

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED
5-9-14 8:59 AM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Board of Dentistry
Agency and Division
Stephen Prisby
Rules Coordinator
Oregon Board of Dentistry, 1500 SW 1st Ave., Suite 770, Portland, OR 97201
Address

818
Administrative Rules Chapter Number
(971) 673-3200
Telephone

RULE CAPTION

Amends Rules regarding Fees, Practice, Conduct, Infection Control, Continuing Education, Hygiene, Anesthesia and Radiologic Proficiency.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
6-26-14	7:00 p.m.	OHSU Center for Health & Healing, 749 SW Whitaker St. Conference	Board President

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

818-001-0087, 818-012-0005, 818-012-0030, 818-012-0040, 818-021-0060, 818-021-0070, 818-026-0050, 818-026-0055, 818-026-0060, 818-026-0065, 818-026-0070, 818-035-0025, 818-035-0030, 818-035-0040, 818-042-0040, 818-042-0050, 818-042-0060, 818-042-0090, 818-042-0120 and 818-042-0130

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

Other Authority:

Statutes Implemented:

670.260, 676.185, 676.190, 676.195, 676.200, 679.010, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.170, 679.250, 680.050, 680.072, 680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

RULE SUMMARY

The Board is amending 818-001-0087 Fees to add a Non-Resident Dental Permit fee.

The Board is amending 818-012-0005 Scope of Practice to correct the name of an organization referenced in rule.

The Board is amending 818-012-0030 Unprofessional Conduct so that failure to maintain a current BLS/CPR training or its equivalent is unprofessional conduct.

The Board is amending 818-012-0040 Infection Control Guidelines to clarify the rule regarding testing and proper function of heat sterilization devices each calendar week.

The Board is amending 818-021-0060 Continuing Education - Dentists to add 2 hours of continuing education related to infection control.

The Board is amending 818-021-0070 Continuing Education - Dental Hygienists to add 2 hours of continuing education related to infection control.

The Board is amending 818-026-0050 Minimal Sedation Permit- to add that after training a dental assistant may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist under direct supervision.

The Board is amending 818-026-0055 Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation to clarify the protocols and pre and post operative care required.

The Board is amending 818-026-0060 Moderate Sedation Permit to allow dental assistants to dispense oral medications that have been prepared by the dentist permit holder for oral administration under direct supervision.

The Board is amending 818-026-0065 Deep Sedation Permit to clarify the criteria for recovery and transportation of a patient that has been sedated.

The Board is amending 818-026-0070 General Anesthesia Permit to clarify that a patient remain in operatory for the duration of treatment until criteria for recovery have been met.

The Board is amending 818-035-0025 Prohibitions to remove the word prescribe from the rule. OBD legal counsel has opined that dental hygienists do not have statutory authority to prescribe drugs referenced in OARs.

The Board is amending 818-035-0030 Additional Functions of Dental Hygienists to remove the word prescribe from the rule. OBD legal counsel has opined that dental hygienists do not have statutory authority to prescribe drugs referenced in rule. The rule change would also allow the removal of cement and adhesive material when using high-speed handpieces.

The Board is amending 818-035-0040 Expanded Functions of Dental Hygienists to add the ability to administer local anesthetic reversal agents and clarify the age and weight of patients for this.

The Board is amending 818-042-0040 Prohibited Acts to clarify that over the counter medications may be administered per package instructions.

The Board is amending 818-042-0050 Taking of X-Rays - Exposing of Radiographs to clarify the rules regarding assistants exposing radiographs.

The Board is amending 818-042-0060 Certification- Radiologic Proficiency to rename agency referenced in rule.

The Board is amending 818-042-0090 Additional Functions of EFDAs to clarify the wording of the rule.

The Board is amending 818-042-0120 Certification by Credential to rename a state agency referenced in rule.

The Board is amending 818-042-0130 Application for Certification by Credential to rename a state agency referenced in rule.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

06-26-2014 4:00 p.m.	Stephen Prisby	stephen.prisby@state.or.us
Last Day (m/d/yyyy) and Time for public comment	Rules Coordinator Name	Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
5-9-14 8:59 AM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Board of Dentistry
Agency and Division

818
Administrative Rules Chapter Number

Amends Rules regarding Fees, Practice, Conduct, Infection Control, Continuing Education, Hygiene, Anesthesia and Radiologic Proficiency.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OARs

818-001-0087
818-012-0005
818-012-0030
818-012-0040
818-021-0060
818-021-0070
818-026-0050
818-026-0055
818-026-0060
818-026-0065
818-026-0070
818-035-0025
818-035-0030
818-035-0040
818-042-0040
818-042-0050
818-042-0060
818-042-0090
818-042-0120
818-042-0130

Statutory Authority:

ORS 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

Other Authority:

Statutes Implemented:

670.260, 676.185, 676.190, 676.195, 676.200, 679.010, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.170,
679.250, 680.050, 680.072,
680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

Need for the Rule(s):

The amendment to 818-001-0087 Fees is to add a Non-Resident Dental Permit Fee.

The amendment to 818-012-0005 Scope of Practice is to correct the name of an organization referenced in rule.

The amendment to 818-012-0030 Unprofessional Conduct so that failure to maintain a current BLS/CPR training or its equivalent is unprofessional conduct.

The amendment to 818-012-0040 Infection Control Guidelines is to clarify the rule regarding testing and proper function of heat sterilization devices each calendar week.

The amendment to 818-021-0060 Continuing Education - Dentists is to add 2 hours of continuing education related to infection control.

The amendment to 818-021-0070 Continuing Education - Dental Hygienists is to add 2 hours of continuing education related to infection control.

The amendment to 818-026-0050 Minimal Sedation Permit is to allow dental assistants to administer oral sedative or anxiolysis agents dispensed by a dentist under direct supervision.

The amendment to 818-026-0055 Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation is to clarify the protocols and pre and post operative care required.

The amendment to OAR 818-026-0065 Deep Sedation Permit is to clarify the recovery procedures for patient.

The amendment to 818-026-0060 Moderate Sedation Permit is to allow dental assistants to dispense oral medications that have been prepared by the dentist permit holder for oral administration under direct supervision.

The amendment to 818-026-0070 General Anesthesia Permit is to clarify that a patient remain in operatory for the duration of treatment until criteria for recovery have been met.

The amendment to 818-035-0025 Prohibitions is to remove the word prescribe from the rule. OBD legal counsel has opined that dental hygienists do not have statutory authority to prescribe drugs referenced in OARs.

The amendment to 818-035-0030 Additional Functions of Dental Hygienists is to remove the word prescribe from rule. OBD legal counsel has opined that dental hygienists do not have statutory authority to prescribe drugs referenced in rule. The rule change would also allow the removal of cement and adhesive material.

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The amendment to 818-042-0040 Prohibited Acts is to clarify that over the counter medications may be administered per package instructions.

The amendment to 818-042-0050 Taking of X-Rays - Exposing of Radiographs is to clarify the rules regarding assistants exposing radiographs.

The amendment to 818-042-0060 Certification- Radiologic Proficiency is to rename agency referenced in rule.

The amendment to 818-042-0090 Additional Functions of EFDAs is to clarify the wording of the rule.

The amendment to 818-042-0120 Certification by Credential is to rename a state agency referenced in the rule.

The amendment to 818-042-0130 Application for Certification by Credential is to rename a state agency referenced in the rule.

Documents Relied Upon, and where they are available:

The Oregon Board of Dentistry has a website at www.Oregon.gov/dentistry where all documents are available and posted.

Fiscal and Economic Impact:

none

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule changes.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

Some licensees may see a small increase in costs to be in compliance with rule changes.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

Some licensees may see a small increase in costs to be in compliance with rule changes.

c. Equipment, supplies, labor and increased administration required for compliance:

Some licensees may see a small increase in costs to be in compliance with rule changes.

How were small businesses involved in the development of this rule?

Dentists who are owners of dental practices assisted in the review and writing of the rules as members of the Oregon Board of Dentistry (OBD) Rules Oversight Committee and the Anesthesia Committee. Professional association representatives are also members of the OBD Rules Oversight Committee and participated in the drafting of the proposed rules and amendments.

**Administrative Rule Advisory Committee consulted?: Yes
if not, why?:**

<u>06-26-2014 4:00 p.m.</u>	<u>Stephen Prisby</u>	<u>stephen.prisby@state.or.us</u>
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

ARC 925-2007

ABOUT THE OHSU CENTER FOR HEALTH & HEALING

The OHSU Center for Health & Healing is located in Portland's South Waterfront neighborhood and at the foot of the Portland Aerial Tram. The main lobby includes the Casey Optical Studio, a pharmacy, the March Wellness spa and fitness center, parking elevators, elevators to access floors 1-16, the Daily Café and coffee stand. An information desk is available directly across from the parking elevators.

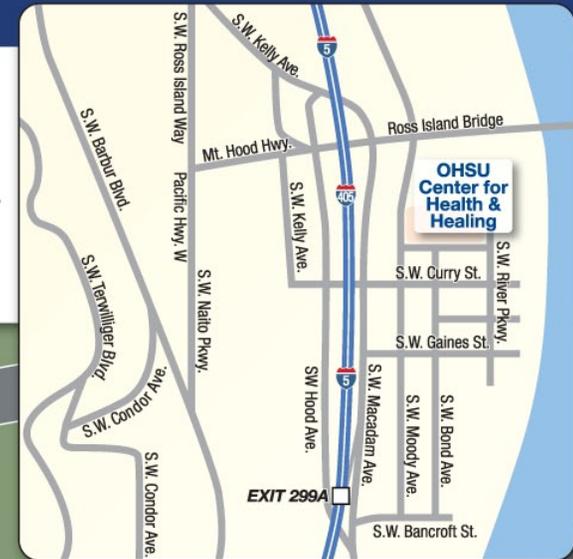
Portland's streetcar conveniently stops at the corner of S.W. Moody and S.W. Gibbs, which is across the street and just north of the OHSU Center

for Health & Healing. The streetcar accommodates bikes and wheelchairs. Schedules and fare information are available online at www.portlandstreetcar.org.

PARKING

Parking is available underneath the OHSU Center for Health & Healing. The entrance to the garage is on S.W. Whitaker, directly across the street from the center. Parking is free for patients. Once you park your car, take the parking elevators up to the main lobby and transfer to the building elevators to reach floors 1 through 16.

For more information and directions to the campus, please visit www.ohsuhealth.com/maps or call 503.494.8311.



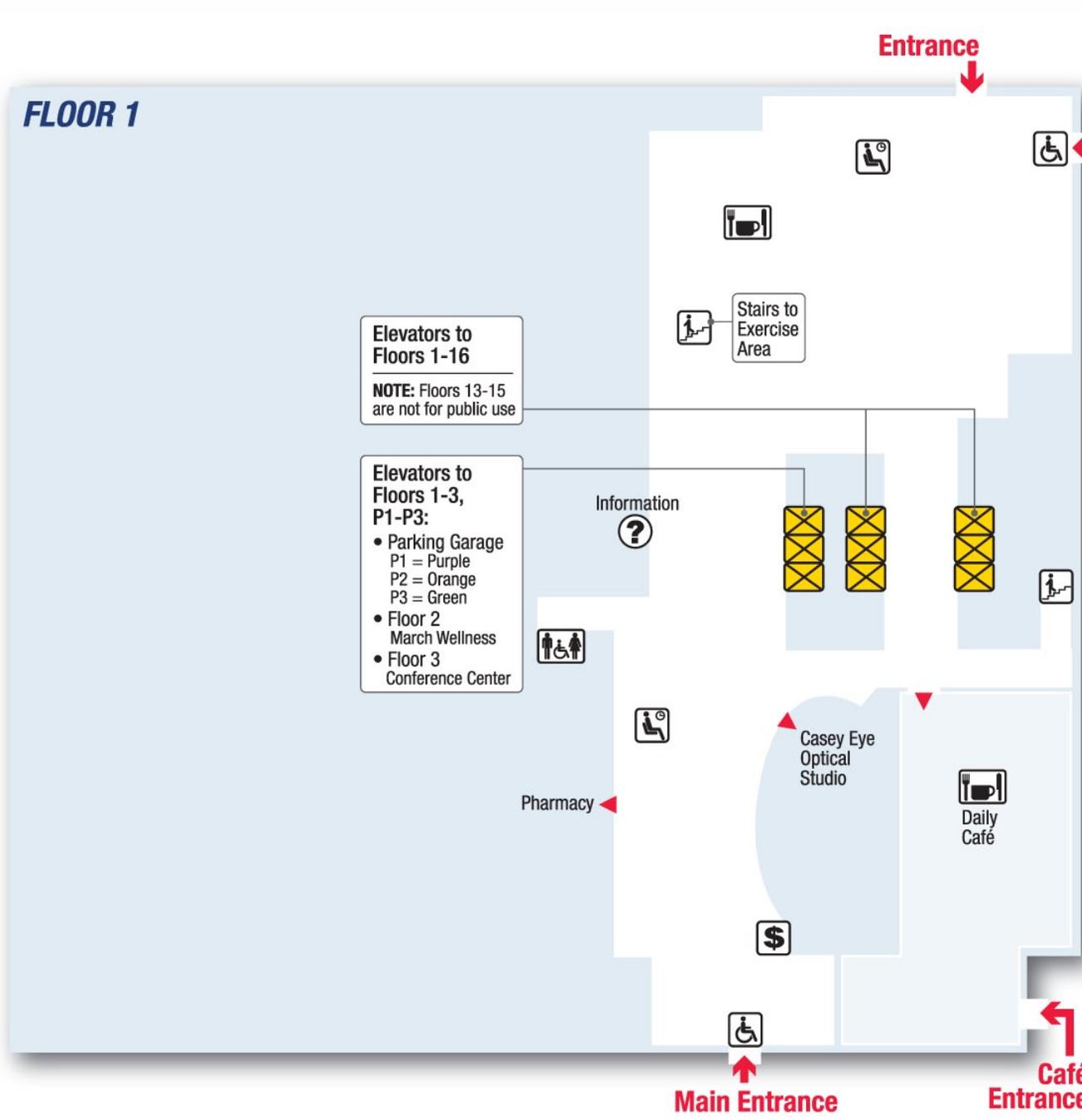
As the only academic medical center in the state, Oregon Health & Science University has an extraordinary range of doctors, scientists, nurses, technicians and others who work together for the benefit of every patient, every day. OHSU is dedicated to providing personalized patient care, combined with the latest treatments and therapies, to deliver a quality of healthcare not available anywhere else in Oregon. The knowledge of all for the care of one.

We welcome you to visit our 100-acre Marquam Hill campus located in southwest Portland, overlooking downtown Portland.


 TriMet Lift Service Stop



FLOOR 1



Elevators to Floors 1-16
NOTE: Floors 13-15 are not for public use

Elevators to Floors 1-3, P1-P3:

- Parking Garage
 - P1 = Purple
 - P2 = Orange
 - P3 = Green
- Floor 2
 - March Wellness
- Floor 3
 - Conference Center

 To Portland Aerial Tram

 ← Entrance


 Portland Streetcar Stop

Legend	
Information	
Entrance	
Elevators	
Stairs	
Accessible Entrance	
Coffee/Dining	
Accessible Restroom	
Waiting Area	
Telephone	
ATM	
Parking	
TriMet	

 To Parking Garage

S.W. Whitaker Street

**DIVISION 1
PROCEDURES**

818-001-0087

Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$315;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$260;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — \$155;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0.

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40;

(B) Minimal Sedation Permit — \$75;

(C) Moderate Sedation Permit — \$75;

(D) Deep Sedation Permit — \$75;

(E) General Anesthesia Permit — \$140;

(F) Radiology — \$75;

(G) Expanded Function Dental Assistant — \$50;

(H) Expanded Function Orthodontic Assistant — \$50;

(I) Instructor Permits — \$40;

(J) Dental Hygiene Restorative Functions Endorsement — \$50;

(K) Restorative Functions Dental Assistant — \$50;

(L) Anesthesia Dental Assistant — \$50;

(M) Dental Hygiene, Expanded Practice Permit — \$75

(N) Non-Resident Dental Permit - \$100.00

(c) Applications for Licensure:

(A) Dental — General and Specialty — \$345;

(B) Dental Faculty — \$305;

(C) Dental Hygiene — \$180;

(D) Licensure Without Further Examination — Dental and Dental Hygiene — \$790.

(d) Examinations:

35 (A) Jurisprudence — \$0;
36 (B) Dental Specialty:
37 (i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of
38 application; and
39 (ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of
40 application; and
41 (iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time
42 of application.
43 (e) Duplicate Wall Certificates — \$50.
44 (2) Fees must be paid at the time of application and are not refundable.
45 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to
46 which the Board has no legal interest unless the person who made the payment or the person's
47 legal representative requests a refund in writing within one year of payment to the Board.
48
49 Stat. Auth.: ORS 679 & 680
50 Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075,
51 680.200 & 680.205
52 Hist.: DE 6-1985(Temp), f. & ef. 9-20-85; DE 3-1986, f. & ef. 3-31-86; DE 1-1987, f. & ef. 10-7-
53 87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, corrected by DE 1-1989, f. 1-27-89, cert. ef. 2-1-89;
54 Renumbered from 818-001-0085; DE 2-1989(Temp), f. & cert. ef. 11-30-89; DE 1-1990, f. 3-19-
55 90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-
56 31-91; DE 1-1992(Temp), f. & cert. ef. 6-24-92; DE 2-1993, f. & cert. ef. 7-13-93; OBD 1-1998, f.
57 & cert. ef. 6-8-98; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction, 8-2-99;
58 OBD 5-2000, f. 6-22-00, cert. ef. 7-1-00; OBD 8-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-
59 05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07;
60 OBD 1-2009(Temp), f. 6-11-09, cert. e. 7-1-09 thru 11-1-09; OBD 2-2009, f. 10-21-09, cert. ef.
61 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-
62 11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2012, f. & cert. ef. 1-27-12; OBD
63 1-2013, f. 5-15-13, cert. ef. 7-1-13
64

DIVISION 12
STANDARDS OF PRACTICE

818-012-0005

Scope of Practice

(1) No dentist may perform any of the procedures listed below:

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- (j) Lip augmentation;
- (k) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (l) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), and

(b) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation, or

(c) Holds privileges either:

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the ~~American Association for Ambulatory Health Care (AAAHC);~~ [Accreditation Association for Ambulatory Health Care \(AAHC\)](#).

(3) A dentist may utilize Botulinum Toxin Type A to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 16 hours in a hands on clinical course(s) in which the provider is approved by the Academy of General Dentistry Program Approval for

35 Continuing Education (AGD PACE) or by the American Dental Association Continuing
36 Education Recognition Program (ADA CERP).
37 Stat. Auth.: ORS 679 & 680
38 Stats. Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6) & 680.100
39 Hist.: OBD 6-2001, f. & cert. ef. 1-8-01; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f.
40 10-24-13, cert. ef. 1-1-1

DRAFT

DIVISION 12
STANDARDS OF PRACTICE

818-012-0030

Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages in unprofessional conduct if the licensee does or permits any person to:

(1) Attempt to obtain a fee by fraud or misrepresentation.

(2) Obtaining a fee by fraud or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee obtains a fee by knowingly making or permitting any person to make a material, false statement intending that a recipient who is unaware of the truth rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

(c) Giving cash discounts and not disclosing them to third party payors is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

(A) Legible copies of records; and

35 (B) Duplicates of study models and radiographs, photographs or legible copies thereof if the
36 radiographs, photographs or study models have been paid for.

37 (b) The dentist may require the patient or guardian to pay in advance a fee reasonably
38 calculated to cover the costs of making the copies or duplicates. The dentist may charge a fee
39 not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per
40 page for pages 11 through 50 and no more than \$0.25 for each additional page (including
41 records copied from microfilm), plus any postage costs to mail copies requested and actual
42 costs of preparing an explanation or summary of information, if requested. The actual cost of
43 duplicating x-rays may also be charged to the patient. Patient records or summaries may not be
44 withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this
45 rule.

46 (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee,
47 employer, contractor, or agent who renders services.

48 (11) Use prescription forms pre-printed with any Drug Enforcement Administration number,
49 name of controlled substances, or facsimile of a signature.

50 (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a
51 blank prescription form.

52 (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C.
53 Sec. 812, for office use on a prescription form.

54 (14) Violate any Federal or State law regarding controlled substances.

55 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or
56 mind altering substances.

57 (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon
58 licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists
59 practicing pursuant to ORS 680.205(1)(2).

60 (17) Make an agreement with a patient or person, or any person or entity representing patients
61 or persons, or provide any form of consideration that would prohibit, restrict, discourage or
62 otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to
63 truthfully and fully answer any questions posed by an agent or representative of the Board; or to
64 participate as a witness in a Board proceeding.

65 **(18) Fail to maintain at a minimum a current Health Care Provider Basic Life Support**
66 **(BLS)/Cardio Pulmonary Resuscitation (CPR) training or its equivalent. (Effective January**
67 **1, 2015)**

68

69 [Publications: Publications referenced are available from the agency.]
70 Stat. Auth.: ORS 679 & 680
71 Stats. Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6) & 680.100
72 Hist.: DE 6, f. 8-9-63, ef. 9-11-63; DE 14, f. 1-20-72, ef. 2-10-72; DE 5-1980, f. & ef. 12-26-80;
73 DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84;
74 Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef.
75 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 1-1990, f.
76 3-19-90, cert. ef. 4-2-90; DE 2-1997, f. & cert. ef. 2-20-97; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-
77 99; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2007, f. & cert. ef. 3-1-07; OBD 3-2007, f. &
78 cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef.
79 11-1-09
80

DIVISION 12
STANDARDS OF PRACTICE

818-012-0040

Infection Control Guidelines

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association. Additionally, licensees must comply with the following requirements:

(1) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.

(2) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.

(3) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.

(4) Heat sterilizing devices shall be tested for proper function ~~[on a weekly basis]~~ by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

(5) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.

(6) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.

(7) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

Stat. Auth.: ORS 679.120, 679.250(7), 680.075 & 680.150

Stats. Implemented: ORS 679.140, 679.140(4) & 680.100

Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE 2-1992, f. & cert. ef. 6-24-92; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

DIVISION 21
EXAMINATION AND LICENSING

818-021-0060

Continuing Education — Dentists

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, study clubs, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

35 **(6) At least 2 hours of continuing education must be related to infection control.**
36 **(Effective January 1, 2015)**

37

38 Stat. Auth.: ORS 679

39 Stats. Implemented: ORS 679.250(9)

40 Hist.: DE 3-1987, f. & ef. 10-15-87; DE 4-1987(Temp), f. & ef. 11-25-87; DE 1-1988, f. 12-28-88,
41 cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0072; DE 1-
42 1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 16-2001, f. 12-7-01,
43 cert. ef. 4-1-02; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09;
44 OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-
45 11

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1 **DIVISION 21**

2 **EXAMINATION AND LICENSING**

3 **818-021-0070**

4 **Continuing Education — Dental Hygienists**

5 (1) Each dental hygienist must complete 24 hours of continuing education every two years. An
6 Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing
7 education every two years. Continuing education (C.E.) must be directly related to clinical
8 patient care or the practice of dental public health.

9 (2) Dental hygienists must maintain records of successful completion of continuing education for
10 at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for
11 dental hygienists is October 1 through September 30.) The licensee, upon request by the Board,
12 shall provide proof of successful completion of continuing education courses.

13 (3) Continuing education includes:

14 (a) Attendance at lectures, study clubs, college post-graduate courses, or scientific sessions at
15 conventions.

16 (b) Research, graduate study, teaching or preparation and presentation of scientific sessions.
17 No more than six hours may be in teaching or scientific sessions. (Scientific sessions are
18 defined as scientific presentations, table clinics, poster sessions and lectures.)

19 (c) Correspondence courses, videotapes, distance learning courses or similar self-study course,
20 provided that the course includes an examination and the dental hygienist passes the
21 examination.

22 (d) Continuing education credit can be given for volunteer pro bono dental hygiene services
23 provided in the state of Oregon; community oral health instruction at a public health facility
24 located in the state of Oregon; authorship of a publication, book, chapter of a book, article or
25 paper published in a professional journal; participation on a state dental board, peer review, or
26 quality of care review procedures; successful completion of the National Board Dental Hygiene
27 Examination, taken after initial licensure; or test development for clinical dental hygiene
28 examinations. No more than 6 hours of credit may be in these areas.

29 (4) At least three hours of continuing education must be related to medical emergencies in a
30 dental office. No more than two hours of Practice Management and Patient Relations may be
31 counted toward the C.E. requirement in any renewal period.

32 (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in
33 OAR 818-026-0040(9) for renewal of the Nitrous Oxide Permit.

34 **(6) At least 2 hours of continuing education must be related to infection control.**
35 **(Effective January 1, 2015)**

36

37 Stat. Auth.: ORS 679

38 Stats. Implemented: ORS 679.250(9)

39 Hist.: DE 3-1987, f. & ef. 10-15-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-
40 89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90;

41 OBD 9-2000, f. & cert. ef. 7-28-00; OBD 2-2002, f. 7-31-02, cert. ef. 10-1-02; OBD 2-2004, f. 7-

42 12-04, cert. ef. 7-15-04; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef.

43 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-

44 11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11

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DIVISION 26
ANESTHESIA

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Holds a valid and current Health Care Provider BLS/CPR level certificate, or its equivalent;
and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007)* at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or

(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

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

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

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

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

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

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

- 35 (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff;
36 and
- 37 (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
38 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
39 and anticonvulsants.
- 40 (3) Before inducing minimal sedation, a dentist who induces minimal sedation shall:
- 41 (a) Evaluate the patient;
- 42 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
43 due to age or psychological status of the patient, the patient's guardian;
- 44 (c) Certify that the patient is an appropriate candidate for minimal sedation; and
- 45 (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
46 The obtaining of the informed consent shall be documented in the patient's record.
- 47 (4) No permit holder shall have more than one person under minimal sedation at the same time.
- 48 (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be
49 present in the room in addition to the treatment provider. The anesthesia monitor may be the
50 **[chairside] dental** assistant.
- 51 **(a) After training, a dental assistant, when directed by a dentist, may administer oral**
52 **sedative agents or anxiolysis agents calculated and dispensed by a dentist under the**
53 **direct supervision of a dentist.**
- 54 (6) A patient under minimal sedation shall be visually monitored at all times, including recovery
55 phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- 56 (7) The patient shall be monitored as follows:
- 57 (a) Patients must have continuous monitoring using pulse oximetry. The patient's blood
58 pressure, heart rate, and respiration shall be taken if they can reasonably be obtained. If the
59 information cannot be obtained, the reasons shall be documented in the patient's record. The
60 record must also include documentation of all medications administered with dosages, time
61 intervals and route of administration.
- 62 (b) A discharge entry shall be made by the dentist in the patient's record indicating the patient's
63 condition upon discharge and the name of the responsible party to whom the patient was
64 discharged.
- 65 (8) The dentist shall assess the patient's responsiveness using preoperative values as normal
66 guidelines and discharge the patient only when the following criteria are met:
- 67 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

68 (b) The patient is alert and oriented to person, place and time as appropriate to age and
69 preoperative psychological status;
70 (c) The patient can talk and respond coherently to verbal questioning;
71 (d) The patient can sit up unaided;
72 (e) The patient can ambulate with minimal assistance; and
73 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
74 (g) A dentist shall not release a patient who has undergone minimal sedation except to the care
75 of a responsible third party.
76 (9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide
77 documentation of having a current Health Care Provider BLS/CPR level certificate, or its
78 equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of
79 continuing education in one or more of the following areas every two years: sedation, physical
80 evaluation, medical emergencies, monitoring and the use of monitoring equipment, or
81 pharmacology of drugs and agents used in sedation. Training taken to maintain current Health
82 Care Provider BLS/CPR level certification, or its equivalent, may not be counted toward this
83 requirement. Continuing education hours may be counted toward fulfilling the continuing
84 education requirement set forth in OAR 818-021-0060.

85
86 Stat. Auth.: ORS 679

87 Stats. Implemented: ORS 679.250(7) & 679.250(10)

88 Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f.
89 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert.
90 ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

DIVISION 26
ANESTHESIA

818-026-0055

Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

~~(b) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8); and~~

~~(c) An anesthesia monitor, in addition to the dental hygienist performing the authorized procedures, is present with the patient at all times.]~~

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) if a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

(2) Under direct supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

1 **DIVISION 26**
2 **ANESTHESIA**

3 **818-026-0060**

4 **Moderate Sedation Permit**

5 Moderate sedation, minimal sedation, and nitrous oxide sedation.

6 (1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

7 (a) Is a licensed dentist in Oregon;

8 (b) Either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life
9 Support (PALS) certificate, whichever is appropriate for the patient being sedated, or
10 successfully completes the American Dental Association's course "*Recognition and*
11 *Management of Complications during Minimal and Moderate Sedation*" at least every two years;
12 and

13 (c) Satisfies one of the following criteria:

14 (A) Completion of a comprehensive training program in enteral and/or parenteral sedation that
15 satisfies the requirements described in Part V of the *ADA Guidelines for Teaching Pain Control*
16 *and Sedation to Dentists and Dental Students (2007)* at the time training was commenced.

17 (i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management
18 of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen
19 route.

20 (ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus
21 management of at least 20 dental patients by the intravenous route.

22 (B) Completion of an ADA accredited postdoctoral training program (e.g., general practice
23 residency) which affords comprehensive and appropriate training necessary to administer and
24 manage parenteral sedation, commensurate with these Guidelines.

25 (C) In lieu of these requirements, the Board may accept equivalent training or experience in
26 moderate sedation anesthesia.

27 (2) The following facilities, equipment and drugs shall be on site and available for immediate use
28 during the procedures and during recovery:

29 (a) An operating room large enough to adequately accommodate the patient on an operating
30 table or in an operating chair and to allow an operating team of at least two individuals to freely
31 move about the patient;

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

- 35 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a
36 backup lighting system of sufficient intensity to permit completion of any operation underway in
37 the event of a general power failure;
- 38 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a
39 backup suction device which will function in the event of a general power failure;
- 40 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is
41 capable of delivering high flow oxygen to the patient under positive pressure, together with an
42 adequate backup system;
- 43 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate
44 continuous oxygen delivery and a scavenger system;
- 45 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.
46 The recovery area can be the operating room;
- 47 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral
48 and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration
49 equipment, automated external defibrillator (AED); and
- 50 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
51 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
52 and anticonvulsants.
- 53 (3) No permit holder shall have more than one person under moderate sedation, minimal
54 sedation, or nitrous oxide sedation at the same time.
- 55 (4) During the administration of moderate sedation, and at all times while the patient is under
56 moderate sedation, an anesthesia monitor, and one other person holding a Health Care
57 Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition
58 to the dentist performing the dental procedures.
- 59 (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:
- 60 (a) Evaluate the patient and document, using the American Society of Anesthesiologists *Patient*
61 *Physical Status Classifications*, that the patient is an appropriate candidate for moderate
62 sedation;
- 63 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
64 due to age or psychological status of the patient, the patient's guardian; and
- 65 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- 66 (6) A patient under moderate sedation shall be visually monitored at all times, including the
67 recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's
68 condition.

69 (7) The patient shall be monitored as follows:

70 (a) Patients must have continuous monitoring using pulse oximetry and End-tidal CO2 monitors.

71 The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals

72 but at least every 15 minutes, and these recordings shall be documented in the patient record.

73 The record must also include documentation of preoperative and postoperative vital signs, all

74 medications administered with dosages, time intervals and route of administration. If this

75 information cannot be obtained, the reasons shall be documented in the patient's record. A

76 patient under moderate sedation shall be continuously monitored;

77 (b) During the recovery phase, the patient must be monitored by an individual trained to monitor

78 patients recovering from moderate sedation.

79 (8) A dentist shall not release a patient who has undergone moderate sedation except to the

80 care of a responsible third party.

81 (9) The dentist shall assess the patient's responsiveness using preoperative values as normal

82 guidelines and discharge the patient only when the following criteria are met:

83 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

84 (b) The patient is alert and oriented to person, place and time as appropriate to age and

85 preoperative psychological status;

86 (c) The patient can talk and respond coherently to verbal questioning;

87 (d) The patient can sit up unaided;

88 (e) The patient can ambulate with minimal assistance; and

89 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

90 (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's

91 condition upon discharge and the name of the responsible party to whom the patient was

92 discharged.

93 (11) After adequate training, an assistant, when directed by a dentist, may dispense oral

94 medications that have been prepared by the dentist permit holder for oral administration

95 to a patient under direct supervision or introduce additional anesthetic agents in to an

96 infusion line under the direct visual supervision of a dentist.

97 (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must

98 provide documentation of having current ACLS or PALS certification or current certification of

99 successful completion of the American Dental Association's course "*Recognition and*

100 *Management of Complications during Minimal and Moderate Sedation*" and must complete 14

101 hours of continuing education in one or more of the following areas every two years: sedation,

102 physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or

103 pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or
104 PALS certification or successful completion of the American Dental Association’s course
105 “*Recognition and Management of Complications during Minimal and Moderate Sedation*” may
106 be counted toward this requirement. Continuing education hours may be counted toward
107 fulfilling the continuing education requirement set forth in OAR 818-021-0060.

108

109 [Publications: Publications referenced are available from the agency.]

110 Stat. Auth.: ORS 679

111 Stats. Implemented: ORS 679.250(7) & 679.250(10)

112 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-
113 1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-
114 00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03,
115 cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-
116 05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru
117 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-
118 2013, f. 10-24-13, cert. ef. 1-1-14

119

DIVISION 26
ANESTHESIA

818-026-0065

Deep Sedation

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) Holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

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

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

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

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

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

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

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.

The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;

and

35 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
36 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
37 and anticonvulsants.

38 (3) No permit holder shall have more than one person under deep sedation, moderate sedation,
39 minimal sedation, or nitrous oxide sedation at the same time.

40 (4) During the administration of deep sedation, and at all times while the patient is under deep
41 sedation, an anesthesia monitor, and one other person holding a Health Care Provider
42 BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the
43 dentist performing the dental procedures.

44 (5) Before inducing deep sedation, a dentist who induces deep sedation shall:

45 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient
46 Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

47 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
48 due to age or psychological status of the patient, the patient's guardian; and

49 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

50 (6) A patient under deep sedation shall be visually monitored at all times, including the recovery
51 phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.

52 (7) The patient shall be monitored as follows:

53 (a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors
54 (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored
55 and the patient's blood pressure, heart rate, and respiration shall be recorded at regular
56 intervals but at least every 5 minutes, and these recordings shall be documented in the patient
57 record. The record must also include documentation of preoperative and postoperative vital
58 signs, all medications administered with dosages, time intervals and route of administration. If
59 this information cannot be obtained, the reasons shall be documented in the patient's record. A
60 patient under deep sedation shall be continuously monitored;

61 **(b) Once sedated, a patient shall remain in the operatory for the duration of treatment**
62 **until criteria for transportation to recovery have been met.**

63 ~~(b)~~ (c) During the recovery phase, the patient must be monitored by an individual trained to
64 monitor patients recovering from deep sedation.

65 (8) A dentist shall not release a patient who has undergone deep sedation except to the care of
66 a responsible third party.

67 (9) The dentist shall assess the patient's responsiveness using preoperative values as normal
68 guidelines and discharge the patient only when the following criteria are met:

69 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
70 (b) The patient is alert and oriented to person, place and time as appropriate to age and
71 preoperative psychological status;
72 (c) The patient can talk and respond coherently to verbal questioning;
73 (d) The patient can sit up unaided;
74 (e) The patient can ambulate with minimal assistance; and
75 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
76 (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's
77 condition upon discharge and the name of the responsible party to whom the patient was
78 discharged.
79 (11) After adequate training, an assistant, when directed by a dentist, may administer oral
80 sedative agents calculated by a dentist or introduce additional anesthetic agents in to an
81 infusion line under the direct visual supervision of a dentist.
82 (12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide
83 documentation of having current ACLS or PALS certification and must complete 14 hours of
84 continuing education in one or more of the following areas every two years: sedation, physical
85 evaluation, medical emergencies, monitoring and the use of monitoring equipment, or
86 pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or
87 PALS certification may be counted toward this requirement. Continuing education hours may be
88 counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.
89
90 [Publications: Publications referenced are available from the agency.]
91 Stat. Auth.: ORS 679
92 Stats. Implemented: ORS 679.250(7) & 679.250(10)
93 Hist. : OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11
94 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13
95

2 **GENERAL ANESTHESIA PERMIT**

3 General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide
4 sedation.

5 (1) The Board shall issue a General Anesthesia Permit to an applicant who:

6 (a) Is a licensed dentist in Oregon;

7 (b) Holds a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced
8 Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated; and

9 (c) Satisfies one of the following criteria:

10 (A) Completion of an advanced training program in anesthesia and related subjects beyond the
11 undergraduate dental curriculum that satisfies the requirements described in the ADA
12 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007)
13 consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training
14 was commenced.

15 (B) Completion of any ADA accredited postdoctoral training program, including but not limited to
16 Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary
17 to administer and manage general anesthesia, commensurate with these Guidelines.

18 (C) In lieu of these requirements, the Board may accept equivalent training or experience in
19 general anesthesia.

20 (2) The following facilities, equipment and drugs shall be on site and available for immediate use
21 during the procedure and during recovery:

22 (a) An operating room large enough to adequately accommodate the patient on an operating
23 table or in an operating chair and to allow an operating team of at least three individuals to
24 freely move about the patient;

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

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

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

- 33 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is
34 capable of delivering high flow oxygen to the patient under positive pressure, together with an
35 adequate backup system;
- 36 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate
37 continuous oxygen delivery and a scavenger system;
- 38 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.
39 The recovery area can be the operating room;
- 40 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,
41 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and
42 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;
43 and
- 44 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
45 drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for
46 treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics,
47 antihypertensives and anticonvulsants.
- 48 (3) No permit holder shall have more than one person under general anesthesia, deep sedation,
49 moderate sedation, minimal sedation or nitrous oxide sedation at the same time.
- 50 (4) During the administration of deep sedation or general anesthesia, and at all times while the
51 patient is under deep sedation or general anesthesia, an anesthesia monitor and one other
52 person holding a Health Care Provider BLS/CPR level certificate, or its equivalent, shall be
53 present in the operatory in addition to the dentist performing the dental procedures.
- 54 (5) Before inducing deep sedation or general anesthesia the dentist who induces deep sedation
55 or general anesthesia shall:
- 56 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient
57 Physical Status Classifications, that the patient is an appropriate candidate for general
58 anesthesia or deep sedation;
- 59 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
60 due to age or psychological status of the patient, the patient's guardian; and
- 61 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- 62 (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times,
63 including recovery phase. A dentist who induces deep sedation or general anesthesia or
64 anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia
65 shall monitor and record the patient's condition on a contemporaneous record.
- 66 (7) The patient shall be monitored as follows:

67 (a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen
68 saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and
69 End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be
70 assessed every five minutes, and shall be contemporaneously documented in the patient
71 record. The record must also include documentation of preoperative and postoperative vital
72 signs, all medications administered with dosages, time intervals and route of administration. The
73 person administering the anesthesia and the person monitoring the patient may not leave the
74 patient while the patient is under deep sedation or general anesthesia;

75 **(b) Once sedated, a patient shall remain in the operatory for the duration of treatment**
76 **until criteria for transportation to recovery have been met.**

77 ~~((b))~~ (c) During the recovery phase, the patient must be monitored, including the use of pulse
78 oximetry, by an individual trained to monitor patients recovering from general anesthesia.

79 (8) A dentist shall not release a patient who has undergone deep sedation or general
80 anesthesia except to the care of a responsible third party.

81 (9) The dentist shall assess the patient's responsiveness using preoperative values as normal
82 guidelines and discharge the patient only when the following criteria are met:

83 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

84 (b) The patient is alert and oriented to person, place and time as appropriate to age and
85 preoperative psychological status;

86 (c) The patient can talk and respond coherently to verbal questioning;

87 (d) The patient can sit up unaided;

88 (e) The patient can ambulate with minimal assistance; and

89 (f) The patient does not have nausea or vomiting and has minimal dizziness.

90 (10) A discharge entry shall be made in the patient's record by the dentist indicating the patient's
91 condition upon discharge and the name of the responsible party to whom the patient was
92 discharged.

93 (11) After adequate training, an assistant, when directed by a dentist, may introduce additional
94 anesthetic agents to an infusion line under the direct visual supervision of a dentist.

95 (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must
96 provide documentation of having current ACLS or PALS certification and complete 14 hours of
97 continuing education in one or more of the following areas every two years: deep sedation
98 and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of
99 monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to
100 maintain current ACLS or PALS certification may be counted toward this requirement.

101 Continuing education hours may be counted toward fulfilling the continuing education
102 requirement set forth in OAR 818-021-0060.

103

104 [Publications: Publications referenced are available from the agency.]

105 Stat. Auth.: ORS 679

106 Stats. Implemented: ORS 679.250(7) & 679.250(10)

107 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;

108 Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-

109 00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f.

110 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011 (Temp), f. 5-9-

111 11, cert. ef. 6-1-11 thru 11-27-11; OBD 4-2011, f & cert. ef 11-15-11; OBD 1-2013, f. 5-15-13,

112 cert. ef. 7-1-13

113

DRAFT

DIVISION 35
DENTAL HYGIENE

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

DIVISION 35
DENTAL HYGIENE

818-035-0030

Additional Functions of Dental Hygienists

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

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) ~~[Prescribe]~~ Administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations: and to remove cement and adhesive material.
- (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

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

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j)

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

1 **DIVISION 35**
2 **DENTAL HYGIENE**

3 **818-035-0040**

4 **Expanded Functions of Dental Hygienists**

5 (1) Upon completion of a course of instruction in a program accredited by the Commission on
6 Dental Accreditation of the American Dental Association or other course of instruction approved
7 by the Board, a dental hygienist who completes a Board approved application shall be issued an
8 endorsement to administer local anesthetic agents and local anesthetic reversal agents
9 under the general supervision of a licensed dentist. Local anesthetic reversal agents shall
10 not be used on children less than 6 years of age or weighing less than 33 pounds.

11 (2) Upon completion of a course of instruction in a program accredited by the Commission on
12 Dental Accreditation of the American Dental Association or other course of instruction approved
13 by the Board, a dental hygienist may administer nitrous oxide under the indirect supervision of a
14 licensed dentist in accordance with the Board's rules regarding anesthesia.

15
16 Stat. Auth.: ORS 679 & 680

17 Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

18 Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92;
19 OBD 3-1998, f. & cert. ef. 7-13-98; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 8-1999, f. 8-
20 10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2007, f. 4-26-07, cert.
21 ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08

DIVISION 42
DENTAL ASSISTING

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\(5\)\(a\)](#), 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.

- 33 (19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for
34 natural teeth, except diagnostic or opposing models or for the fabrication of temporary or
35 provisional restorations or appliances.
- 36 (20) Apply denture relines except as provided in OAR 818-042-0090(2).
- 37 (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued
38 by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction
39 approved by the Oregon Health Authority, Oregon Public Health Division, Office of
40 Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- 41 (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand
42 Over Mouth Airway Restriction (HOMAR) on any patient.
- 43 (23) Perform periodontal probing.
- 44 (24) Place or remove healing caps or healing abutments, except under direct supervision.
- 45 (25) Place implant impression copings, except under direct supervision.
- 46 (26) Any act in violation of Board statute or rules.

47

48 Stat. Auth.: ORS 679 & 680

49 Stats. Implemented: ORS 679.020, 679.025 & 679.250

50 Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00
51 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD
52 3-2OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. &
53 cert. ef. 11-30-07; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11;
54 OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

55

DIVISION 42
DENTAL ASSISTING

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 may authorize students in approved instructional programs to take dental x-rays under the conditions established by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, in OAR 333 division 106.]~~

A dentist 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

DIVISION 42
DENTAL ASSISTING

818-042-0060

Certification — Radiologic Proficiency

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:

(2) Submits an application on a form approved by the Board, pays the application fee and:

(a) Completes a course of instruction ~~[in a program]~~ approved by ~~[the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or]~~ the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits

evidence that the Oregon Health Authority, Center for Health Protection, [RPS] Radiation Protection Services recognizes that the equivalent training has been successfully completed;

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

(c) Passes a clinical examination approved by the Board and graded by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, consisting of exposing, developing and mounting a full mouth series of radiographs or by exposing and mounting a digital full mouth series of radiographic images (14 to 18 periapical and 4 bitewing radiographic images) within one hour and under the supervision of a person permitted to take radiographs in Oregon. No portion of the clinical examination may be completed in advance; a maximum of three retakes is permitted (i.e., three individual radiographic exposures, not three full mouth series); only the applicant may determine the necessity of retakes. The radiographic images should be acquired on an adult patient with at least 24 fully erupted teeth. The full mouth series must be submitted for grading within six months after it is taken.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.020, 679.025 & 679.250

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 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

**DIVISION 42
DENTAL ASSISTING**

818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

(1) Apply pit and fissure sealants ~~[providing]~~ provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

(2) Apply temporary soft relines to ~~[full]~~ complete dentures for the purpose of tissue conditioning.

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 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

1 **DIVISION 42**
2 **DENTAL ASSISTING**

3 **818-042-0120**

4 **Certification by Credential**

5 (1) Dental Assistants who wish to be certified by the Board in Radiologic Proficiency or as
6 Expanded Function Dental Assistants, or as Expanded Function Orthodontic Dental Assistants
7 shall:

8 (a) Be certified by another state in the functions for which application is made. The training and
9 certification requirements of the state in which the dental assistant is certified must be
10 substantially similar to Oregon's requirements; or

11 (b) Have worked for at least 1,000 hours in the past two years in a dental office where such
12 employment involved to a significant extent the functions for which certification is sought; and

13 (c) Shall be evaluated by a licensed dentist, using a Board approved checklist, to assure that
14 the assistant is competent in the expanded functions.

15 (2) Applicants applying for certification by credential in Radiologic Proficiency must obtain
16 certification from the Oregon Health Authority, ~~{Oregon Public Health Division,}~~ [Center for](#)
17 [Health Protection](#) ~~{Office of Environmental Public Health}~~, Radiation Protection Services, of
18 having successfully completed training equivalent to that required by OAR 333-106-0055 or
19 approved by the Oregon Board of Dentistry.

20
21 Stat. Auth.: ORS 679

22 Stats. Implemented: ORS 679.020, 679.025 & 679.250

23 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-
24 2004, f. 11-23-04 cert. ef. 12-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 4-2011, f. &
25 cert. ef. 11-15-11
26

DIVISION 42
DENTAL ASSISTING

818-042-0130

Application for Certification by Credential

An applicant for certification by credential shall submit to the Board:

- (1) An application form approved by the Board, with the appropriate fee;
- (2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified submitted from the state directly to the Board; or
- (3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought.
- (4) If applying for certification by credential as an EFDA or EFODA, certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought; and
- (5) If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, ~~[Oregon Public Health Division]~~ [Center for Health Protection](#) ~~[Office of Environmental Public Health]~~, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.020, 679.025 & 679.250

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 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 4-2011, f. & cert. ef. 11-15-11