., R.D.H., ODHA Representative
Mary Harrison, RDA, CDA, EFDA, ODAA Representative

AGENDA

Call to Order Mary Davidson, M.P.H., R.D.H., E.P.P., Chair

Review Minutes of October 10, 2013 Meeting

Draft Dental Hygiene Committee Minutes October 10, 2013 Attachment #1

Discussion regarding a request from the Oregon Dental Hygienists’ Association to all Oregon Dental Hygiene Licensees to use local anesthesia reversal agents and possible recommendation to the Board. Attachment #2

Discussion regarding a request from the Oregon Dental Hygienists’ Association to allow Expanded Practice Permit Dental Hygienists to use emergency kits that would contain prescription medications and possible recommendation to the Board. Attachment #3

Review, discuss and make recommendations to the Board regarding proposed rule change to OAR 818-035-0030(g) Additional Functions of Dental Hygienists at the request of the Oregon Dental Hygienists’ Association. Attachment #4

Draft changes to OAR 818-035-0030 Additional Functions of Dental Hygienists. Attachment #5

Update from OBD Anesthesia Committee regarding OAR 818-026-0055 Nitrous Oxide Monitoring.

Any Other Business

Adjourn

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Stephen Prisby, (971) 673-3200.
Call to Order: The meeting was called to order by the President at 7:00 p.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

MINUTES
Ms. Harrison moved and Dr. Beck seconded that the minutes of the November 30, 2012 Dental Hygiene Committee meeting be approved as published. The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

Infection Control Continuing Education
Ms. Simmons moved and Ms. Harrison seconded that the Committee recommend the Board consider setting a rule requiring Infection Control for all licenses as part of their license renewal. The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

Dr. Beck moved and Ms. Simmons seconded that the Committee recommend the Board consider a revision to OAR 818-012-0040 as follows:

(4) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organism kill each calendar week in which patients are treated.

The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

Clarification regarding OAR 818-026-0055(c)
Mr. Tripp moved and Dr. Beck seconded that the Committee recommend OAR 818-026-0055(c)
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as amended to read:

(c) An anesthesia monitor, in addition to the dental hygienist performing the authorized procedures, is present with the patient at all times only if the dental hygienist does not hold a nitrous oxide permit or current BLS CPR card.

The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

Discussion Regarding Timeline of OBD Jurisprudence Examination
Mr. Tripp moved and Ms. Harrison seconded that the Committee recommend the Board set a timeline and begin appointing a committee, possibly of educators, in order to update the Jurisprudence Exam. The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

It was noted that the committee recognized there is a need to work with staff to implement timelines that would not disrupt heavy licensure times during the year.

Discussion regarding House Bill 2611
Ms. Simmons moved and Ms. Harrison seconded that the committee recommend the Board discuss HB 2611 requirements for cultural competency education and decide if they want to implement any specific requirements for dentist and hygienists. The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

2014 Committee Meeting Dates
Dr. Beck moved and Ms. Harrison seconded that the proposed selected dates of March 6, June 12, September 11, December 11 as the scheduled 2014 dental hygiene committee meeting dates, with all meetings to be held in the evening at 7 p.m. The motion passed with Ms. Davidson, Mr. Tripp, Dr. Beck, Dr. Dowsett, Ms. Simmons and Ms. Harrison voting aye.

The meeting was adjourned at 8:13 p.m.
ODHA requests that dental hygiene licensees be able use the local anesthesia reversal agent, Oraverse.

Statement of need: The use of this agent by dental hygienists is needed for the following reasons:
- To shorten duration of local anesthesia
- To avoid oral trauma
- To allow for the ability to take in nutrients following local anesthesia
- Use to treat patients with disabilities, medically compromised, geriatric patients and chronically ill, ie, diabetics, etc…

Justification:

Patient safety, convenience and health
Use of emergency kits by EPDHs

Statement of need: Practitioners should be ready and prepared for a medical emergency in all settings. In addition to being current in CPR and first aid, a medical emergency kit should be readily available with essential drugs and equipment needed to respond to the situation. One essential drug, epinephrine, in a medical emergency kit requires a DEA number to obtain. This poses an obstacle for EDH’s since they do not have an assigned DEA number. Epinephrine is essential to have in a medical emergency kit for the treatment of severe allergic reaction and anaphylaxis. Other contents of the medical emergency kit including OTC drugs, an AED and other equipment can be obtained and purchased without an assigned DEA number.

Solution: In order for an EPDH to obtain and include epinephrine (such as an EpiPen) as part of their emergency kit, it is recommended they receive a prescription from the collaborative agreement dentist as designated.

Justification: EPDH’s should be prepared for any emergency situation that may arise. To meet the standard of care, the EPDH should be current in CPR and first aid and have a medical emergency kit prepared for unforeseen situations including severe allergic reaction which can often be unpredictable.
OREGON DENTAL HYGIENISTS’ ASSOCIATION

Problem:

The language in the rules regarding 1) restorative hygienists who hold a restorative functions endorsement (RFE) needs updating to match the new rules.

The problem for a dental hygienist with RFE. The finishing of a restoration, particularly composite, is typically performed using a high speed hand piece. However, it states in the Practice Act that dental hygienists may only use a high speed hand piece for polishing a restoration. If dental hygienists with an RFE are not allowed to finish restorations, this would be a barrier for utilization of this auxiliary.

Solution:

Revise the rules for Dental Hygienists Division 35 respectively. Proposed changes below in red:

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**DH Division 35 Current:**

818-035-0072

(2) A dental hygienist may perform the placement and finishing of direct alloy and direct composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

818-035-0030

Additional Functions of Dental Hygienists

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

(g) Use high-speed hand pieces to polish restorations.

**Division 35 Proposed:**

818-035-0030 Additional Functions of Dental Hygienists (g) Use high-speed hand pieces to finish and polish restorations.

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Attachment #4
**Justification:**

Dental hygienists with RFE and are **qualified** to use high speed hand pieces for the finishing of restorations. The use of high speed hand pieces for finishing restorations is part of the board approved curriculum.

The following pathways/processes are identical for DHs to become restorative certified. They must:

1. Successfully pass a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board
2. Successfully pass the WREB Restorative Exam, and
3. Submit an application and fee to the OBD for certificate/endorsement

In addition, they must obtain patient consent before the restorative procedures are performed. Both must have the final restoration checked by the dentist before the patient is dismissed.

It is ultimately the supervising dentist’s responsibility to: Consider the size and type of restoration that should be placed; which patients can be appropriately treated by a restorative auxiliary; AND ensure the auxiliary is qualified to use the hand piece according to their practice standards. Therefore, the language should be updated to match the new rules.

**Definitions:**

**Finishing:** defined as “Gross contouring or reduction to obtain the required anatomy for a restoration.” (1) These are typically performed using a combination of hand instruments, and high speed and low speed hand pieces.

**Polishing:** defined as “Reduction in roughness and scratches typically created by finishing instruments.” (1) These are typically performed using slow speed hand pieces.

**References:**

1. Finishing and polishing criteria for minimally invasive composite restorations, LeSage, General Dentistry, Nov/Dec 2011
Additional Functions of Dental Hygienists

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

(a) Make preliminary intra-oral and extra-oral examinations and record findings;

(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;

(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to finish and polish restorations.

(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

(a) Determine the need for and appropriateness of sealants or fluoride; and

(b) Apply sealants or fluoride.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.025(2)(j)
Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92;
OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09