MEETING NOTICE
DENTAL HYGIENE COMMITTEE

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

January 21, 2016
6:00 p.m.

Committee Members:
Yadira Martinez, R.D.H., E.P.P., Chair
Amy B. Fine, D.M.D.
Alicia Riedman, R.D.H., E.P.P.
David J. Dowsett, D.M.D.
Wilber Ramirez-Rodriguez, R.D.H., E.P.P.
Mary Harrison, CDA, EFDA, EFODA

AGENDA

Call to Order Yadira Martinez, R.D.H., E.P.P., Chair 6:00 p.m.

Review Minutes of September 11, 2014 Dental Hygiene Committee Meeting
September 11, 2014 Minutes – Attachment #1

Review and discuss how many EFDA's can be supervised by an EPDH at a time.

Review and discuss the use of lasers by a Dental Hygienist in periodontal therapy. Attachment #2

Review and discuss Epi-Pen. Attachment #3

Review and Discuss OAR 818-042-0050 - Taking of X-Rays- Exposing of X-Rays Attachment #4

Review and Discuss Proposed OAR 333-028 - Required Certification for Local School Dental Sealant Programs and SB 660 Attachment #5

Any other business.

Adjournment

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 Jessica Conway, (971) 673-3200.
Dental Hygiene Committee Meeting
Minutes
September 11, 2014

MEMBERS PRESENT: Mary Davidson, M.P.H., R.D.H., Chair
Amy Fine, D.M.D. (via phone)
Matt Tripp, R.D.H.
David Dowsett, D.M.D., ODA Representative
Mary Harrison, C.D.A., E.F.D.A., ODAA Representative

STAFF PRESENT: Patrick D. Braatz, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Stephen Prisby, Office Manager
Lisa Warwick, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Alec Shebiel, Lindsay Hart, ODHA; Lynn Ironside, RDH, ODHA;
Yadira Martinez, RDH, OHDA; Heidi Jo Grubbs; RDH; Christina Swartz Bodamer, ODA.

Call to Order: The meeting was called to order by the Chair at 7:00 p.m. at the Board office;
1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES
Dr. Dowsett moved and Mr. Tripp seconded that the minutes of the March 6, 2014 Dental
Hygiene Committee meeting be approved as presented. The motion passed with Ms. Davidson,
Dr. Fine, Mr. Tripp, Dr. Dowsett and Ms. Harrison voting aye.

OAR 818-042-0050 (2) Taking of X-Rays – Exposure of Radiographs
Mr. Tripp moved and Ms. Harrison seconded the Committee recommend the Board send OAR
818-042-0050(2) as presented to the Rules Oversight Committee. The motion passed with Ms.
Davidson, Dr. Fine, Mr. Tripp, and Ms. Harrison voting aye. Dr. Dowsett was opposed.

818-042-0050
Taking of X-Rays — Exposing of Radiographs
(1) A dentist may authorize the following persons to place films, adjust equipment preparatory
to exposing films, and expose the films under general supervision:
   (a) A dental assistant certified by the Board in radiologic proficiency; or
   (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and
certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a
Board approved dental radiology course and submitted a satisfactory full mouth series of
radiographs to the OBD.

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a
course of instruction approved by the Oregon Board of Dentistry, and who has passed the
written Dental Radiation Health and Safety Examination administered by the Dental Assisting
National Board, or comparable exam administered by any other testing entity authorized by
the Board, or other comparable requirements approved by the Oregon Board of Dentistry to
place films, adjust equipment preparatory to exposing films, and expose the films under the
indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon
Radiologic Proficiency Certificate. The dental assistant must successfully complete the

Attachment #1
clinical examination within six months of the dentist authorizing the assistant to take radiographs.

OAR 818-042-0040 (6)
Dr. Dowsett moved and Mr. Trip seconded that the Committee recommend the Board amend OAR 818-042-0040 (6) as presented. The motion passed with Ms. Davidson, Dr. Fine, Mr. Tripp, Dr. Dowsett and Ms. Harrison voting aye.

818-042-0040
Prohibited Acts
No licensee may authorize any dental assistant to perform the following acts:
(1) Diagnose or plan treatment.
(2) Cut hard or soft tissue.
(3) Any Expanded Function duty (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) without holding the appropriate certification.
(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient’s mouth.
(6) Administer or dispense any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0030(6), OAR 818-026-0050(a) OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 818-042-0115.
(7) Prescribe any drug.
(8) Place periodontal packs.
(9) Start nitrous oxide.
(10) Remove stains or deposits except as provided in OAR 818-042-0070.
(11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
(12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of cord subgingivally.
(19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.
(20) Apply denture relines except as provided in OAR 818-042-0090(2).
(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(23) Perform periodontal probing.
(24) Place or remove healing caps or healing abutments, except under direct supervision.
(25) Place implant impression copings, except under direct supervision.
(26) Any act in violation of Board statute or rules.

DENTAL HYGEINE ANESTHESIA RULES IN CONFLICT
Mr. Braatz stated that the Anesthesia Committee has not currently found any rules in conflict, although they’ve only been able to review half of the agenda.
UPDATE ON RULES AND LEGISLATION REGARDING PRESCRIPTION AUTHORITY
Mr. Braatz stated that the ODA and ODHA are currently in process of working out the details hopefully by the October Board meeting.

UPDATE ON DENTAL HYGIENE RENEWALS 2014-2016
Mr. Braatz stated that as of this morning, 553 hygienist had not renewed their licenses, which are due September 30th. 353 are in state hygienists.

UPDATE ON UPDATING OF JURISPRUDENCE EXAM
Mr. Braatz stated that a workgroup will be meeting in a week to review the current Jurisprudence Examination. They will update questions, remove questions and once completed with that, add additional questions. The hope is to have 100 total questions that break out into 10 different exams. He stated that hopefully they will have the exams updated and in use by the end of the fall.

UPDATE ON USE OF EMERGENCY MEDICAL KITS FOR DENTAL HYGIENISTS
Mr. Braatz stated that this subject has gone to the back burner while we are waiting to clear up the administering and prescribing privileges for hygienists. Once that has been addressed we will return to figuring out the use of emergency medical kits for dental hygienists.

The meeting was adjourned at 7:50 p.m.
818-035-0025

Prohibitions

A dental hygienist may not:

(1) Diagnose and treatment plan other than for dental hygiene services;

(2) Cut hard or soft tissue with the exception of root planing;

(3) Extract any tooth;

(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);

(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, 818-035-0040, 818-026-0060(11) and 818-026-0070(11);

(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;

(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;

(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(9) Place or remove healing caps or healing abutments, except under direct supervision.

(10) Place implant impression copings, except under direct supervision.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.020(1)
Hist.: DE 2-1992, f. & cert. ef. 6-24-92; DE 2-1997, f. & cert. ef. 2-20-97; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 1-2015(Temp), f. & cert. ef. 4-17-15 thru 10-13-15; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15
At the October 30th Board meeting, the staff was directed to research the rules regarding epinephrine (the EpiPen) for dental hygienists in emergency situations and have available in an emergency kit.

Below is the Oregon Pharmacy’s rule and the Oregon Health Authority’s rules regarding epinephrine relevant to the discussion.

**Oregon Pharmacy Board Rule:**

855-041-2320

**Epinephrine**

(1) A pharmacist may fill an order for epinephrine to be used by trainees to treat an anaphylactic reaction. Trainees must be 18 years of age or older and must have responsibility for or contact with at least one (1) other person as a result of the trainee’s occupation or volunteer status, such as, but not limited to, a camp counselor, scout leader, forest ranger, school employee, tour guide or chaperone.

(2) Individuals must successfully complete a training program approved by the Oregon Health Authority, Public Health Division. Upon successful completion, the trainee will receive the following certificates:

(a) Statement of Completion; and

(b) Authorization to Obtain Epinephrine.

(3) (a) Distribution of epinephrine from a pharmacy to be used for the treatment of allergic emergencies may occur in the following manner:

(b) A trainee may obtain epinephrine upon presentation of the Statement of Completion and Authorization to Obtain Epinephrine certificate to a pharmacy which:

(A) A pharmacist may generate a prescription for, and dispense an emergency supply of epinephrine for not more than one (1) child and one (1) adult in an automatic injection device, as specified by the supervising professional whose name, signature, and license number appear on the Authorization to Obtain Epinephrine certificate.

(B) The pharmacist who generates the hardcopy prescription for epinephrine in this manner shall reduce the prescription to writing, and file the prescription in a manner appropriate for a non-controlled substance.

(C) Once the pharmacist generates the epinephrine prescription, the pharmacist shall write in the appropriate space provided on the Authorization to Obtain Epinephrine certificate, the date and the number of doses dispensed, and return the certificate to the trainee.

(4) The Statement of Completion and the Authorization to Obtain Epinephrine certificate may be used to obtain epinephrine up to four (4) times within three (3) years from the date of the initial training.

(a) Both the Statement of Completion and the Authorization to Obtain Epinephrine certificate expire three (3) years from the date of the trainee’s last Oregon Health Authority approved allergy response training.
Upon completion of the training, the trainee will receive a new Statement of Completion and Authorization to Obtain Epinephrine certificate, with a valid duration of three (3) years.

Oregon Health Authority – Public Health Division Rules:

DIVISION 55

PROGRAMS TO TREAT ALLERGIC RESPONSE OR HYPOGLYCEMIA

333-055-0000

Purpose

(1) The purpose of OAR 333-055-0000 through 333-055-0035 is to define the procedures for authorizing certain individuals, when a licensed health care professional is not immediately available, to administer epinephrine to a person who has a severe allergic response to an allergen, and glucagon to a person who is experiencing severe hypoglycemia when other treatment has failed or cannot be initiated, and to define the circumstances under which these rules shall apply.

(2) Severe allergic reactions requiring epinephrine will occur in a wide variety of circumstances. Severe hypoglycemia requiring glucagon, in settings where children prone to severe hypoglycemia are known to lay providers and arrangements for the availability of glucagon have been made, will occur primarily in, but not limited to, school settings, sports activities, and camps.

333-055-0006

Definitions

(1) "Allergen" means a substance, usually a protein, which evokes a particular adverse response in a sensitive individual.

(2) "Allergic response" means a medical condition caused by exposure to an allergen, with physical symptoms that may be life threatening, ranging from localized itching to severe anaphylactic shock and death.

(3) "Emergency Medical Services Provider (EMS Provider)" means a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual
capacity, one of which meets the definition of “emergency medical services provider” are "emergency medical services providers" within the meaning of ORS chapter 682.

(4) "Hypoglycemia" means a condition in which a person experiences low blood sugar, producing symptoms that may range from drowsiness to loss of muscle control so that chewing or swallowing is impaired, to irrational behavior in which food intake is resisted, or to convulsions, fainting or coma.

(5) "Other treatment" means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(6) "Other treatment has failed" means the hypoglycemic student’s symptoms have worsened or the student has become incoherent, unconscious or unresponsive.

(7) “Paramedic” means a person who is licensed by the Oregon Health Authority as a Paramedic.

(8) "Supervising professional" means a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state and who has prescription writing authority.

Educational Training

(1) Individuals to be trained to administer glucagon shall be trained under the supervision of a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be conducted by a registered nurse licensed under ORS chapter 678 as delegated by a supervising professional.

(2) Individuals to be trained to administer epinephrine shall be trained under the supervision of a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be conducted by a registered nurse licensed under ORS chapter 678 as delegated by a supervising professional, or a paramedic as delegated by an EMS medical director defined in OAR chapter 333, division 265.

(3) The training shall be conducted following an Oregon Health Authority, Public Health Division training protocol (or approved equivalent). The Public Health Division approved training protocol for emergency glucagon providers is available on the Internet at http://healthoregon.org/diabetes. The training protocol for the treatment of severe allergic reaction is available on the Internet at http://healthoregon.org/ems.

(Complete Link to training protocol: https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx.)
Eligibility for Training

In order to be eligible for training, a person must:

(1) Be 18 years of age or older; and

(2) Have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person’s occupational or volunteer status, such as, but not limited to, a camp counselor, scout leader, forest ranger, school employee, tour guide or chaperone.

Certificates of Completion of Training

(1) Persons who successfully complete educational training under OAR 333-055-0000 through 333-055-0035 shall be given a Public Health Division statement of completion signed by the individual conducting the training. The statement of completion for the treatment of allergic response training may also be used as an authorization to obtain epinephrine if fully completed and personally signed by a nurse practitioner or a physician responsible for the training program. Statements of completion for the treatment of allergic response training may be obtained from the Oregon Health Authority, Public Health Division, 800 NE Oregon Street, Suite 290, Portland, Oregon 97232, Phone: (971) 673-1230. A statement of completion for emergency glucagon providers is included in the training protocol available at http://healthoregon.org/diabetes.

(2) The statement of completion and authorization to obtain epinephrine form allows a pharmacist to generate a prescription and dispense an emergency supply of epinephrine for not more than one child and one adult in an automatic injection device if signed by a nurse practitioner or physician. Whenever such a statement of completion form for an emergency supply of epinephrine is presented, the pharmacist shall write upon the back of the statement of completion form in non-erasable ink the date that the prescription was filled, returning the statement of completion to the holder. The prescription may be filled up to 4 times. The pharmacist who dispenses an emergency supply of epinephrine under this rule shall also reduce the prescription to writing for his files, as in the case of an oral prescription for a non-controlled substance, and file the same in the pharmacy.

(3) A person who has successfully competed educational training in the administration of glucagon may receive, from the parent or guardian of a student, doses of glucagon prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS chapters 677 or 678, and the necessary paraphernalia for administration.

(4) Completion of a training program and receipt of a statement of completion does not guarantee the competency of the individual trained.

(5) A statement of completion and authorization to obtain epinephrine shall expire three years after the date of training identified on the statement of completion. Individuals trained to administer epinephrine or glucagon must be trained every three years in accordance with OAR 333-055-0015 in order to obtain a new statement of completion.
(6) Individuals trained to administer epinephrine or glucagon may be asked to provide copies of a current statement of completion to their employers or to organizations or entities to which they volunteer.

[ED. NOTE: Figures referenced are available from the agency.]

Stat. Auth.: ORS 433.810
Stats. Implemented: ORS 433.800 & 433.830

333-055-0035

Circumstances in Which Trained Persons May Administer Epinephrine or Glucagon

(1) A person who holds a current statement of completion pursuant to OAR 333-055-0030 may administer, in an emergency situation when a licensed health care professional is not immediately available, epinephrine to any person suffering a severe allergic response to an insect sting or other allergen. The decision to give epinephrine should be based upon recognition of the signs of a systemic allergic reaction and need not be postponed for purposes of identifying the specific antigen which caused the reaction.

(2) A person who holds a current statement of completion pursuant to OAR 333-055-0030 may administer, in an emergency situation involving an individual who is experiencing hypoglycemia and when a licensed health care professional is not immediately available, physician-prescribed glucagon to a person for whom glucagon is prescribed, when other treatment has failed or cannot be initiated. The decision to give glucagon should be based upon recognition of the signs of severe hypoglycemia and the inability to correct it with oral intake of food or drink.

Stat. Auth.: ORS 433.810
Stats. Implemented: ORS 433.800 - 433.830
TREATMENT OF SEVERE ALLERGIC REACTION

A Protocol for Training

Revised April, 2013

Oregon Health Authority – Public Health Division
Authorized for use by the Oregon Health Authority, Public Health Division

If you need more information on Epinephrine and/or its use, please contact:
Leslie Huntington
503-931-0659
Leslie.D.Huntington@state.or.us.

For additional copies or if you need this document in an alternate format, contact:
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CREDITS

Astrid Newell, MD and the late Beth Epstein, MD, of the Oregon Department of Human Services, Public Health Division, for the development of the original training protocol and the Oregon Administrative Rules (OARs) regarding the use of epinephrine by the general public.

Jan Sanderson, RN, BSN, of the Multnomah Educational Service District (MESD), for the development of the original Power Point.

Jeanne Fratto, RN, BS, of the MESD for the revisions and updates to subsequent versions of the epinephrine training materials and editing assistance with the 2013 revisions.

Ritu Sahni, MD, and Mellony Bernal of the Oregon Health Authority Public Health Division, for the 2012 revisions to the OARs.

Leslie Huntington, BS, Paramedic, of the Oregon Health Authority-Emergency Medical Services and Trauma Systems Office for the 2013 revisions of the training protocol and creation of the new Power Point presentation.

Kathleen Mahaffy-Dietrich, RN, BSN, MPA, of the MESD for her editing assistance with the 2013 revisions.
I. INTRODUCTION

Anaphylaxis is a severe, potentially fatal allergic reaction. It is characteristically unexpected and rapid in onset. Immediate injection of epinephrine is the single factor most likely to save a life under these circumstances. Several hundreds of deaths each year are attributed to insect stings and food allergies.

In 1981 legislation was passed by the state of Oregon to provide a means of authorizing certain individuals to administer lifesaving treatment to people suffering severe insect sting reactions when a physician is not immediately available. In 1989 the Legislature expanded the scope of the original statute by providing for the availability of the same assistance to people having a severe allergic response to other allergens. The statute underwent minor revisions again in 1997 and 2012.

These bills were introduced at the request of the Oregon Medical Association. This legislation is intended to address situations where medical help often is not immediately available: school settings, camps, forests, recreational areas, etc. The following protocol for training is intended as an administrative document outlining the specific applications of the law, describing the scope of the statute, people to be trained, and proposing the content of that training.

II. BACKGROUND

A. An explanation of the law and rules

According to the law (ORS 433.805-830), a person who meets the prescribed qualifications may obtain a prescription for pre-measured doses of epinephrine. The epinephrine may be administered in an emergency situation to a person suffering from a severe allergic response when a licensed health care provider is not immediately available.

The Oregon Administrative Rules supporting this law (OAR 333-055-000 to 333-055-0035) stipulate those who complete the training prescribed by the Oregon Health Authority, Public Health Division, receive a statement of completion signed by the licensed health care professional conducting the training. This statement of completion includes an authorization for a prescription to obtain an emergency supply of epinephrine auto injectors for one adult and one child.

In order for the prescription to be filled, the authorization must be signed by the nurse practitioner or physician responsible for the oversight of the training. This prescription may be filled up to four times in a three-year period. The training and
subsequent authorization will expire three years after the date of the class as identified on the form. The individual must complete retraining in order to receive a new statement of completion and authorization.

B. Who can be trained?

In order to qualify for this training, a person must be 18 years of age or older and must “have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person’s occupational or volunteer status.”

Individuals who are likely to fall under the definition of the law include public or private school employees, camp counselors or camp employees, youth organization staff or volunteers, forest rangers and foremen of forest workers, public or private employers/employees with demonstrated exposure to risk.

In addition to taking the required training course described above, trainees are strongly encouraged to obtain and maintain current training in approved first aid and CPR courses that are offered through organizations such as Medic First Aid, the American Heart Association or the American Red Cross.

C. The training program

The training program must be conducted by either:

1. A physician licensed to practice in Oregon; or,
2. A nurse practitioner licensed to practice in Oregon; or,
3. A registered nurse, as delegated by a licensed physician or nurse practitioner; or
4. A paramedic, as delegated by an EMS medical director defined in OAR 333-265.

No other personnel are qualified to conduct these trainings under this law.

The training must include the following subjects:

1. Recognition of the symptoms of systemic allergic response (anaphylactic reaction) to insect stings and other allergens;
2. Familiarity with factors likely to cause systemic allergic response;
3. Proper administration of an injection of epinephrine; and,
The Oregon Health Authority, Public Health Division, is responsible for approving this training program as well as adopting the rules necessary for administering the law.

III. ALLERGY DEFINITIONS

Allergen: A protein not normally found in the body that may cause an exaggerated allergic response by the body upon exposure. Examples of allergens include insect venom, food, medication, pollen and others.

Normal Reaction: Exposure to an allergen either causes no response by the body or produces expected, minimal signs as a result. An example of a normal reaction is the minor swelling and redness as a response to a bee sting.

Localized Reaction: An exaggerated response by the body to an allergen; it is limited to one side of the body and extends beyond a major joint line. Any of the following signs may be present: swelling, redness, itching and hives.

Anaphylaxis: An exaggerated response to an allergen that involves multiple areas of the body or the entire body. It is a life-threatening event.

IV. THE NATURE OF ANAPHYLAXIS

As stated in the definition above, anaphylaxis is a life-threatening condition and is almost always unexpected. It can start within minutes of exposure to an allergen. The reaction may be delayed by several hours. Death often occurs as a result of swelling and constriction of the airway and the significant drop in blood pressure.

Once someone is having an anaphylactic reaction, the most important factor in whether they live or die is how quickly they receive an injection of epinephrine.

Because epinephrine must be given promptly at the first signs of anaphylaxis, the decision to treat must be based on recognition of the symptoms.
V. RECOGNIZING ANAPHYLAXIS

Anaphylaxis is evidenced by the following symptoms, ANY OR ALL OF WHICH MAY BE PRESENT:

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of eyes, lips, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Rapid or weak pulse
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or extreme pallor
- Hoarseness
- Sense of impending disaster or approaching death
- Involuntary bowel or bladder action
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms (e.g., hives, difficulty breathing and loss of normal blood pressure), reactions may vary substantially from person to person with possibly only one symptom being present.

Previous history of anaphylactic reactions and known exposure to potential allergens should increase the suspicion that the above signs or symptoms represent an anaphylactic reaction. Because reactions vary little from time to time in the same individual, obtain a description of previous reactions, if possible.

An anaphylactic reaction to an insect sting or other allergen usually occurs quickly; death has been reported to occur within minutes after a sting. Highly food-sensitive individuals may react within seconds to several minutes after exposure to allergens. An anaphylactic reaction occasionally can occur from up to one to two hours after exposure.

It is common for people who are having an anaphylactic reaction to be in an
increased state of anxiety. This is especially so if they have a history of a previous severe reaction.

VI. IDENTIFYING THE SENSITIVE INDIVIDUAL

If your staff, students or clients will be facing possible exposure to insect stings (in school settings, camps, tour groups, or outdoor settings such as forests, etc.), and/or may be remote from medical assistance, you should:

- Make EVERY EFFORT to identify beforehand who in the group has a history of allergic reactions (to insects, foods, etc.). This information should be obtained from the student, parent and/or physician as appropriate.
- Obtain signed forms allowing emergency treatment.
- Know how to access emergency medical help, including:
  - Location of nearest hospital;
  - Location of nearest Emergency Medical Services (EMS) response unit; and
  - Determine ahead of time how you will call for help (e.g., cell phone, radio).

If a person has had an anaphylactic reaction in the past, it is possible that his or her next exposure to the allergen (for instance to bee stings or peanuts) may cause a more severe reaction.

VII. WHAT CAN TRIGGER ANAPHYLAXIS?

A. Overview of the causes of anaphylaxis

The most common identifiable causes of anaphylaxis are:

- Insect stings or bites (e.g., yellow jackets, wasps);
- Foods (e.g., nuts, shellfish, eggs, milk);
- Medications;
- Latex (e.g., balloons, duct or adhesive tape); and
- Physical exercise.

It is important to know that in a high percentage of cases, no specific cause of anaphylaxis is found.
Severe reactions can occur in someone with no history of previous allergic reaction. While anyone may experience anaphylaxis, individuals with a history of previous severe reaction, and those with asthma are most at risk for life-threatening anaphylaxis.

Severe life-threatening allergic response to various allergens occurs in only a small percentage of the general population. It is estimated between 1 and 2 percent of the population will experience anaphylaxis in their lifetime. (Mustafa, 2012, Epidemiology section, para.2).

When severe allergic reactions occur, immediate administration of injectable epinephrine is vital. Often the person suffering the reaction is unable to self-administer epinephrine or is unequipped for the situation. Recognizing the signs of anaphylaxis quickly and administering epinephrine are critical actions you will learn in this training.

B. Insect stings

1. Epidemiology/likely culprits
   - Fatal or serious reactions to insect stings are confined almost entirely to bees, wasps, hornets and yellow jackets.
   - Insects are more likely to sting during late summer and fall when it is dry and few flowers are still in bloom. Venom is more potent during this time of the year and stinging insects are easier to arouse.
   - Bees are more likely to sting on warm bright days, particularly following a rain.
   - The yellow jacket is the most frequent cause of an allergic reaction in the Pacific Northwest.
   - Patients are seldom able to identify the offending insect. When possible, an attempt at identification should be made once the reaction is treated so the sensitive person can avoid future exposure and his or her doctor can be informed.

2. Avoiding insect stings
   Avoid as much as possible:
   - Flowers, flowering trees/shrubs;
   - Certain colors and types of clothing (especially blue, yellow or dark brown), or rough fabrics (e.g., smooth, hard finish white or tan clothing
is safest);
- Fragrant cosmetics, perfumes, lotions;
- Walking outside without shoes;
- Exposed skin (hats, long sleeved shirts, slacks, socks and shoes are recommended);
- Picnics, cooking or eating outdoors;
- Areas of trash or garbage;
- Known areas of insect habitat; and
- Becoming excited, swatting or hitting at the insect (to remove the insect, a gentle brushing motion is recommended).

3. What is not an anaphylactic reaction to an insect sting?

a. Normal reactions to stings

- A sting in a nonallergic person produces localized, sharp pain that varies in duration following the insertion of the stinger.
- Within minutes, a small reddened area appears at the sting site and may enlarge to about the size of a quarter with hardening and redness. Varying levels of pain and itching may accompany the redness, heat and swelling.
- This response usually lasts about 24 hours, although a sting on the hand or foot may produce swelling that lasts for several days.
- This reaction does not generally require professional medical attention.
- Treatment includes washing the area and removing the stinger.
- The individual with no history of allergic reactions should be observed for one-half hour after the sting.
- If a child will return home later, then the parent or guardian should be notified of the sting.

If the sting occurs around the eye, nose, or throat the reaction may be more severe because even minimal swelling may cause obstruction. These types of stings need immediate medical attention. Stings around eyes are particularly serious and should be evaluated by a physician because long-term eye damage is a possibility.
b. Localized allergic reaction to stings

- A localized reaction may involve pain, itching and swelling that extends over an area larger than a quarter.
- The pain, itching and swelling may extend past a major joint line but limited to the affected extremity. This response may be delayed for several hours.
- Treatment includes washing the area and removing the stinger.
- Apply an ice pack to the sting site and elevate the limb, if applicable.
- Administer an antihistamine if the agency policy allows for this action.
- The person should be observed for at least 30 minutes after the sting.
- Contact the parent or guardian of the child.
- It is not unusual for these symptoms to persist for up to a week or more.

c. Toxic reactions to multiple stings

Toxic reactions are the result of multiple stings (usually 10 or more) — for instance when a person steps on a yellow jacket nest. Call 9-1-1 immediately. The evaluation and treatment should be the same as you would for anaphylaxis.

C. Foods

1. Epidemiology/likely culprits

Nearly any food can trigger an allergic reaction at any age. Food allergies are most common in children, and appear to be increasing in frequency. Approximately 8 percent of children in the U.S. have a food allergy (Gupta, 2011, Results section).

Foods commonly associated with severe allergic reactions

- Peanuts*
- Milk
- Eggs
- Wheat
- Soy
- Tree nuts (walnuts, pecans, hazelnuts, etc.)
• Fish
• Shellfish**

* Peanuts are the most common cause of anaphylaxis in children, and is the food most frequently causing fatal reactions (Sicherer 2007)

** Shellfish are the most frequent food causing anaphylaxis in adults.

2. Avoiding food allergens
• Avoid exposure to known allergens;
• Inform food preparation personnel of individuals with known food allergies;
• Lunch “swapping” or sharing (for instance, among children in a school setting) should be avoided;
• Read labels on food and skin care products for hidden ingredients (e.g., nut oils in lotions);
• Avoid cross-contamination of food via utensils, cutting surfaces, etc.; and
• Encourage hand washing to prevent secondary exposure to allergens.

D. Medications
• People can experience severe allergic reactions to medications even if they have previously taken the medication without incident.
• Of all drugs, penicillin is the most frequent cause of anaphylactic reactions.
• Allergy injections may precipitate an allergic reaction.

E. Other allergens
• Pollens and some foods (for example, wheat, eggs, and seafood) can cause anaphylaxis in certain sensitive individuals who exercise after being exposed to these substances.
• Latex allergy has become increasingly common, especially among people whose work requires latex gloves, or who undergo frequent medical procedures. Latex is present in many common items such as:
  o Balloons;
- Ace wraps or first-aid tape;
- Rubber bands and bungee cords;
- Erasers;
- and art supplies.

An increasing number of patients also are being recognized as having anaphylaxis to unknown substances.

VIII. TREATMENT FOR ANAPHYLAXIS

A. Responding to anaphylaxis: Basic sequence of steps

1. Determine if the person is suffering an anaphylactic reaction. **It is safer to give the epinephrine than to delay treatment. This is a life-and-death decision.**

2. Do not move the person, unless the location possesses a safety threat.

3. Have the person sit or lie down.

4. Select the proper version of the auto-injector.

5. Administer epinephrine through the device.

6. **Have someone call for emergency medical assistance (9-1-1).** DO NOT LEAVE THE PERSON UNATTENDED.

7. Note the time when the auto-injector was used.

8. Remove the stinger if one is present. Do this by scraping with a plastic card of fingernail. Do not pinch or squeeze the stinger because this can cause more venom to be released.

9. Check and maintain the person’s airway and breathing. Administer CPR if required and trained. If the person has stopped breathing and does not respond to rescue breathing, he/she may have severe swelling of the throat, which closes the airway. Continue CPR efforts.
10. Monitor for changes such as an improvement in breathing, increase in the person’s consciousness, or a decrease in swelling.

11. If EMS is more than 10 minutes away and if the person’s condition does not change or worsens after 5 minutes of the auto-injector, then administer a second dose or auto-injector.

12. Upon the arrival of EMS, advise them of the person’s signs before the auto-injector was given and any changes of the person’s condition since then.

    If the person experiencing an anaphylactic reaction is also asthmatic, you can assist the person in the use of his or her own inhaler if desired, after epinephrine is given.

    It is recommended that any person who received epinephrine for an anaphylaxis reaction follow-up with medical care as soon as possible.

*All people meeting the criteria for severe allergic reaction training are strongly encouraged to take an approved First Aid / CPR training course.

B. Information about epinephrine

1. Description
   Epinephrine (also known as adrenaline) is a powerful drug, used for the treatment of anaphylactic reactions. Oregon law does not authorize the use of epinephrine for any other condition including asthma.

   It is obtained by prescription only. In the case of a life-threatening allergic reaction, it is the most immediate and effective treatment available.

   Epinephrine acts on the body by constricting blood vessels and raising the blood pressure, relaxing the bronchial muscles and reducing tissue swelling. The actions of this drug will directly oppose the life-threatening effects of anaphylaxis.
Although epinephrine is very fast acting, its beneficial effects are short-lived (approximately 20 minutes), so it is vitally important to call 9-1-1 immediately.

2. Possible side effects of epinephrine
Temporary and minor side effects of epinephrine include:

- Rapid heart rate
- Nervousness
- Anxiety
- Nausea, vomiting
- Sweating
- Pallor
- Tremor
- Headache

These effects are temporary and will subside with rest and reassurance. Some of the possible side effects of epinephrine may resemble symptoms of anaphylactic shock; however, symptoms related to injection of epinephrine are temporary. Reassurance and a calm demeanor by the caregiver are important.

3. How epinephrine is supplied and stored
The epinephrine prescription will be filled as an auto-injector device. In 2012, revisions to the Oregon Administrative Rule allow for the dispensing and use of a twin pack of epinephrine as a single prescription for an individual who has gone through this training.

A few different brands are available for use: EpiPen®, Auvi-Q® and Twinject®. The Twinject® device is not OSHA-approved for the school setting, as the device allows for an exposed needle after injection. It is important to know which epinephrine auto-injector you will be using, since the method for administration differs between manufacturers. In a school setting, the school nurse will be able to give you this information.

Epinephrine should be stored in a dark place at room temperature (between 59 – 86 degrees F). Do not store it in a refrigerator. The epinephrine auto-injector must be protected from freezing or from exposure to extreme heat or cold (for example, do not store it in your car’s glove box). Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures.

Regularly inspect your supply of epinephrine. Inspect each auto-injector for the following:
- The solution should be clear and without particles. Solution that appears cloudy, discolored (brown) or with particles must be replaced.
- The auto-injector should be in date and not expired.

However, if the only epinephrine available during an emergency has expired, it is better to use the expired drug than none at all. If the expired epinephrine is still clear and without particles, it is better to give it than to not give it at all.

4. **How epinephrine is administered**

A pre-measured dose of epinephrine is delivered via an auto-injector into the outside of the outer thigh. This location is a safe site for injection. The auto-injector is designed to work through clothing for all ages.

The typical dose of epinephrine is 0.3 milligrams for adults. The epinephrine dosing for children is based on weight. Younger children may require a smaller dose with the use of a pediatric auto-injector device.

The following table gives guidelines for choosing the adult versus the pediatric version of the epinephrine auto-injector for children. However, it must be emphasized: **DON’T DELAY BY WEIGHING!!** Use your best guess, but do not spend time trying to ascertain the person’s actual weight (e.g., weighing the person, looking up records, etc.).

<table>
<thead>
<tr>
<th>Devices</th>
<th>USE</th>
<th>Approximate WEIGHT</th>
<th>Dose automatically delivered by device</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIPEN® AUVI-Q .3® TWINJECT®</td>
<td>Older child or adult (&gt; 9-10 years old)</td>
<td>&gt; 66 lbs</td>
<td>0.3 miligrams</td>
</tr>
<tr>
<td>EPIPEN® JR AUVI-Q .15®</td>
<td>Younger child (3 to 9 or 10 years old) **</td>
<td>33– 65 lbs</td>
<td>0.15 miligrams</td>
</tr>
</tbody>
</table>

** Although the EpiPen® JR and Auvii-Q .15 are not recommended for use with small children (infants and toddlers), the risks of death from true anaphylaxis are greater than the risks for administering epinephrine to this age group.
5. When epinephrine is administered

Administer epinephrine at the first sign of anaphylaxis. It is safer to give the epinephrine than to delay treatment for anaphylaxis. The sooner that anaphylaxis is treated, the greater the person’s chance for surviving the reaction.

The most important aspect of intervention for severe allergic response is timing. Because of the dangers involved, you should always be ready to treat the affected person immediately.

The effects of epinephrine last approximately 10-20 minutes. If the signs of anaphylaxis continue after 5 minutes from the first injection, then administer the second auto-injector. If the signs of anaphylaxis return and EMS has not arrived, administer the second auto-injector.

C. Use of the epinephrine auto-injector

Remember, only epinephrine works for anaphylaxis. It is safer to give the epinephrine than to delay treatment. This is a life-and-death decision.

The basic steps of the administration of epinephrine from an auto-injector device are outlined below. Variability exists between the devices and specific manufacturer’s instructions should be followed. However, the basic procedure for the use of an auto-injector is below.

1. Remove the auto-injector from its protective case.

2. Remove the safety caps of the injector, which are typically found on the trigger (if applicable) and or/ the tip of the injection device

3. Hold the auto-injector firmly. Keep fingers away from the tip of the device.

4. Position the device at a 90-degree angle to the outer thigh. For those devices that will trigger upon contact with the skin, jab the device firmly into the thigh until a click is heard.
5. Hold the device against the thigh firmly for 5-10 seconds to allow the full dose to be administered. Consult the product directions for the exact timing.

6. Remove the device and place it back into its protective case when applicable.

7. Massage the skin at the injection site for 10 seconds.

8. If medical assistance has not been summoned, then call 9-1-1 or have someone do this for you. DO NOT LEAVE THE PERSON UNATTENDED. Advise the dispatcher that epinephrine was given.

   NOTE: Any person who received epinephrine for anaphylaxis ultimately requires evaluation by a physician. Ambulance transport to the emergency department is recommended.

9. Note the time when the auto-injector was used.

IX. REVIEW

A. Definition of anaphylaxis:
   - Anaphylaxis is a severe, potentially fatal systemic allergic reaction. It is characteristically unexpected and rapid in onset.
   - Immediate injection of epinephrine is the single action most likely to save a life under these circumstances.

Remember, it is safer to give the epinephrine than to delay treatment while waiting for more severe symptoms!

B. Causes of anaphylaxis and reactions
   - The most common causes of anaphylaxis are insect stings, foods and medications.
   - Severe reactions can occur in someone with no history of previous allergic reaction.
   - Onset of anaphylaxis may be from minutes to hours after contact with the allergy-causing substance.
C. The signs of anaphylaxis (ANY or ALL of which may be present):

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of eyes, lips, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Sense of impending disaster or approaching death
- Blueness around lips, inside lips, eyelids
- Rapid or weak pulse
- Itching, with or without hives; raised red rash in any area of the body
- Burning sensation, especially face or chest
- Hoarseness
- Skin flushing or extreme pallor
- Involuntary bowel or bladder action
- Nausea, abdominal pain, vomiting and diarrhea
- Sweating and anxiety
- Loss of consciousness

D. Responding to anaphylaxis: Basic sequence of steps

1. Determine if the person is suffering an anaphylactic reaction.
2. Do not move the person, unless the location possesses a safety threat.
3. Have the person sit or lie down.
4. Select the proper version of the auto-injector.
5. Administer epinephrine through the device.
6. **Have someone call 9-1-1.** DO NOT LEAVE THE PERSON UNATTENDED.
7. Note the time when the auto-injector was used.
8. Remove the stinger if one is present.
9. Check and maintain the person’s airway and breathing. Administer CPR if required and trained.
10. Monitor for changes in the person’s breathing and consciousness and also swelling.
11. If EMS is more than 10 minutes away and if the person’s condition does not change or worsens after 5 minutes of the auto-injector, then administer a second
dose or auto-injector.

12. Upon the arrival of EMS, advise them of the person’s signs before the auto-injector was given and any changes of the person’s condition since then.

X. Prevention of and preparation for allergic reactions and anaphylaxis

A. Make every effort to identify beforehand who in the group has a history of allergic reactions. This information should be obtained from the student, parent and/or physician as appropriate.

B. Provide information to the person regarding the prevention of and preparation for anaphylaxis:
   - Methods to avoid exposure to allergens
   - Encourage the person to carry an emergency supply of epinephrine
   - Wear a Medic Alert® identification bracelet/necklace or other identification

C. Obtain and update signed forms allowing emergency treatment

D. Familiarize yourself with the local emergency response capabilities in your area, including:
   - How you will call for help (cell phone, radio, etc.)
   - Location and general response time of first response or ambulance personnel
   - Location of the nearest hospital

E. Assure the epinephrine supply you or the person carries is in date and contains clear solution

F. Have an emergency response plan in place and practice it at least annually.
X. BIBLIOGRAPHY


XI. APPENDICES

A. ORS January, 2012

433.800 Definitions for ORS 433.800 to 433.830. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

(1) “Allergen” means a substance, usually a protein, which evokes a particular adverse response in a sensitive individual.

(2) “Allergic response” means a medical condition caused by exposure to an allergen, with physical symptoms that may be life threatening, ranging from localized itching to severe anaphylactic shock and death.

(3) “Hypoglycemia” means a condition in which a person experiences low blood sugar, producing symptoms that may range from drowsiness to loss of muscle control so that chewing or swallowing is impaired, to irrational behavior in which food intake is resisted, or to convulsions, fainting or coma.

(4) “Other treatment” means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(5) “Other treatment has failed” means the hypoglycemic student’s symptoms have worsened or the student has become incoherent, unconscious or unresponsive. [1989 c.299 §2; 1997 c.345 §1]

433.805 Policy. It is the purpose of ORS 433.800 to 433.830 to provide a means of authorizing certain individuals when a licensed health care professional is not immediately available to administer lifesaving treatment to persons who have severe allergic responses to insect stings and other specific allergens and to persons who are experiencing severe hypoglycemia when other treatment has failed or cannot be initiated. [1981 c.367 §1; 1989 c.299 §3; 1997 c.345 §2]

433.810 Duties of Oregon Health Authority; rules. The Oregon Health Authority shall:

(1) Adopt rules necessary for the administration of ORS 433.800 to 433.830 including defining circumstances under which 433.800 to 433.815 and 433.825 shall apply. The authority shall include input from the educational system, health care provider organizations and other interested parties when adopting rules or amending those rules.

(2) Develop or approve protocols for educational training as described in ORS 433.815, including the use of mechanisms for periodic retraining of individuals, and provide the protocols for educational training upon request to schools, health care professionals, parents or guardians of students or other interested parties. [1981 c.367 §2; 1989 c.299 §4; 1997 c.345 §3; 2009 c.595 §683]
433.815 Educational training. (1) Educational training on the treatment of allergic responses, as required by ORS 433.800 to 433.830, shall be conducted under the supervision of a physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be conducted by a health care professional licensed under ORS chapter 678 as delegated by a supervising professional or by an emergency medical technician meeting the requirements established by the Oregon Health Authority by rule. The curricula shall include, at a minimum, the following subjects:
   (a) Recognition of the symptoms of systemic allergic responses to insect stings and other allergens;
   (b) Familiarity with common factors that are likely to elicit systemic allergic responses;
   (c) Proper administration of an intramuscular or subcutaneous injection of epinephrine for severe allergic responses to insect stings and other specific allergens; and
   (d) Necessary follow-up treatment.
(2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to 433.830, shall be conducted under the supervision of a physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be conducted by a health care professional licensed under ORS chapter 678 as delegated by a supervising professional. The curricula shall include, at a minimum, the following subjects:
   (a) Recognition of the symptoms of hypoglycemia;
   (b) Familiarity with common factors that may induce hypoglycemia;
   (c) Proper administration of a subcutaneous injection of glucagon for severe hypoglycemia when other treatment has failed or cannot be initiated; and
   (d) Necessary follow-up treatment. [1981 c.367 §3; 1989 c.299 §5; 1997 c.345 §4; 2011 c.70 §8]

433.820 Eligibility for training. A person eligible to receive the training described in ORS 433.815 must meet the following requirements:
   (1) Be 18 years of age or older; and
   (2) Have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person’s occupational or volunteer status, such as camp counselors, scout leaders, school personnel, forest rangers, tour guides or chaperones. [1981 c.367 §4; 1997 c.345 §5; 2011 c.70 §9]

433.825 Availability of doses of epinephrine and glucagon to trained persons. (1) A person who has successfully completed educational training
described in ORS 433.815 for severe allergic responses may receive from any health care professional with appropriate prescriptive privileges licensed under ORS chapter 677 or 678 in this state a prescription for premeasured doses of epinephrine and the necessary paraphernalia for administration. The person may possess and administer in an emergency situation when a licensed health care professional is not immediately available such prescribed epinephrine to any person suffering a severe allergic response.

(2) A person who has successfully completed educational training in the administration of glucagon as described in ORS 433.815 for hypoglycemia may receive from the parent or guardian of a student doses of glucagon prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS chapter 677 or 678 in this state, as well as the necessary paraphernalia for administration. The person may possess and administer glucagon to the student for whom the glucagon is prescribed, if the student is suffering a severe hypoglycemic reaction in an emergency situation when a licensed health care professional is not immediately available and other treatment has failed or cannot be initiated. [1981 c.367 §5; 1989 c.299 §6; 1997 c.345 §6]

433.830 Immunity of trained person and institution rendering emergency assistance. (1) No cause of action shall arise against a person who has successfully completed an educational training program described in ORS 433.815 for any act or omission of the person when acting in good faith while rendering emergency treatment pursuant to the authority granted by ORS 433.800 to 433.830, except where such conduct can be described as wanton misconduct.

(2) No cause of action shall arise against an institution, facility, agency or organization when acting in good faith to allow for the rendering of emergency treatment pursuant to the authority granted by ORS 433.800 to 433.830, except where such conduct can be described as wanton misconduct. [1981 c.367 §6; 1997 c.345 §7]

433.800 Definitions for ORS 433.800 to 433.830. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

(1) “Allergen” means a substance, usually a protein, which evokes a particular adverse response in a sensitive individual.

(2) “Allergic response” means a medical condition caused by exposure to an allergen, with physical symptoms that may be life threatening, ranging from localized itching to severe anaphylactic shock and death.

(3) “Hypoglycemia” means a condition in which a person experiences low blood sugar, producing symptoms that may range from drowsiness to loss of
muscle control so that chewing or swallowing is impaired, to irrational behavior in which food intake is resisted, or to convulsions, fainting or coma. 

(4) “Other treatment” means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(5) “Other treatment has failed” means the hypoglycemic student’s symptoms have worsened or the student has become incoherent, unconscious or unresponsive. [1989 c.299 s.2; 1997 c.345 s.1]

B. OAR January, 2012

333-055-0000

Purpose

(1) The purpose of OAR 333-055-0000 through 333-055-0035 is to define the procedures for authorizing certain individuals, when a licensed health care professional is not immediately available, to administer epinephrine to a person who has a severe allergic response to an allergen, and glucagon to a person who is experiencing severe hypoglycemia when other treatment has failed or cannot be initiated, and to define the circumstances under which these rules shall apply.

(2) Severe allergic reactions requiring epinephrine will occur in a wide variety of circumstances. Severe hypoglycemia requiring glucagon, in settings where children prone to severe hypoglycemia are known to lay providers and arrangements for the availability of glucagon have been made, will occur primarily in, but not limited to, school settings, sports activities, and camps.

Stat. Auth.: ORS 433.800 & 433.830
Stats. Implemented: ORS 433.800 - 433.830

333-055-0006

Definitions

(1) “Allergen” means a substance, usually a protein, which evokes a particular adverse response in a sensitive individual.
(2) “Allergic response” means a medical condition caused by exposure to an allergen, with physical symptoms that may be life threatening, ranging from localized itching to severe anaphylactic shock and death.

(3) “Emergency Medical Services Provider (EMS Provider)” means a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

(4) “Hypoglycemia” means a condition in which a person experiences low blood sugar, producing symptoms that may range from drowsiness to loss of muscle control so that chewing or swallowing is impaired, to irrational behavior in which food intake is resisted, or to convulsions, fainting or coma.

(5) “Other treatment” means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(6) “Other treatment has failed” means the hypoglycemic student’s symptoms have worsened or the student has become incoherent, unconscious or unresponsive.

(7) “Paramedic” means a person who is licensed by the Oregon Health Authority as a Paramedic.

(8) “Supervising professional” means a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state and who has prescription writing authority.

Stat. Auth.: ORS 433.810  
Stats. Implemented: ORS 433.800 & ORS 433.810  
Hist: PH 14-2012, f. & cert. ef. 9-19-12

333-055-0015

**Educational Training**

(1) Individuals to be trained to administer glucagon shall be trained under the supervision of a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be
conducted by a registered nurse licensed under ORS chapter 678 as delegated by a supervising professional.

(2) Individuals to be trained to administer epinephrine shall be trained under the supervision of a physician licensed under ORS chapter 677, or a nurse practitioner licensed under ORS chapter 678 to practice in this state. The training may be conducted by a registered nurse licensed under ORS chapter 678 as delegated by a supervising professional, or a paramedic as delegated by an EMS medical director defined in OAR chapter 333, division 265.

(3) The training shall be conducted following an Oregon Health Authority, Public Health Division training protocol (or approved equivalent). The Public Health Division approved training protocol for emergency glucagon providers is available on the Internet at http://healthoregon.org/diabetes. The training protocol for the treatment of severe allergic reaction is available on the Internet at http://healthoregon.org/ems.

Stat. Auth.: ORS 433.810
Stats. Implemented: ORS 433.800 - 433.830

333-055-0021

Eligibility for Training

In order to be eligible for training, a person must:

(1) Be 18 years of age or older; and

(2) Have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person’s occupational or volunteer status, such as, but not limited to, a camp counselor, scout leader, forest ranger, school employee, tour guide or chaperone.

Stat. Auth.: ORS 433.810
Stats. Implemented: ORS 433.820
Hist: PH 14-2012, f. & cert. ef. 9-19-12

333-055-0030
Certificates of Completion of Training

(1) Persons who successfully complete educational training under OAR 333-055-0000 through 333-055-0035 shall be given a Public Health Division statement of completion signed by the individual conducting the training. The statement of completion for the treatment of allergic response training may also be used as an authorization to obtain epinephrine if fully completed and personally signed by a nurse practitioner or a physician responsible for the training program. Statements of completion for the treatment of allergic response training may be obtained from the Oregon Health Authority, Public Health Division, 800 NE Oregon Street, Suite 290, Portland, Oregon 97232, Phone: (971) 673-1230. A statement of completion for emergency glucagon providers is included in the training protocol available at http://healthoregon.org/diabetes.

(2) The statement of completion and authorization to obtain epinephrine form allows a pharmacist to generate a prescription and dispense an emergency supply of epinephrine for not more than one child and one adult in an automatic injection device if signed by a nurse practitioner or physician. Whenever such a statement of completion form for an emergency supply of epinephrine is presented, the pharmacist shall write upon the back of the statement of completion form in non-erasable ink the date that the prescription was filled, returning the statement of completion to the holder. The prescription may be filled up to 4 times. The pharmacist who dispenses an emergency supply of epinephrine under this rule shall also reduce the prescription to writing for his files, as in the case of an oral prescription for a non-controlled substance, and file the same in the pharmacy.

(3) A person who has successfully competed educational training in the administration of glucagon may receive, from the parent or guardian of a student, doses of glucagon prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS chapters 677 or 678, and the necessary paraphernalia for administration.

(4) Completion of a training program and receipt of a statement of completion does not guarantee the competency of the individual trained.

(5) A statement of completion and authorization to obtain epinephrine shall expire three years after the date of training identified on the statement of completion. Individuals trained to administer epinephrine or glucagon must be trained every three years in accordance with OAR 333-055-0015 in order to obtain a new statement of completion.
(6) Individuals trained to administer epinephrine or glucagon may be asked to provide copies of a current statement of completion to their employers or to organizations or entities to which they volunteer.

[ED. NOTE: Figures referenced are available from the agency.]

Stat. Auth.: ORS 433.810
Stats. Implemented: ORS 433.800 & 433.830
OHD 7-1998, f. & cert. ef. 7-28-98; PH 10-2004, f. & cert. ef. 3-23-04; PH 14-
2012, f. & cert. ef. 9-19-12

333-055-0035

Circumstances in Which Trained Persons May Administer Epinephrine or Glucagon

(1) A person who holds a current statement of completion pursuant to OAR 333-
055-0030 may administer, in an emergency situation when a licensed health care professional is not immediately available, epinephrine to any person suffering a severe allergic response to an insect sting or other allergen. The decision to give epinephrine should be based upon recognition of the signs of a systemic allergic reaction and need not be postponed for purposes of identifying the specific antigen which caused the reaction.

(2) A person who holds a current statement of completion pursuant to OAR 333-
055-0030 may administer, in an emergency situation involving an individual who is experiencing hypoglycemia and when a licensed health care professional is not immediately available, physician-prescribed glucagon to a person for whom glucagon is prescribed, when other treatment has failed or cannot be initiated. The decision to give glucagon should be based upon recognition of the signs of severe hypoglycemia and the inability to correct it with oral intake of food or drink.
Epinephrine Quiz

Name ______________________________ Date _______________

Affiliation ____________________________________

Evaluation Tool (Open book — you may use your class notes.)

1. The three most common types of substances that cause anaphylaxis are:
   (a) 
   (b) 
   (c) 

2. If a person exhibits symptoms of anaphylaxis, one should wait until a complete history has been obtained before giving epinephrine.
   _____ True _____ False

3. List two protective actions that should be taken by a person who knows he or she has previously had a severe allergic reaction to insects, foods, or other allergens:
   (a) 
   (b) 

4. If an insect sting causes swelling of an extremity beyond a major joint, but does not extend beyond the extremity, then it should be considered an anaphylactic reaction.
   _____ True _____ False

5. If someone is having symptoms of a severe allergic reaction to food, it is generally safe to wait for 10 to 15 minutes before treating them.
   _____ True _____ False
6. Multiple sting sites or a sting site in the mouth or on the face may cause a serious reaction in a person not allergic to insect stings.

_____ True   _____ False

7. If a person has been exposed to a particular allergen in the past (e.g., a particular food, or a sting by a particular insect), but demonstrated no serious symptoms, it is safe to assume he/she will never develop a serious reaction to that same allergen.

_____ True   _____ False

8. One of the side effects of epinephrine includes a fast heart rate.

_____ True   _____ False

9. A 7 year-old is showing signs of anaphylaxis. Which of the following concentrations of epinephrine should be used?

a) 0.3 milligram
b) 0.15 milligram

10. If a stinger is present at the site of a bee sting of a person experiencing anaphylaxis, it should be removed as soon as possible.

_____ True   _____ False
Treatment of Allergic Response – Statement of Completion

This certifies that:

_________________________________________________________

Address:

_________________________________________________________

Has completed an approved training program covering recognition of symptoms of systemic reactions to allergens and proper administration of epinephrine, pursuant to ORS 433.605 to 433.830 and rules of the Oregon Health Authority, Public Health Division. Under ORS 433.825 this person is authorized to administer epinephrine in a severe allergic reaction emergency.

_________________________________________________________

Signature of Authorized Trainer                     Date Trained

Rev. 06/2012
Taking of X-Rays — Exposing of Radiographs

(1) A dentist may authorize the following persons to place films, adjust equipment preparatory to exposing films, and expose the films under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course and submitted a satisfactory full mouth series of radiographs to the OBD.

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must successfully complete the clinical examination within six months of the dentist authorizing the assistant to take radiographs.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)
Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-1
OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 28

SCHOOL HEALTH PROGRAMS

School-Based Health Center Program

[OAR 333-028-0200 – 333-028-0280]

Certification for Local School Dental Sealant Programs

333-028-0300 Purpose
(1) The Oral Health Program supports communities in improving the oral health of the school-age population through evidence-based best practice within a public health framework. The Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), and the Community Preventive Services Task Force have all determined that school-based dental sealant programs are evidence-based best practices with strong evidence of effectiveness in preventing tooth decay among children.
(2) These rules (OAR 333-028-0300 through 333-028-0350) establish the procedure and criteria the Oregon Health Authority shall use to certify, train, suspend, decertify, and monitor and collect data from Local School Dental Sealant Programs. Certification of a Local School Dental Sealant Program by the State Oral Health Program is mandatory before dental sealants can be provided in a school setting.

Stats. Implemented: OL 2015, ch. 791

333-028-0310 Definitions
(1) "Authority" means the Oregon Health Authority.
(2) "Certification" means the Local School Dental Sealant Program has been authorized by the Oregon Health Authority to operate in an elementary or middle school setting. Certification by the Program is mandatory before dental sealants can be provided in a school setting.
(3) "Certification training" is a mandatory one-time training for Local School Dental Sealant Programs provided by the Program that must be taken before an application for certification is submitted. Training topics shall include:
(a) Research and evidence-based practices;
(b) Utilizing hygienists and dental assistants;
(c) Cultural competency and health literacy;
(d) Recruiting and working with schools;
(e) Providing services in a school setting;
(f) Equipment and supplies needed;
(g) Protocols for quality:
(h) Data collection and reporting; and
(i) Continuous quality improvement.
(4) "Certification year" means a one-year period beginning on August 1 and ending on July 31.
(5) "Clinical training" is an annual training provided by the Local School Dental Sealant Program or Program to update skills in determining the need for and appropriateness of dental sealants, and sealant application techniques.
(6) "Local School Dental Sealant Program" is an entity outside of the Oregon Health Authority where dental sealants are one of the services being provided in a school setting. Only Local School Dental Sealant Programs, and not individual dental hygienists, can be certified.
(7) "Program" means the Oregon Health Authority, Public Health Division, Oral Health Program.
(8) "Recertification" means the Local School Dental Sealant Program has been authorized by the Oregon Health Authority to operate in a school setting for the next certification year.
Stats. Implemented: OL 2015, ch. 791

333-028-0320
Certification Requirements
To be certified, a Local School Dental Sealant Program must meet all requirements for certification.
(1) A representative responsible for coordinating and implementing the Local School Dental Sealant Program must attend a one-time certification training provided by the Program. If the Local School Dental Sealant Program experiences personnel changes that impact the representative responsible for coordinating and implementing the Local School Dental Sealant Program, then a new representative must attend the one-time certification training before applying for recertification. Any templates or materials provided by the Program during the certification training that are modified or utilized by the Local School Dental Sealant Program must acknowledge the Program on such templates or materials.
(2) A Local School Dental Sealant Program must provide an annual clinical training to all providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:
   (a) A Local School Dental Sealant Program develops and implements its own training.
   (b) A Local School Dental Sealant Program sends their providers to an annual training provided by the Program.
(3) Before initially contacting any school to offer services, a Local School Dental Sealant Program must contact the Coordinated Care Organizations (CCOs) operating in the community. The CCO will determine which Local School Dental Sealant Program is best able to provide services. This collaboration will ensure access and minimize the duplication of services. Priorities should be given to the most cost-effective dental sealant delivery model that meets certification requirements. Existing relationships with schools and providers should be considered when multiple delivery models meet requirements. The CCOs will maintain a directory of school dental sealant programs and the schools they serve.
(4) A Local School Dental Sealant Program must ensure all Medicaid encounters are entered into the Medicaid system.
(5) A Local School Dental Sealant Program shall first target elementary and middle schools where 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture’s National School Lunch Program.

(6) A Local School Dental Sealant Program must offer, at a minimum, screening and dental sealant services to students with parental/guardian permission regardless of insurance status, race, ethnicity or socio-economic status in these grade levels:
   (a) Elementary school students in first and second grades or second and third grades; and
   (b) Middle school students in sixth and seventh grades or seventh and eighth grades.

(7) A Local School Dental Sealant Program must develop and implement a plan to increase parental/guardian permission return rates.

(8) A Local School Dental Sealant Program must adhere to these standards for school dental sealant programs:
   (a) Dental equipment must be used on school grounds;
   (b) A medical history is required on the parent/guardian permission form;
   (c) Use the four-handed technique to apply sealants in elementary schools;
   (d) Use the two-handed technique using an Isolite or equivalent Program approved device or the four-handed technique to apply sealants in middle and high schools; and
   (e) Apply resin-based sealants.

(9) A Local School Dental Sealant Program must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.

(10) A Local School Dental Sealant Program must comply with Oregon Board of Dentistry oral health screening guidelines.

(11) A Local School Dental Sealant Program must comply with infection control guidelines established in OAR 818-012-0040.

(12) A Local School Dental Sealant Program must comply with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Educational Rights and Privacy Act (FERPA) requirements.

(13) A Local School Dental Sealant Program must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a child’s time out of the classroom is minimal.

(14) A Local School Dental Sealant Program must conduct retention checks at one year for quality assurance.

(15) A Local School Dental Sealant Program must submit a data report to the Program annually. The information required to be included in such data report will be defined by the Program. Aggregate-level data will be required for each school.

(16) A Local School Dental Sealant Program must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools, or provide schools with a letter provided by the Program indicating the Local School Dental Sealant Program is certified.

Stats. Implemented: OL 2015, ch. 791

333-028-0330
Certification and Recertification Process
(1) Only an individual with legal authority to act on behalf of the Local School Dental Sealant Program can apply for initial certification by submitting a Certification Application to the
(2) The Program shall review the application within 15 days of receiving the application to determine whether it is complete.

(3) If the Program determines the application is not complete, it will be returned to the applicant for completion and resubmission.

(4) If the Program determines the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0320.

(5) If the Program determines the Local School Dental Sealant Program meets the certification requirements, the Program shall:

(a) Inform the applicant in writing that the application has been approved; and
(b) Schedule on-site verification reviews.

(6) If a Local School Dental Sealant Program does not meet certification requirements in their certification application, the Program shall choose one of the following two actions:

(a) Certification will be denied if the Local School Dental Sealant Program does not meet the requirements of these rules. The Program will provide the applicant with a clear description of reasons for denial based on the certification requirements in the denial letter. An applicant may request that the Program reconsider the denial of certification. A request for reconsideration must be submitted in writing to the Program within 30 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program’s decision is in error along with any supporting documentation. The Program shall inform the applicant in writing whether it has reconsidered its decision; or

(b) Provisional certification will be provided based on an agreed upon timeline for a corrective action plan for the non-compliant requirements. The Local School Dental Sealant Program must submit a waiver to the Program that includes an explanation of the non-compliant requirements, a plan for corrective action, and date for meeting compliance.

(7) Once a Local School Dental Sealant Program is certified, the certification status is effective for the certification year of August 1 – July 31. A Local School Dental Sealant Program must notify the Program and Coordinated Care Organizations (CCOs) operating in the community if it terminates services for a scheduled school during a certification year.

(8) A certified Local School Dental Sealant Program must renew its certification no later than July 15 each year via the Program’s online Renewal Certification Application form in order to remain certified. A Local School Dental Sealant Program must submit the annual data report to the Program before applying for renewal certification.

(9) The Program will notify a Local School Dental Sealant Program of their certification renewal status by August 1 of each year.

(10) The Program will notify Coordinated Care Organizations (CCOs) operating in the community of the certification and recertification status of a Local School Dental Sealant Program.

Stats. Implemented: OL 2015, ch. 791

333-028-0340
Verification
(1) The Program shall conduct on-site verification review of each approved Local School Dental Sealant Program. A representative sample of schools being served by the certified program will be reviewed each certification year.

(2) The Program will work with a Local School Dental Sealant Program to schedule a verification review. A Local School Dental Sealant Program will have at least 20 days advance notice before a review will occur.

(3) A Local School Dental Sealant Program must coordinate with the Program to access the school and staff operating the sealant program on the verification review date.

(4) The verification review must include, but is not limited to:
   (a) Review of documents, policies and procedures, and records;
   (b) Review of techniques used while providing dental sealants;
   (c) Review of infection control practices; and
   (d) On-site observation of the client environment and physical set-up.

(5) Following a review, Program staff may conduct an exit interview with the Local School Dental Sealant Program representative(s). During the exit interview Program staff shall:
   (a) Inform the Local School Dental Sealant Program representative(s) of the preliminary findings of the review; and
   (b) Give the Local School Dental Sealant Program representative(s) 10 working days to submit additional facts or other information to the Program staff in response to the findings.

(6) Within four weeks of the on-site visit, Program staff must prepare and provide the Local School Dental Sealant Program with a written report of the findings from the on-site review.

(7) If no certification deficiencies are found during the review, the Program shall issue written findings to the Local School Dental Sealant Program indicating no deficiencies were found.

(8) If certification deficiencies are found during the on-site review, the Program may take action in compliance with OAR 333-028-0350.

(9) At any time, a Local School Dental Sealant Program may request an administrative review of compliance, which includes one on-site visit. The review will be considered a "no penalty" review with the exception of gross violation or negligence that may require temporary suspension of services.

Stats. Implemented: OL 2015, ch. 791

333-028-0350

Compliance
(1) A Local School Dental Sealant Program must notify the Program within 10 working days of any change that brings the Local School Dental Sealant Program out of compliance with the certification requirements. A Local School Dental Sealant Program must submit a waiver to the Program that includes:
   (a) Explanation of the non-compliant requirement;
   (b) Plan for corrective action; and
   (c) Date for compliance.

(2) The Program will review the waiver request and inform the Local School Dental Sealant Program of approval or denial of the waiver within 10 working days of submission. Services may be provided until the Local School Dental Sealant Program has been notified of its waiver request.
(3) If the waiver is approved, the Local School Dental Sealant Program will be provided provisional certification and must comply with certification requirements by the proposed date of compliance.

(4) If a waiver is denied; a Local School Dental Sealant Program does not come into compliance by the date of compliance stated on the waiver; or a Local School Dental Sealant Program is out of compliance with certification requirements and has not submitted a waiver, the Program, in its discretion, shall:
(a) Require the Local School Dental Sealant Program to complete an additional waiver with an updated plan for corrective action and updated date for compliance;
(b) Require the Local School Dental Sealant Program to complete a waiver to satisfy the requirements in section (1) of this rule;
(c) Issue a written warning with a timeline for corrective action; or
(d) Issue a letter of non-compliance with the notification of a suspension or decertification status.

The Program will notify the CCO operating in the community and Local School Dental Sealant Program schools that a Local School Dental Sealant Program has been suspended or decertified. Dental sealants may not be provided in the school until the Local School Dental Sealant Program is certified.

(5) A Local School Dental Sealant Program that had been decertified may be reinstated after reapplying for certification.

(6) A Local School Dental Sealant Program with suspended certification status may have its suspension lifted once the Program determines that compliance with certification requirements has been satisfactorily achieved. The Program will notify the Coordinated Care Organizations (CCOs) operating in the community and schools that the Local School Dental Sealant Program’s suspension has been lifted and that dental sealants may now be provided in the school.

(7) If there are updates to the current rules that require a Local School Dental Sealant Program to make any operational changes, the Program will allow the Local School Dental Sealant Program until the beginning of the next certification year or a minimum of 90 days to come into compliance.

Stats. Implemented: OL 2015, ch. 791
Enrolled
Senate Bill 660
Sponsored by COMMITTEE ON HEALTH CARE

CHAPTER ..................................................

AN ACT

Relating to providing dental services to children; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Using evidence-based data and best practices, the Oregon Health Authority shall promote oral health throughout this state by ensuring the availability of dental sealant programs to students attending school in this state. To fulfill its duties under this section, the authority shall:

(1) Screen, and ensure the provision of dental sealants to, appropriate student populations who attend an elementary school or a middle school in which at least 40 percent of all students attending the school are eligible to receive assistance under the United States Department of Agriculture’s National School Lunch Program.

(2) Where appropriate, directly provide the services described in subsection (1) of this section.

(3) Where appropriate, oversee the provision of services described in subsection (1) of this section by local dental sealant programs.

(4) Adopt by rule procedures and qualifications for:

(a) The certification of local dental sealant programs;

(b) The recertification of local dental sealant programs;

(c) The training of personnel who provide services through local dental sealant programs; and

(d) Monitoring and collecting data from local dental sealant programs.

(5) Upon making a determination that a local dental sealant program is capable of providing the services described in subsection (1) of this section for one or more schools:

(a) Develop a plan for transitioning the school or schools from receiving the services directly from the authority to receiving the services from the local dental sealant program; and

(b) Assist the school or schools in making the transition.

(6) Ensure that all dental sealant data collected by the authority or a local dental sealant program is integrated with data sets included as part of the comprehensive health care information system described in ORS 442.466.

SECTION 2. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2015, out of the General Fund, the amount of $200,000 for the purpose of funding the activities described in section 1 of this 2015 Act.
SECTION 3. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate July 2, 2015

Lori L. Brocker, Secretary of Senate

Peter Courtney, President of Senate

Passed by House July 3, 2015

Tina Kotek, Speaker of House

Received by Governor:

.................................M.,........................................................., 2015

Kate Brown, Governor

Approved:

.................................M.,........................................................., 2015

Filed in Office of Secretary of State:

.................................M.,........................................................., 2015

Jeanne P. Atkins, Secretary of State